

NEVADA STATE
BOARD OF PHARMACY

BOARD MEETING

June 6-7, 2018

HYATT PLACE
1790 E PLUMB LANE
RENO



Nevada State Board of Pharmacy

431 W. PLUMB LANE • RENO, NEVADA 89509
(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444
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May 17, 2018

AGENDA

◆ PUBLIC NOTICE ◆

The Nevada State Board of Pharmacy will conduct a meeting beginning Wednesday, June 6, 2018 at 9:00 am. The meeting will continue, if necessary, on Thursday, June 7, 2018 at 9:00 am or until the Board concludes its business at the following location:

Hyatt Place
1790 E Plumb Ln
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)

◆ 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.

2. Approval of April 11-12, 2018, Minutes **(For Possible Action)**
3. Applications for Out-of-State Pharmacy – Non Appearance **(For Possible Action)**
 - A. 904 Prospect Pharmacy Inc. (Boca Pharmacy) – Bronx, NY
 - B. Affinity Rx – Houston, TX
 - C. Alta Rx LLC – Sandy, UT
 - D. Binh Dan Pharmacy – Westminster, CA
 - E. B & Y Pharmacy – Philadelphia, PA
 - F. CHD Pharmacy – St Louis, MO
 - G. CRx Specialty Solution Pharmacy – Natchitoches, LA
 - H. Edpharmalle – Marshalls Creek, PA
 - I. Encompass Rx – Atlanta, GA
 - J. Georgetown Rx, LLC – Bethesda, MD
 - K. Hillcrest Pharmacy – Midvale, UT
 - L. HPC Specialty Pharmacy – Mobile, AL
 - M. Imperial RX LLC – Londonberry, NH
 - N. Medcrafters RX Pharmacy LLC – Berkley, MI
 - O. MXP Pharmacy – Amarillo, TX
 - P. North Halstead LLC – Ocean Springs, MS
 - Q. Pharmacy Express & Medical Supplies – Clearwater, FL
 - R. RaRx II LLC – Nashville, TN
 - S. Rx-Direct Home Delivery – Arlington, TX
 - T. Tee Pharmacy – Flushing, NY
 - U. ValiSureRx – New Haven, CT
 - V. Westlake Health Mart Pharmacy – Fort Worth, TX
 - W. WIRX Pharmacy – Fort Washington, PA
 - X. WIRX Pharmacy II – Philadelphia, PA

**Applications for Out-of-State Compounding Pharmacy – Non Appearance
(For Possible Action)**

- Y. Chinook Healthcare Pharmacy – Lafayette, CO
- Z. Clinical Specialty Infusions of Dallas, LLC – Wake Village, TX
- AA. John's Pharmacy in Albany, LLC – Albany, NY
- BB. MEDPHARMA LLC – Philadelphia, PA
- CC. Pharmaneek Inc. – Indianapolis, IN
- DD. Pharmacy of Tampa – Tampa, FL

- EE. Sterling Specialty Pharmacy – Mendota Heights, MN
- FF. United Rx LLC – Hillside, IL

Applications for Out-of-State Wholesaler – Non Appearance (For Possible Action)

- GG. Ablynx, Inc. – Conshohocken, PA
- HH. Ascent Pharmaceuticals, Inc. – Central Islip, NY
- II. Bausch and Lomb, Inc. – Woodruff, SC
- JJ. Bioverativ U.S. LLC – Waltham, MA
- KK. Boston Medical Products, Inc. – Shrewsbury, MA
- LL. Boston Scientific Corporation – San Jose, CA
- MM. Catalent San Diego, Inc. – San Diego, CA
- NN. Colossal Health Inc. – Plainfield, IL
- OO. C.R. Bard, Inc. – Covington, GA
- PP. Golden State Medical Supply, Inc. – Camarillo, CA
- QQ. HLS Therapeutics (USA), Inc. – Rosemont, PA
- RR. Kedrion Biopharma Inc. – Fort Lee, NJ
- SS. Noden Pharma USA, Inc. – Orlando, FL
- TT. NUMED – Brooklyn, NY
- UU. Tolmar, Inc. – Windsor, CO
- VV. Premier Rx Wholesale – Cincinnati, OH
- WW. Purdue Pharma Manufacturing L.P. – Durham, NC
- XX. Purdue Pharmaceuticals L.P. – Wilson, NC
- YY. Retrophin, Inc. – San Diego, CA
- ZZ. RxPak – Memphis, TN
- AAA. UpWell Health Products, LLC – Murray, UT
- BBB. Verastem Oncology – Needham, MA
- CCC. WES Pharma Inc. – Westminster, MD

Applications for Out-of-State Medical, Devices, Equipment and Gases – Non Appearance (For Possible Action)

- DDD. Abova Health, LLC – Minneapolis, MN
- EEE. Abova Health, LLC – Minneapolis, MN
- FFF. Advanced Medical Supply LLC – Largo, FL
- GGG. Allegro Enterprise Inc. – Bolingbrook, NY
- HHH. Apex Medical USA Corp. – Brea, CA
- III. Bard Medical Division of C.R. Bard, Inc. – Covington, GA
- JJJ. Brasseler U.S.A. Dental LLC – Savannah, GA
- KKK. Brasseler U.S.A. Medical LLC – Ventura, CA
- LLL. Canoga Medical Supply, Inc. – Canoga Park, CA
- MMM. Certified Medical Supply, Inc. – Port Washington, WA
- NNN. Community Medical Rental and Supply – Fredericksburg, TX
- OOO. CP Medical, Inc. – Norcross, GA
- PPP. DJO, LLC – Fort Worth, TX
- QQQ. DHL Supply Chain (USA) – Lockbourne, OH
- RRR. Greenleaf Medical Supply LLC – Winston-Salem, NC
- SSS. Hygeia II Medical Group, Inc. – Carlsbad, CA

TTT. Limb Lab – Rochester, MN
UUU. RMS Healthcare Consulting Inc. – Kansas City, MO
VVV. Silony Medical Corp. – Doral, FL
WWW. Universal Medsupports – La Mesa, CA
XXX. United Medical Benefits LLC – Newark, DE

Applications for Nevada Pharmacy – Non Appearance **(For Possible Action)**

YYY. Ambulatory Surgical Center of Southern Nevada – Las Vegas, NV
ZZZ. Community Health Alliance Sparks Pharmacy – Sparks, NV
AAAA. Flying Diamond Pharmacy, LLC – Reno, NV
BBBB. Lovelock Pharmacy – Lovelock, NV
CCCC. Silver Stage Pharmacy – Silver Springs, NV

◆ REGULAR AGENDA ◆

4. Discipline: 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.	Raymond Duro, R.Ph	(17-117-RPH-N)
B.	Cheryl Mussell, PT	(18-013-PT-N)
C.	David J. Adams, DO	(17-095-CS-S)

5. Rehearing pursuant to NRS 639.252 – Case No. 17-038-RPH-S – BOARD OF PHARMACY v. NAZALENE ZEBARI, RPH – Appearance **(For Possible Action)**

6. Request for Renewal of Pharmacist License: 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)**

Dina El-Sayed

7. Request for Pharmaceutical Technician in Training License: 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)**

Danisha M. Miller

8. Request for Intern License: 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)**

Derek L. Durrett

9. Applications for Out-of-State Compounding Pharmacy – Appearance **(For Possible Action)**
 - A. Coram CVS/specialty infusion service #48090 – Centennial, CO
 - B. Farmakeio – Richardson, TX
10. Applications for Out-of-State Pharmacy – Appearance **(For Possible Action)**
 - A. Lynchburg Drug Store – Lynchburg, TN
 - B. Pharmacy Care Concepts – Stockton, CA
11. Applications for Out-of-State Outsourcing Facility – Appearance **(For Possible Action)**
 - A. Pentec Health, Inc. – Boothwyn, PA
 - B. PharMEDium Services, LLC – Cleveland, MS
 - C. PharMEDium Services, LLC – Dayton, NJ
 - D. PharMEDium Services, LLC – Memphis, TN
 - E. PharMEDium Services, LLC – Sugar Land, TX
 - F. SCA Pharmaceuticals LLC – Little Rock, AR
 - G. Stokes Healthcare Inc. – Mt Laurel, NJ
 - H. Wells Pharmacy Network, LLC – Dyersburg, TN
12. Application for Nevada Wholesaler – Appearance **(For Possible Action)**

Reichman Distribution Inc. – Las Vegas, NV
13. Application for Nevada Medical, Devices, Equipment and Gases – Appearance **(For Possible Action)**

Ideal Health Care, LLC – Las Vegas, NV
14. Applications for Nevada Pharmacy – Appearance **(For Possible Action)**
 - A. AbacusRx Pharmacy – Henderson, NV
 - B. Desert Hope Treatment Center – Las Vegas, NV
 - C. Las Vegas AMG Specialty Hospital, LLC – Las Vegas, NV
 - D. Nimble Pharmacy – Las Vegas, NV
 - E. Silver State Pharmacy LLC – Las Vegas, NV
15. Personnel Review **(For Possible Action)**
 - A. Personnel Evaluation
 - B. Executive Secretary Evaluation
16. Election of Officers **(For Possible Action)**
17. Training Session on Board's Use of Meeting Materials in Electronic Format

18. Discussion and determination regarding a pharmacist administering an immunization on an order of the practitioner transcribed on a prescription NAC 639.297 to 639.2978.
(For Possible Action)
19. General Counsel Report
20. Executive Secretary Report:
 - A. Financial Report:
 1. 2018-2019 Budget
 - B. Temporary Licenses
 - C. Staff Activities:
 1. Sunset Subcommittee Board Review by the Legislative Commission
 2. Meetings for Other Health Care Licensing Boards
 3. Governor's Task Force on Opiates
 4. NABP Annual Meeting
 5. AB 474 Meeting and Continuing Education
 6. CORA Meeting
 - D. Report to Board:
 1. BD Production Information & Recall
 - E. Board Related News
 - F. Licensing Activities Report

◆ WORKSHOP ◆

Thursday, June 7, 2018 – 9:00 am

21. Notice of Proposed Regulation Workshop Pursuant to NRS 233B.061(2) **(For Possible Action):**

Amendment of Nevada Administrative Code Chapter 639 to add a new section thereto providing for the prescribing or dispensing of controlled substance for the treatment of pain in conformance with Assembly Bill 474 from the 2017 Nevada Legislative Session; To further define "controlled substance" as it relates to a "written informed consent" and "medication agreement". To clarify the application of Section 55; where it says "require the patient to complete an assessment of the patient's risk for abuse, dependency and addiction."

◆ PUBLIC HEARING ◆

Thursday, June 7, 2018 – 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 Chapter 639 to add a new section thereto providing for the dispensing of drugs with prescription readers.** Enacts provisions of Senate Bill 131 (79th Session 2017) requiring certain pharmacies to, upon request, provide a prescription reader or advice on obtaining a prescription reader. (LCB File No. R131-17)
- B. Amendment of Nevada Administrative Code Chapter 453 to add a new section thereto relating to practitioner access to the Prescription Monitoring Program (PMP) database established pursuant to NRS 453.162.** (LCB File No. R013-18) requiring practitioners to register with the Board to access the PMP database. To allow a practitioner to designate members of his or her staff to act as delegates for the purposes of accessing the PMP database. To provide for the suspension or termination of access to the PMP database if the Board has probable cause to believe that the PMP database has been intentionally accessed by a person or for a purpose not authorized by law.
- C. Amendment of Nevada Administrative Code Chapter 639 to add a new section thereto providing for the prescribing or dispensing of controlled substances for the treatment of pain in conformance with Assembly Bill 474 from the 2017 Nevada Legislative Session.** (LCB File No. R047-18) The proposed amendments further define “acute pain” and “course of treatment;” clarify “initial prescription” as defined in section 51 of AB 474; clarify “written informed consent” in sections 53 and 54 of AB 474 for practice groups; clarify “making a good faith effort to obtain and review the medical records of the patient” in paragraph (c) of subsection 1 of section 54 of AB 474; clarify the application of section 57 of AB 474 requiring a practitioner, other than a veterinarian, to consider certain factors before prescribing a controlled substance listed in schedule II, III or IV. (LCB File No. R047-18)

23.. Date and Location of Next Scheduled Board Meeting:

July 18-19, 2018 – Las Vegas, Nevada

24. 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, 431 W Plumb Lane, Reno, NV, 89509, 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 or 431 W Plumb Lane, Reno, Nevada.

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 and bop.nv.gov.

Elko County Courthouse – Elko
Washoe County Courthouse – Reno

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



NEVADA STATE BOARD OF PHARMACY

431 W. Plumb Lane • Reno, NV 89509

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

• Web Page: bop.nv.gov

MINUTES

April 11 & 12, 2018

BOARD MEETING

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

Board Members Present:

Leo Basch	Kevin Desmond	Jason Penrod	Melissa Shake
Robert Sullivan	Darla Zarley		

Board Members Absent:

Kirk Wentworth was absent on April 11 & 12, 2018.

Jason Penrod was absent on April 12, 2018.

Board Staff Present:

Larry Pinson	Dave Wuest	Paul Edwards	Shirley Hunting
Brett Kandt	Yenh Long	Ray Seidlinger	Kenneth Scheuber
Luis Curras	Dena McClish	Joe Dodge	Sophia Long
Kristopher Mangosing			

President Basch 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.

1. Public Comment April 11, 2018, 9:00 AM

There was no public comment.

2. Approval of March 7-8, 2018, Minutes

Melissa Shake recused from participation in this matter due to her absence from the March 2018 Board meeting.

Mr. Pinson suggested clarifications on p.8 and 9 to add “a minimum of 12 months” to the Board’s motions.

Board Action:

Motion: Kevin Desmond moved to approve the March 7 & 8, 2018 Meeting Minutes with the corrections noted by Board Staff.

Second: Darla Zarley

Action: Passed unanimously

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

- A. ABC Pharmacy – Ontario, CA
- B. George Pharmacy Care Corp. – Winters Springs, FL
- C. JSPLTC, LLC – Galloway, NJ
- D. Lynchburg Drug Store – Lynchburg, TN
- E. McClure’s Compounding Pharmacy – Georgetown, TX
- F. Orsini Pharmaceutical Services, LLC – Elk Grove Village, IL
- G. PMOA Inc. – Mobile, AL
- H. Steeplechase Express Rx – Houston TX
- I. Twin Oaks Specialty Pharmacy – Lubbock, TX

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

- J. Coordinated Care Network Pharmacy – Pittsburgh, PA
- K. Cre8 Pharmacy Group LLC/Cre8 Pharmacy – Coral Springs, FL
- L. Franako Pharmacy, Inc. – Lake Worth, FL

Applications for Out-of-State Wholesaler – Non-Appearance:

- M. Akcea Therapeutics, Inc. – Cambridge, MA
- N. Amicus Therapeutics US, Inc. – Cranbury, NJ
- O. Dermira, Inc. – Menlo Park, CA
- P. Granules Pharmaceuticals, Inc. – Chantilly, VA
- Q. Greenwich Biosciences, Inc. – Carlsbad, CA
- R. McKesson Medical-Surgical Inc. – Roseville, CA
- S. scPharmaceuticals Inc. – Burlington, MA
- T. Woodfield Distribution, LLC – Dayton, NJ

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

- U. Abacoa Medical Supplies, Inc. – Boca Raton, FL
- V. Absolute First Medical Inc. – Sherman, TX
- W. Beyond Medical Solutions, LLC – Saddle Brook, NJ

- X. Case Baldwin Healthcare Systems, Inc. – Wichita, KS
- Y. McKesson Patient Care Solutions Inc. – Moorestown, NJ
- Z. Unicare Biomedical, Inc. – Laguna Hills, CA

Applications for Nevada Pharmacy – Non-Appearance:

- AA. AbacusRx Pharmacy – Henderson, NV
- BB. Raley's Pharmacy #122 – Fernley, NV
- CC. Raley's Pharmacy #116 – Reno, NV
- DD. Raley's Pharmacy #124 – Reno, NV
- EE. Raley's Pharmacy #120 – Tonopah, NV
- FF. Raley's Pharmacy #123 – Yerington, NV
- GG. Smith's Pharmacy #315 – Las Vegas, NV
- HH. Smith's Pharmacy #376 – Las Vegas, NV

President Basch requested to have Items D & AA pulled from the Consent Agenda and have representatives from the companies appear at a future Board meeting.

Board Action:

Motion: Jason Penrod moved to approve the Consent Agenda with the exceptions of Items D & AA.

Second: Melissa Shake

Action: Passed unanimously

4. Discipline

- A. Craig Weingrow, MD (17-066-CS-S)

Craig Weingrow appeared and was sworn by President Basch prior to answering questions or offering testimony.

Jason Weiner was present as counsel representing Dr. Weingrow.

Mr. Edwards summarized the facts of the case where Dr. Weingrow knowingly permitted Teresa Jaffer, Marecxy Rubio-Veronica and three unlicensed office staff members to falsify his signature or initials on his prescriptions. Investigators from the Nevada State Board of Medical Examiners and the Nevada State Board of Pharmacy obtained a sample of 580 prescriptions dispensed between October 14, 2017 and October 31, 2017. Not one of those 580 prescriptions were signed by Dr. Weingrow personally. Dr. Weingrow also allowed office staff access to his inventory of controlled substances and dangerous drugs to dispense to his patients when he was not present in the office. Dr. Weingrow and his office staff mailed controlled substances to patients who live out-of-town.

Mr. Edwards presented a Stipulation and Order regarding Dr. Weingrow for the Board's consideration. The Respondent admits that evidence exists to establish a basis for violations alleged in the Accusation.

Dr. Weingrow's Controlled Substance Registration shall be suspended. The suspension stayed, and his registration placed on probation for a minimum of five years. He shall surrender his Dispensing Practitioner Registration within three days, and will not be eligible to hold a Dispensing Practitioner Registration for a minimum of ten years. Dr. Weingrow shall dispose of his entire inventory with Board Staff present or with written approval. Dr. Weingrow shall pay a fine of \$1,000.00 and an administrative fee of \$4,000.00 within 60 days. Dr. Weingrow shall attend two of the next three Las Vegas Board Meetings, and shall create new policies and procedures to prevent these errors from occurring in the future.

After discussion, the Board expressed concern over the severity and quantity of violations by Dr. Weingrow and his office staff.

Board Action:

Motion: Jason Penrod moved to deny the Stipulation and Order presented by Board Staff and schedule the hearing for this case during the July 2018 Board Meeting.

Second: Melissa Shake

Action: Passed unanimously

B. Teresa Jaffer (17-066-TD-A-S)

Ms. Jaffer was not present.

Mr. Edwards explained that this case shares the same set of facts as Dr. Weingrow's case. He stated that Ms. Jaffer was a dispensing technician at Dr. Weingrow's office.

Mr. Edwards moved to have Exhibits 1-4 admitted into the record.

President Basch admitted Exhibits 1-4 into the record.

Mr. Edwards reviewed Exhibits 1-4 for the Board. He presented a copy of the certified mail receipt indicating that the Notice of Intended Action and Accusation was properly served to Ms. Jaffer, a letter notifying Ms. Jaffer of the date and time of her hearing, a letter from Ms. Jaffer surrendering her dispensing technician registration and a response from Board Staff.

Board Action:

Motion: Jason Penrod moved that Board Staff properly attempted service by mailing the Notice of Intended Action and Accusation to Ms. Jaffer.

Second: Kevin Desmond

Action: Passed unanimously

Board Action:

Motion: Jason Penrod moved that based on default the factual allegations in the Notice of Intended Action and Accusation are true.

Second: Kevin Desmond

Action: Passed unanimously

Board Action:

Motion: Jason Penrod moved to find Teresa Jaffer guilty of the 1,2,3,5,7,8,9 & 10 Causes of Action.

Second: Kevin Desmond

Action: Passed unanimously

Mr. Edwards reviewed NRS 233B.121(6) which states that the voluntary surrender in a contested case shall be deemed to constitute disciplinary action against the licensee. Mr. Edwards explained that Board Staff would treat the voluntary surrender of Ms. Jaffer's registration the same as a revocation.

Board Action:

Motion: Jason Penrod moved to revoke Teresa Jaffer's Technician Dispensing Registration for a minimum of twelve months.

Second: Kevin Desmond

Action: Passed unanimously

C. Marecxy Rubio-Veronica

(17-066-TD-B-S)

Ms. Rubio-Veronica was not present.

Mr. Edwards explained that his case shares the same set of facts as Dr. Weingrow's and Ms. Jaffer's case. He stated that Ms. Rubio-Veronica was a dispensing technician at Dr. Weingrow's office.

Mr. Edwards moved to have Exhibits 1-4 admitted into the record.

President Basch admitted Exhibits 1-4 into the record.

Mr. Edwards reviewed Exhibits 1-4 for the Board. He presented a copy of the certified mail receipt indicating that the Notice of Intended Action and Accusation was properly served to Ms. Rubio-Veronica, a letter notifying Ms. Rubio-Veronica of the date and time of her hearing, a letter from Ms. Rubio-Veronica surrendering her dispensing technician registration and a response from Board Staff.

Board Action:

Motion: Jason Penrod moved that Board Staff properly attempted service by mailing the Notice of Intended Action and Accusation to Ms. Rubio-Veronica.

Second: Robert Sullivan

Action: Passed unanimously

Board Action:

Motion: Jason Penrod moved that based on default the factual allegations in the Notice of Intended Action and Accusation are true.

Second: Darla Zarley

Action: Passed unanimously

Board Action:

Motion: Jason Penrod moved to find Marecxy Rubio-Veronica guilty of the 1,2,3,5,7,8,9 & 10 Causes of Action.

Second: Darla Zarley

Action: Passed unanimously

Mr. Edwards explained that Board Staff would treat the voluntary surrender of Ms. Rubio-Veronica's registration the same as a revocation.

Board Action:

Motion: Jason Penrod moved to revoke Marecxy Rubio-Veronica's Technician Dispensing Registration for a minimum of one year.

Second: Darla Zarley

Action: Passed unanimously

D. Katrina R. Young, PT

(17-129-PT-S)

Ms. Young was not present.

Mr. Kandt summarized the facts of the case where Ms. Young was terminated from her employment as a pharmaceutical technician for diverting 50 to 100 Soma (carisoprodol) tablets each month from June 2015 to October 2017.

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

President Basch admitted Exhibit 1 into the record.

Mr. Kandt reviewed Exhibit 1 for the Board. He presented a returned certified mail envelope that shows Board Staff attempted to send Ms. Young's Notice of Intended Action and Accusation to her last address of record.

Board Action:

Motion: Jason Penrod moved that Board Staff properly attempted service by mailing the Notice of Intended Action and Accusation to Ms. Young.

Second: Melissa Shake

Action: Passed unanimously

Mr. Kandt moved to have Exhibits 2-4 admitted into the record.

President Basch admitted Exhibits 2-4 into the record.

Mr. Kandt reviewed Exhibits 2-4 with the Board. He presented a Report of Loss or Theft of Controlled Substances, a notification of termination statement from Janice Lyle, Asset Protection Smith's and a statement from Ms. Young admitting to diverting 50 to 100 Soma tablets a month.

Board Action:

Motion: Jason Penrod moved that the evidence supports the factual allegations in the Notice of Intended Action and Accusation.

Second: Darla Zarley

Action: Passed unanimously

Board Action:

Motion: Jason Penrod moved to find Katrina R. Young guilty of the 1-4 Causes of Action.

Second: Darla Zarley

Action: Passed unanimously

Mr. Kandt stated that Board Staff recommends revocation of Ms. Young's Nevada Pharmaceutical Technician License.

Board Action:

Motion: Jason Penrod moved to revoke Katrina Young's Nevada Pharmaceutical Technician License.

Second: Darla Zarley

Action: Passed unanimously

E. Nazalene Kemal Zebari, R.Ph (17-038-RPH-S)

Darla Zarley disclosed that Ms. Zebari was a former student but stated that she could participate in this matter fairly and without bias.

Jason Penrod disclosed that he is a Walmart employee, but stated that he could participate in this matter fairly and without bias.

Melissa Shake recused from participation in this matter due to her personal relationship with Ms. Zebari.

Nazalene Zebari appeared and was sworn by President Basch prior to answering questions or offering testimony.

Mr. Kandt summarized the facts of the case where Ms. Zebari was terminated from her employment as a pharmacist at Walmart for fraudulently creating and filling a prescription for Singulair 10 mg tablets for personal use.

Mr. Kandt moved to have Exhibits 1-5 admitted into the record.

President Basch admitted Exhibits 1-5 into the record.

Mr. Kandt presented a letter from Ms. Zebari, CEU certificates on the topic of ethics and letters of support.

Ms. Zebari accepted responsibility for her actions and apologized to the Board for her lapse in judgement.

Board Action:

Motion: Jason Penrod moved that the evidence supports the factual allegations in the Notice of Intended Action and Accusation.

Second: Kevin Desmond

Action: Passed unanimously

Board Action:

Motion: Jason Penrod moved to find Nazalene Zebari guilty of the 1-4 Causes of Action.

Second: Kevin Desmond

Action: Passed unanimously

Mr. Kandt stated that Board Staff recommends revocation of Ms. Zebari's pharmacist license.

Board discussion ensued regarding possible penalties for Ms. Zebari.

Board Action:

Motion: Darla Zarley move to revoke Nazalene Zebari's pharmacist license for a minimum of one year.

Second: Robert Sullivan

Action: Passed unanimously

F. Debra F. Bowersox, R.Ph	(16-090-RPH-S)
G. Walgreens #05646	(16-090-PH-S)

Melissa Shake recused from participation in this matter due to her employment with Walgreens.

Darla Zarley disclosed that Ms. Bowersox was a former student, but stated that she could participate in this matter fairly and without bias.

Debra Bowersox, Olivia Consellyea, pharmaceutical technician, and Holly Prieto, Walgreens, appeared and were sworn by President Basch prior to answering questions or offering testimony.

Bill Stilling was present as counsel representing the Respondents.

Mr. Stilling stated that Ms. Consellyea was subpoenaed for her involvement in this case.

Mr. Kandt summarized the facts of the case where Ms. Consellyea inadvertently filled a prescription for Phenobarbital 15mg. tablets rather than the Phenobarbital 60mg. tablets as prescribed. Ms. Bowersox was the verifying pharmacist and failed to detect the medication error. The canine patient Maggie Mae ingested approximately eleven tablets of the wrong medication before the error was detected.

Mr. Kandt presented a Stipulation and Order for the Board's consideration. The Respondents admit that evidence exists to establish a basis for the violations alleged in the Accusation.

Ms. Bowersox shall receive a Letter of Reprimand, pay a fine of \$1,000.00 and complete two additional CEU on the topic of error prevention.

Walgreens #05646 shall pay an administrative fee of \$1,500.00.

Mr. Stilling stated that the Respondents agree to the Stipulation and Order presented by Board Staff.

Ms. Bowersox and Ms. Consellyea apologized to the Board, the patient, and the patient's family for their error.

Board Action:

Motion: Kevin Desmond moved to accept the Stipulation and Order as presented by Board Staff.

Second: Robert Sullivan

Action: Passed unanimously

The Board stressed the importance of all members of pharmacy staff following the standard operating procedures to ensure filling accuracy and patient safety.

5. Requests for Renewal of Pharmacist License:

A. Laura Dawly

Darla Zarley recused from participation in this matter do to her personal relationship with Ms. Dawly.

Laura Dawly appeared and was sworn by President Basch prior to answering questions offering testimony.

Mr. Edwards provided background information. He stated that Ms. Dawly disclosed past discipline in California on her online renewal application.

Mr. Edwards summarized the facts of the case where Ms. Dawly's California Pharmacist Registration was revoked. The revocation stayed, and her registration placed on probation for 3 years.

Ms. Dawly explained that she was the managing pharmacist at a pharmacy that was disciplined for multiple violations, including dispensing a prescription with incorrect dosage instructions, failing to complete quality assurance reports for multiple medication errors and filling and dispensing postdated prescriptions for morphine.

Ms. Dawly answered questions to the Board's satisfaction regarding her past discipline and current employment.

Board Action:

Motion: Jason Penrod moved to approve Laura Dawly's Request for Renewal of Pharmacist License with conditions. Ms. Dawly's Nevada Pharmacist License shall be placed on probation until her probation is lifted in California. Ms. Dawly shall notify Board Staff of any changes to her license status in California within one business day. Ms. Dawly must contact Board Staff to request removal of probation in Nevada. The Executive Secretary is authorized to lift Ms. Dawly's Nevada probation.

Second: Kevin Desmond

Action: Passed unanimously

B. Steven Levin

Steven Levin appeared and was sworn by President Basch prior to answering questions or offering testimony.

Mr. Kandt explained that Mr. Levin disclosed that he had been the subject of a board citation or administrative action in another state on his Nevada Pharmacist Renewal Application.

Mr. Kandt summarized the facts of the case where Mr. Levin and Woodland Hills Pharmacy were disciplined for the sale of adulterated drugs and for the failure to properly store and deliver compounding medication.

Mr. Levin answered questions to the Board's satisfaction regarding his past discipline, his pharmacist license status in other states and additional compounding training.

Board Action:

Motion: Kevin Desmond moved to approve Steven Levin's Request for Renewal of Pharmacist License with conditions that Mr. Levin shall comply with his California Board Order, that Mr. Levin's Nevada Pharmacist license be placed on probation until his probation is lifted in California. Mr. Levin shall notify Board Staff of any changes to his license status in California within one business day. Mr. Levin must contact Board Staff to request removal of probation in Nevada. The Executive Secretary is authorized to lift Mr. Levin's Nevada probation.

Second: Melissa Shake

Action: Passed unanimously

C. Minh Tri Van Nguyen

Minh Nguyen appeared and was sworn by President Basch prior to answering questions or offering testimony.

Mr. Edwards provided background information. He explained that Mr. Nguyen disclosed past discipline in California on his Nevada Pharmacist Renewal Application.

Mr. Edwards summarized the facts of the case where Mr. Nguyen's California Pharmacist License was revoked, the revocation stayed and placed on probation for 3 years.

Board Action:

Motion: Jason Penrod moved to approve Minh Nguyen's Request for Renewal of Pharmacist License with conditions. Mr. Nguyen's Nevada Pharmacist license shall be placed on probation until his probation in California is lifted. Mr. Nguyen shall notify Board Staff of any changes to his license status in California within one business day. Mr. Nguyen must contact Board Staff to request removal of his Nevada probation. The Executive Secretary is authorized to lift Mr. Nguyen's probation.

Second: Kevin Desmond

Action: Passed unanimously

6. Request for Pharmacist License by Reciprocity:

Scott D. Huft

Scott Huft appeared and was sworn by President Basch prior to answering questions or offering testimony.

Mr. Kandt stated that Mr. Huft disclosed on his Application for Pharmacist License by Reciprocity that he was disciplined by the Arizona State Board of Pharmacy in 1991 for the theft and use of cocaine and again in 2005 for diverting hydrocodone/apap tablets.

The Board questioned Mr. Huft regarding his recovery, current employment and past discipline.

After discussion, the Board expressed concern regarding Mr. Huft's attitude and lack of accountability for his past mistakes.

Board Action:

Motion: Melissa Shake moved to deny Scott D. Huft's Application for Nevada Pharmacist License by Reciprocity.

Second: Jason Penrod

Action: Passed unanimously

7. Request for Reinstatement of Revoked Pharmacist License:

Justin Curnutt

(15-051-RPH-S)

Justin Curnutt appeared and was sworn by President Basch prior to answering questions or offering testimony.

Mr. Kandt provided background information regarding Mr. Curnutt's case where his pharmacist license was revoked in 2016 for prescription and insurance fraud. He explained that Mr. Curnutt petitioned for reinstatement in April 2017, where he was granted a pharmacy intern license with conditions.

The Board questioned Mr. Curnutt regarding what he has done to comply with the conditions on his pharmacy intern license.

Mr. Curnutt answered the Board's questions regarding his current employment and continuing education

After discussion, the Board directed Mr. Curnutt to be more proactive in complying with the conditions on his license.

8. Request for Pharmaceutical Technician in Training License:

Chelsea R. Flores

Ms. Flores was not present.

Mr. Pinson stated that Ms. Flores was a student at Northwest Career College. Mr. Pinson explained that Board Staff was notified that Ms. Flores tested positive for marijuana.

Board Action:

Motion: Jason Penrod moved to deny Chelsea R. Flores' Application for Pharmaceutical Technician in Training License.

Second: Darla Zarley

Action: Passed unanimously

9. Application for Physician Assistant Prescribe - Appearance:

Sami N. Akhchin

Sami Akhchin appeared and was sworn by President Basch prior to answering questions or offering testimony.

Bridget Kelly was present as counsel representing Ms. Akhchin.

Mr. Edwards explained that while processing Ms. Akhchin's Application for Physician Assistant Prescribe, Board Staff discovered that Ms. Akhchin failed to disclose past disciplinary action regarding her Nevada Pharmaceutical Technician Trainee Registration.

Ms. Kelly explained that Ms. Akhchin did not intend to hide her past discipline and stated that she forgot about the past discipline that occurred in 2007. Ms. Kelly also explained that the credentialing department at Ms. Akhchin's place of employment led her to believe that she was properly license and cleared to start work.

Mr. Wuest explained that Ms. Akhchin contacted Board Staff to correct the issue and stated that she has been honest and forthright.

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

After discussion, the Board stressed that the licensee is responsible for ensuring that they are properly licensed before they begin practice, even if they are utilizing services from a credentialing company.

Ms. Akhchin apologized to the Board for her oversight and accepted responsibility for her mistake.

Board Action:

Motion: Jason Penrod moved to approve Sami Akhchin's Application for Physician Assistant Prescribe pending receipt by the Board Office of a complete and accurate application.

Second: Darla Zarley

Action: Passed unanimously

10. Applications for Out-of-State Compounding Pharmacy – Appearance:

A. Coram CVS/specialty Infusion Services – Phoenix, AZ

Sherry Pass, managing pharmacist, and Lauren Paul, Director of Pharmacy Affairs CVS Coram, appeared and were sworn by President Basch prior to answering questions or offering testimony.

Ms. Paul presented an updated application for Coram CVS/ Specialty Infusion Services that listed Ms. Pass as the managing pharmacist.

Joe Dodge, Inspector Nevada State Board of Pharmacy, appeared and was sworn by President Basch prior to answering questions or offering testimony.

Mr. Dodge questioned Ms. Paul and Ms. Pass regarding Coram CVS/ Specialty Infusion Services' policies and procedures, past inspections, employee training and mailing procedures.

The Board questioned Ms. Pass regarding her work and management experience.

Ms. Paul and Ms. Pass answered questions to the Board's satisfaction.

Board Action:

Motion: Kevin Desmond moved to approve Coram CVS/ Specialty Infusion Services Ownership Change Application for Out-of-State Compounding Pharmacy license.

Second: Darla Zarley

Action: Passed unanimously

B. Coram CVS/specialty infusion service #48090 – Centennial, CO

This matter was continued to a future Board Meeting.

C. Lei Compounding – San Jose, CA

Paul Yamamoto, pharmacist and Vice President of Pharmacy Services, appeared and was sworn by President Basch prior to answering questions or offering testimony.

Mr. Yamamoto stated that Lei Compounding is a 503A pharmacy that provides sterile and non-sterile compounded products.

Mr. Dodge questioned Mr. Yamamoto regarding Lei Compounding's past inspections, policies & procedures, recall procedures, clean room specifications and product testing.

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

Board Action:

Motion: Kevin Desmond moved to approve Lei Compounding's Application for Out-of-State Compounding Pharmacy license pending receipt by the Board Office of a Letter of Authorization allowing Mr. Yamamoto to speak on behalf of the company.

Second: Darla Zarley

Action: Passed unanimously

D. Roadrunner Pharmacy – Phoenix, AZ

Lee Martin, managing pharmacist, appeared and was sworn by President Basch prior to answering questions or offering testimony.

Mr. Martin stated that Roadrunner Pharmacy is a veterinary only compounding pharmacy that provides sterile and non-sterile compounding services.

Mr. Dodge questioned Mr. Martin regarding Roadrunner Pharmacy's past inspections, PCAB accreditation, training, clean room specifications, policies and procedures and product testing.

Board Staff recommended the Board request a copy of Roadrunner Pharmacy's PCAB Accreditation documentation, observations and responses.

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

The Board removed the affidavit not to ship sterile products into Nevada from the record at Mr. Martin's request.

Board Action:

Motion: Kevin Desmond moved to approve Roadrunner Pharmacy's Ownership Change Application pending receipt of Roadrunner Pharmacy's PCAB accreditation and responses and the pharmacy's most recent Arizona inspection.

Second: Melissa Shake

Action: Passed unanimously

11. Applications for Out-of-State Outsourcing Facility – Appearance:

A. Cantrell Drug Company – Little Rock, AR

This matter was continued to a future Board Meeting.

B. Leiters Health – Englewood, CO

Mr. Yamamoto stated that he would provide a Letter of Authorization allowing him to speak on behalf of Leiters Health.

Mr. Yamamoto explained that Leiters Health is a FDA registered 503B Outsourcing Facility that provides sterile compounded products.

Mr. Dodge questioned Mr. Yamamoto regarding Leiters Health's past FDA inspections, aseptic technique and products and services provided

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

Board Action:

Motion: Kevin Desmond moved to approve Leiters Health's Application for Out-of-State Outsourcing Facility License pending receipt by the Board Office of a Letter of Authorization allowing Mr. Yamamoto to speak on behalf of the company.

Second: Melissa Shake

Action: Passed unanimously

C. Stokes Healthcare Inc. – Mt. Laurel, NJ

This matter was continued to a future Board Meeting.

12. Application for Nevada Pharmacy – Appearance:

Goodwill Pharmacy, Inc. – Las Vegas, NV

Darla Zarley disclosed that Marie Baraga was a former student, but stated that she could participate in this matter fairly and without bias.

Marie Baraga, managing pharmacist, and Arun Pasricha, owner, appeared and were sworn by President Basch prior to answering questions or offering testimony.

Mr. Edwards explained that during the March 2018 Board meeting, the Board offered Mr. Pasricha the option to table their application to provide them time to meet and interview the managing pharmacist.

The Board updated Goodwill Pharmacy, Inc.'s application to reflect Ms. Baraga as the managing pharmacist at Mr. Pasricha's request.

Ms. Baraga explained that Goodwill Pharmacy is a retail pharmacy that will provide delivery service.

Ms. Baraga answered questions to the Board's satisfaction regarding her past work and management experience.

Board Action:

Motion: Darla Zarley moved to approve Goodwill Pharmacy's Application for Nevada Pharmacy License pending a positive inspection and receipt of a complete and accurate application.

Second: Robert Sullivan

Action: Passed unanimously

13. Application for Nevada Medical, Devices, Equipment and Gases – Appearance:

Prosthetics Advancement Lab, LLC – Las Vegas, NV

Janet Chao, MDEG Administrator, appeared and was sworn by President Basch prior to answering questions or offering testimony.

Ms. Chao explained that Prosthetics Advancement Lab, LLC creates prosthetic eyes for patients.

The Board modified Prosthetics Advancement Lab, LLC's Application to reflect an ownership change and to remove Ms. Chao from the list of practitioner business owners.

Ms. Chao answered questions to the Board's satisfaction regarding her past employment history and training.

Board Action:

Motion: Darla Zarley moved to approve Prosthetics Advancement Lab, LLC's Ownership Change Application for Nevada MDEG License.

Second: Kevin Desmond

Action: Passed unanimously

14. Petition for regulatory interpretation of NRS 454.213 from Vita Heaven, LLC, made pursuant NAC 649.150.

Mr. Edwards explained that Board Staff received a petition for regulatory interpretation from Dr. Jason Burke at Hangover Heaven, LLC.

Mr. Edwards provided a brief explanation of Hangover Heaven, LLC's business model.

Mr. Edwards directed the Board's attention to NRS 454.213 which addresses Dr. Burke's questions, which state that a nurse may only possess a prescription drug pursuant to a patient specific order.

Mr. Edwards indicated that because the law appears to directly answer Dr. Burke's questions there was no need for Board interpretation.

15. Discussion and determination on Nevada State Board of Pharmacy adherence to National Association of Board of Pharmacy requirements for conducting inspections of sterile compounding pharmacies that ship across state lines.

Mr. Pinson provided background information regarding NABP's Multistate Pharmacy Inspection Blueprint Program.

Mr. Dodge described NABP's universal sterile compounding inspection form, inspection procedures, inspection reporting and the training that inspectors are required to complete to participate in this program.

After discussion, the Board expressed support for participating in NABP's Multistate Pharmacy Inspection Blueprint Program.

Public Comment April 11, 2018, 3:30 PM

There was no public comment.

16. General Counsel Report

Mr. Kandt explained that Board Staff would be appearing before the Legislative Commission's Sunset Committee on April 23, 2018. He invited the Board Members and the public to watch the meeting online.

17. Executive Secretary Report:

A. Financial Report:

Mr. Pinson presented the financials to the Board's satisfaction.

1. Treasurer's Report

President Basch stated that Mr. Wentworth spoke positively of the Board's finances.

B. Temporary Licenses

One temporary license was issued since the last meeting.

C. Staff Activities:

1. Meetings with other health care boards
2. AB 474 meetings and continuing education

Mr. Pinson stated that Board Staff has had numerous meetings and presented to various groups regarding the implementation of AB 474.

3. ISU student has finished her externship with us

Mr. Pinson stated that Ciera Nielsen has completed her rotation with the Board of Pharmacy and spoke positively of her work during that time.

4. Nevada State Board of Medicine –AB 474 Subcommittee

Mr. Edwards provided a brief update on the most recent Nevada State Board of Medical Examiners AB 474 Subcommittee meeting.

5. Attorney General's Opioid Taskforce
 6. Attorney General's Opioid Antagonist Training
 7. NASCSA Executive Meeting
- D. Reports to Board:
1. Implementation of electronic Board books which will contain the agenda and supporting material

Yenh Long presented her Certified Public Manager enhancement project to upgrade the paper Board books with electronic Board books. Ms. Long discussed the benefits of upgrading to electronic Board books and proposed a plan to enact the changes during the next few Board meetings

- E. Board Related News
- F. Activities Report

Public Comment April 12, 2018, 9:00 AM

There was no public comment.

18. Notice of Proposed Regulation Public Hearing Pursuant to NRS 233B.061(2):
(For Possible Action)

A. **Amendment of Nevada Administrative Code Chapter 639 to add a new section thereto for the registration of veterinarians to dispense controlled substances or dangerous drugs.**

Mr. Edwards explained that the proposed regulation establishes the requirements for a licensed veterinarian to obtain a certificate of registration to dispense controlled substances or dangerous drugs and revises the fees for a licensed veterinarian to dispense controlled substances or dangerous drugs.

The Board discussed grammatical corrections to the proposed regulation.

President Basch opened the Public Comment.

James Boyle, Strategic Pharmaceutical Solutions, appeared and was sworn by President Basch.

Mr. Boyle asked the Board if the proposed regulation would affect the consignment regulations.

After discussion, the Board agreed that the proposed regulation would not affect the consignment regulations.

Board Action:

Motion: Kevin Desmond moved to adopt the proposed amendment with corrections as discussed.

Second: Melissa Shake

Action: Passed unanimously

B. Amendment of Nevada Administrative Code Chapter 639 to add a new section thereto authorizing the State Board of Pharmacy to issue an order for a hearing to show cause.

Mr. Kandt explained that the proposed amendment would enact requirements for the issuance of an order to appear at a hearing to show cause to a respondent who fails to comply with an order imposing discipline.

President Basch opened the Public Comment.

There was no public comment.

Board Action:

Motion: Melissa Shake moved to adopt the proposed amendment.

Second: Robert Sullivan

Action: Passed unanimously

C. Amendment of Nevada Administrative Code Chapter 639 to add a new section thereto providing for the dispensing of drugs with prescription readers. Enacts provisions of Senate Bill 131 (79th Session 2017) requiring certain pharmacies to, upon request, provide a prescription reader or advice on obtaining a prescription reader. (LCB File No. R131-17)

This matter was continued to a future Board Meeting.

19. Date and Location of Next Scheduled Board Meeting:

June 6-7, 2018 – Reno, Nevada

20. Public Comment April 12, 2018, 12:00 PM

There was no public comment.

A

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: 904 Prospect Pharmacy Inc (Boca pharmacy)
Physical Address: 904 Prospect Ave Bronx, NY 10459
Mailing Address: Po Box 740054 Bronx, NY 10474
City: Bronx State: NY Zip Code: 10459
Telephone: 718-991-6700 Fax: 718-874-1378
Toll Free Number: (844)340-2622 (Required per NAC 639.708)
E-mail: Info@bocanyc.com Website: www.Bocanyc.com
Managing Pharmacist: Leah Kang License Number: 049000

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,**

100568

B

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

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Check box below for type of ownership and complete all required forms.

☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Partnership – Pages 1,2,5,7
☐ Non Publicly Traded Corporation – Pages 1,2,4,7 ☒ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Affinity Rx

Physical Address: 11003 Antoine Drive, Suite F

Mailing Address: 11003 Antoine Drive, Suite F

City: Houston State: Texas Zip Code: 77086

Telephone: 281-444-5200 Fax: 281-444-5204

Toll Free Number: 833-444-5203 (Required per NAC 639.708)

E-mail: affinityrxpharmacy@gmail.com Website: _____

Managing Pharmacist: Gloria Igboanugo License Number: 61114

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,

100898

C

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 03206**)

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 LLC

☐ 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: Alta Rx LLC

Physical Address: 9883 S 500 W Sandy, UT 84070

Mailing Address: 9883 S 500 W

City: Sandy State: UT Zip Code: 84070

Telephone: 801-716-7200 Fax: 801-716-7202

Toll Free Number: 855-686-1859 (Required per NAC 639.708)

E-mail: pharmacist@altarxpharmacy.com

Website: www.altarx.com (in progress)

Managing Pharmacist: Nicole Cox License Number: 10036324-1701

TYPE OF PHARMACY

AND

SERVICES PROVIDED

Yes/No

☒ ☐ Retail

☐ ☒ Hospital (# beds)

☐ ☒ Internet

☐ ☒ Nuclear

☐ ☒ Ambulatory Surgery Center

☐ ☒ Community

☒ ☐ Other: Central 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:

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

D

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: PHY55898)
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: BINH DAN PHARMACY
Physical Address: 14516 Brookhurst st, Westminster CA 92683
Mailing Address: 14516 Brookhurst st, Westminster CA 92683
City: _____ State: _____ Zip Code: _____
Telephone: (714) 531-5502 Fax: (714) 531-8425
Toll Free Number: _____ (Required per NAC 639.708) -will provide
E-mail: ZZFARMACY@GMAIL.COM Website: _____
Managing Pharmacist: Eric Phan License Number: 53237

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,

E

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: B & Y Pharmacy

Physical Address: 1551 McKean street.

Mailing Address: _____

City: Philadelphia. State: Pennsylvania Zip Code: 19145

Telephone: (25) 755-0814 Fax: (25) 271-5492

Toll Free Number: 833-254-2712 (Required per NAC 639.708)

E-mail: bypharmacy@verizon.net Website: _____

Managing Pharmacist: Yen Pham License Number: PP 440146

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

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.

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Check box below for type of ownership and complete all required forms.

☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Partnership – Pages 1,2,5,7

☒ Non Publicly Traded Corporation – Pages 1,2,4,7 ☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: MAH Pharmacy L.L.C. dba CHD Pharmacy

Physical Address: 4600 North Hanley Road, Suite C

Mailing Address: 4600 North Hanley Road, Suite C

City: Saint Louis State: Missouri Zip Code: 63134

Telephone: 314-522-5817 Fax: 314-522-5818

Toll Free Number: 855-388-0368 (Required per NAC 639.708)

E-mail: rekruse@express-scripts.com

Website: NA

Managing Pharmacist: Richard E. Kruse License Number: Missouri / 042666

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,

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G

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: CRX Specialty Solution PharmacyPhysical Address: 407 Bienville St.Mailing Address: 407 Bienville St.City: Natchitoches State: LA Zip Code: 71457Telephone: 877-646-1716 Fax: 318-214-4190Toll Free Number: 877-646-1716 (Required per NAC 639.708)E-mail: Terry.Smith@southernscripts.net Website: www.crxspecialty.comManaging Pharmacist: Steve Boyd License Number: Pst. 017829**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,

100465

H

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

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☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required forms.

☐ Publicly Traded Corporation – Pages 1,2,3,7

☐ 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: Edpharmalle

Physical Address: 123 Columbia Dr., Suite E PO Box 1399

Mailing Address: 123 Columbia Dr., Suite E PO Box 1399

City: Marshalls Creek State: PA Zip Code: 18335

Telephone: 570 338 6815 Fax: 877 856 4692

Toll Free Number: 866 233 2919 (Required per NAC 639.708)

E-mail: epotocki49@yahoo.com

Website: _____

Managing Pharmacist: Edmund Potocki License Number: rp443463

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,**

I

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)

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☐ New Pharmacy or ☒ **Ownership Change** (Provide current license number if making changes: **PH 03503**)
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: ProCare Pharmacy, L.L.C. dba: Encompass Rx
Physical Address: 2700 Northeast Expressway NE, Suite B-800, Atlanta, GA 30345
Mailing Address: Licensing Dept/MC 1160, One CVS Drive
City: Woonsocket State: RI Zip Code: 02895
Telephone: 404-367-9111 Fax: 404-367-9199
Toll Free Number: 855-443-9944 (Required per NAC 639.708)
E-mail: kimberly.mitchell@cvshealth.com Website: _____
Managing Pharmacist: Sidney Sanders License Number: RPH027993

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
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

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☒ **New Pharmacy** or ☐ **Ownership Change** (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required forms.
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ 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: American Trading, LLC dba Georgetown Rx, LLC

Physical Address: 10401 Old Georgetown Rd., Ste 205

Mailing Address: 10401 Old Georgetown Rd., Ste 205

City: Bethesda State: MD Zip Code: 20814

Telephone: 301-571-0850 Fax: 301-571-0840

Toll Free Number: 855-612-1399 (Required per NAC 639.708)

E-mail: Clsenberg@georgetownrxllc.com Website: N/A

Managing Pharmacist: Carl Isenberg License Number: 19848 MD

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.**

K

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)

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☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH____)
Check box below for type of ownership and complete all required forms.
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☒ 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: Hillcrest Pharmacy

Physical Address: 781 E Fort Union Blvd.

Mailing Address: 781 E Fort Union Blvd.

City: Midvale State: UT Zip Code: 84047

Telephone: 385-900-1400 Fax: 385-900-1990

Toll Free Number: 1-855-499-2556 (Required per NAC 639.708)

E-mail: hillcrestpharmacy17@gmail.com Website: None

Managing Pharmacist: Jeffrey Ryan Abeyta License Number: 374023-1701

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,

*Controlled Substances will not be dispensed from Hillcrest Pharmacy

100463

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

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☐ New Pharmacy or ☒ Ownership Change (Provide current license number if making changes: **PH 02503**)
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: HPC, LLC dba HPC Specialty Pharmacy

Physical Address: 63 S. Royal St. Ste. 800 Mobile, AL 36602

Mailing Address: 63 S. Royal St. Ste. 800

City: Mobile State: AL Zip Code: 36602

Telephone: 251-441-1990 Fax: 855-813-0583

Toll Free Number: 800-757-9192 (Required per NAC 639.708)

E-mail: licensing@hpcspecialtyrx.com

Website: www.hpcspecialtypharmacy.com

Managing Pharmacist: Cory Ward Wiggins License Number: 16214 (Alabama)

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,**

M

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

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☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH____)
Check box below for type of ownership and complete all required forms.

☐ Publicly Traded Corporation – Pages 1,2,3,7☐ 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: Imperial RX LLC

Physical Address: 182 Rockingham Road Unit 2

Mailing Address: 182 Rockingham Rd Unit 2

City: Londonderry

State: New Hampshire

Zip Code: 03053

Telephone: 6035523452

Fax: 6032186441

Toll Free Number: 8885523463

(Required per NAC 639.708)

E-mail: customerservice@imperial-RX.com

Website: Imperial-RX.com

Managing Pharmacist: Michael

Doiron

License Number: NH3188

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,**

100897

N

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)

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☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required forms.

☐ Publicly Traded Corporation – Pages 1,2,3,7☒ 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: Medcrafters RX Pharmacy LLCPhysical Address: 3348 W 12 Mile RoadMailing Address: same as physicalCity: Berkley State: Michigan Zip Code: 48072Telephone: 248-607-3812 Fax: 248-607-3834Toll Free Number: 888-736-5423 (Required per NAC 639.708)E-mail: info@medcrafterspharmacy.com

Website: _____

Managing Pharmacist: Paul Cyprus License Number: 5301011219**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,

100348

D

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)

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☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required forms.

☐ Publicly Traded Corporation – Pages 1,2,3,7

☐ 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: MXP Pharmacy

Physical Address: 416 S. Tyler, Amarillo, TX 79101

Mailing Address: 416 S. Tyler

City: Amarillo

State: Texas

Zip Code: 79101

Telephone: 800-687-8629

Fax: 866-589-7656

Toll Free Number: 800-687-8629

(Required per NAC 639.708)

E-mail: licensing@maxor.com

Website: www.maxor.com

Managing Pharmacist: Carol Capps

License Number: 34437

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

- ☐ ☒ Retail
☐ ☒ Hospital (# beds _____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☒ ☐ Community
☒ ☐ Other: Mail Order, Nonresident

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,

100349

P

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

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☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required forms.

☐ Publicly Traded Corporation – Pages 1,2,3,7

☒ 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: North Halstead LLC

Physical Address: 998 N. Halstead Road, Suite A

Mailing Address: 998 N. Halstead Road, Suite A.

City: Ocean Springs State: MS Zip Code: 39564

Telephone: 228.215.1911 Fax: 228.215.1905

Toll Free Number: 866.266.8980 (Required per NAC 639.708)

E-mail: nhalsteadpharmacy@gmail.com Website: www.coastalpharmacy.com

Managing Pharmacist: Marcus Dean License Number: E-010819

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,**

100570

Q

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

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☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required forms.
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ 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: PHARMADVICE, INC dba PHARMACY EXPRESS & MEDICAL SUPPLIES

Physical Address: 28805 US HWY 19 N., CLEARWATER, FL 33761

Mailing Address: SAME

City: _____ State: _____ Zip Code: _____

Telephone: 407-273-0021 Fax: 407-273-0024

Toll Free Number: 877-829-1922 (Required per NAC 639.708)

E-mail: pharmadvice.inc@gmail.com Website: pharmacyexpress1.com

Managing Pharmacist: FORSTER OKAFOR License Number: PS 276032

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: Refill

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

100803

R

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)

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☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required forms.

☐ Publicly Traded Corporation – Pages 1,2,3,7☐ 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: Pharm II LLCPhysical Address: 1911 Church Street, Ste 206Mailing Address: same as aboveCity: Nashville State: TN Zip Code: 37203Telephone: 644.319.2259 Fax: 644.319.2260Toll Free Number: 644.319.2259 (Required per NAC 639.708)E-mail: Bubscott@PharmersInc.com Website: naManaging Pharmacist: Bartley Wescott Pharm D License Number: 13021**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,

100802

S

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

Check box below for type of ownership and complete all required forms.

☐ Publicly Traded Corporation – Pages 1,2,3,7

☐ 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: RX-DIRECT HOME DELIVERY

Physical Address: 5001 S COOPER ST STE 215, ARLINGTON, TX 76017

Mailing Address: 5001 S COOPER ST STE 215, ARLINGTON, TX 76017

City: ARLINGTON State: TEXAS Zip Code: 76017

Telephone: 817-274-8200 Fax: 817-274-8205

Toll Free Number: 855-581-6979 (Required per NAC 639.708)

E-mail: KXANH@RXDIRECTHD.COM Website: _____

Managing Pharmacist: KXANH B HOANG License Number: TX - 47704

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,**

100785

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: TEE PHARMACY INC.

Physical Address: 3333 Francis Lewis Blvd Flushing NY 11358

Mailing Address: 3333 Francis Lewis Blvd

City: Flushing State: NY Zip Code: 11358

Telephone: 718-939-1001 Fax: 718-939-1003

Toll Free Number: 866-254-8044 (Required per NAC 639.708)

E-mail: TeePharmacyNY@gmail.com Website: n/a

Managing Pharmacist: Mei Qing Liu License Number: 058416 /NY

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

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: NA

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

100787

U

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

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☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required forms.
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☒ 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: VALISURE RX

Physical Address: 5 SCIENCE PARK 1ST FLOOR

Mailing Address: SAME

City: NEW HAVEN State: CT Zip Code: 06511

Telephone: 203-497-7370 Fax: 203-497-7371

Toll Free Number: 1-833-497-7370 (Required per NAC 639.708)

E-mail: rosen@valisure.com Website: www.valisurex.com

Managing Pharmacist: David S. Gortler, PharmD License Number: PCT.0009257

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,**

100804

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

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☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required forms.

☐ Publicly Traded Corporation – Pages 1,2,3,7

☐ 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: WESTLAKE HEALTH MART PHARMACY

Physical Address: 5421 BASSWOOD BLVD STE 700

Mailing Address: 5421 BASSWOOD BLVD STE 700

City: FORT WORTH State: TX Zip Code: 76137

Telephone: 817-893-5182 Fax: 817-893-5236

Toll Free Number: 855-581-6979 (Required per NAC 639.708)

E-mail: KHANH@MEDICALRXSERVICES.COM

Website: _____

Managing Pharmacist: KHANH B HOANG License Number: TX - 47704

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,

100786

W

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

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☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH____)
Check box below for type of ownership and complete all required forms.
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ 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: WORK INJURY RX ONE, LLC DBA WIRX PHARMACY

Physical Address: 540 PENNSYLVANIA AVE STE 203

Mailing Address: 540 PENNSYLVANIA AVE STE 203 PO BOX 8121

City: FORT WASHINGTON State: PA Zip Code: 19034

Telephone: 215-628-0714 Fax: 215-628-0715

Toll Free Number: 877-882-9497 (Required per NAC 639.708)

E-mail: wirxpharmacy540@gmail.com Website: wirxpharmacy.com

Managing Pharmacist: Patricia Johnson License Number: RP450072

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,

100577

X

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

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☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required forms.

☐ Publicly Traded Corporation – Pages 1,2,3,7☐ 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: WIRX PHARMACY IIPhysical Address: 142 S 52nd ST STE 202Mailing Address: 142 S 52nd ST STE 202City: PHILADELPHIA State: PA Zip Code: 19139Telephone: 215-628-0714 Fax: 215-628-0715Toll Free Number: 877-882-9479 (Required per NAC 639.708)E-mail: wirxpharmacyup.com Website: wirxpharmacy.comManaging Pharmacist: Jennifer Siegel License Number: RP441942**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,

100569

Y

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

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☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required forms.
☐ Publicly Traded Corporation - Pages 1,2,3,7 ☐ 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: Chinook Healthcare Pharmacy

Physical Address: 275 Waneka Pkwy #10 Lafayette CO 80026

Mailing Address: 325 W South Boulder Rd #5 Louisville CO 80027

City: Lafayette State: CO Zip Code: 80026

Telephone: 720 458 4887 Fax: 720 465 9312

Toll Free Number: 888-733-0317 (Required per NAC 639.708)

E-mail: chinookhealth@gmail.com Website: www.chinookhealthcare.com

Managing Pharmacist: Ashley Buff License Number: PHA.002117

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

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,

100216

Z

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

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☒ **New Pharmacy** or ☐ **Ownership Change** (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required forms.
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☒ 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: CLINICAL SPECIALTY INFUSIONS OF DALLAS, LLC
Physical Address: 811 North King's Hwy
Mailing Address: 811 North King's Hwy
City: Wake Village State: TX Zip Code: 75501
Telephone: (844) 680-2944 Fax: (870) 772-0214
Toll Free Number: (844) 680-2944 (Required per NAC 639.708)
E-mail: jack@csipharma.com Website: www.csipharma.com
Managing Pharmacist: Jack Lemley License Number: TX - 53333

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

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

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

100784

AA

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

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☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required forms.

☐ Publicly Traded Corporation – Pages 1,2,3,7☐ 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: John's Pharmacy in Albany, LLCPhysical Address: 29148 South Montpelier,Mailing Address: PO Box 328City: Albany State: LA Zip Code: 70711Telephone: 225.567.1921 Fax: 225.567.1931Toll Free Number: 888 623 3133 (Required per NAC 639.708)E-mail: jhsrx@yahoo.com Website: johns pharmacy in albaney.comManaging Pharmacist: John Smith PST016674 License Number: pharmacy: PHX.005954-IR**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,**

100811

BB

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)

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☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required forms.
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ 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: MEDPHARMA LLC

Physical Address: 1701 WELSH ROAD #5

Mailing Address: 1701 WELSH ROAD #5

City: PHILADELPHIA State: PA Zip Code: 19115-3172

Telephone: 267-262-5160 OR TOLL FR Fax: 267-262-5180 OR TOLL FREE 84

Toll Free Number: 844-413-2005 (Required per NAC 639.708)

E-mail: info@medpharma.com Website: www.medpharma.com

Managing Pharmacist: MICHAEL EVANS License Number: RP030590L

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,**

100900

CC

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

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☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required forms.

☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ 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: Pharmaneek Inc.

Physical Address: 7345 Woodland Drive Suite A, Indianapolis, IN 46278

Mailing Address: 7345 Woodland Drive Suite A

City: Indianapolis State: Indiana Zip Code: 46278

Telephone: 317-293-1700 Fax: 317-536-3100

Toll Free Number: 1-866-241-6885 (Required per NAC 639.708)

E-mail: matt@pharmaneek.com Website: pharmaneek.com

Managing Pharmacist: Annadurai Kuppusamy License Number: 26024369A (IN)

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail
☐ ☒ Hospital (# beds _____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☐ ☒ Community
☒ ☐ Other: Pharmacy medication delivery, DME

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,

100491

DD

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

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☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required forms.
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ 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 ownershipPharmacy Name: Pharmacy of TampaPhysical Address: 4433 Gunn Hwy. Tampa, FL 33618Mailing Address: 4433 Gunn HwyCity: Tampa State: FL Zip Code: 33618Telephone: 813.559.9761 Fax: 813.559.9763Toll Free Number: 888.482.1916 (Required per NAC 639.708)E-mail: monika@hopeprx.com Website: http://www.hopeprx.comManaging Pharmacist: Monika Masoud License Number: PS52522**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,

D
10461

EE

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

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☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required forms.

☐ Publicly Traded Corporation – Pages 1,2,3,7☐ 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: Sterling Specialty PharmacyPhysical Address: 1312 Northland Dr. Suite 500Mailing Address: Same as physical addressCity: Mendota Heights State: MN Zip Code: 55120Telephone: 507-519-2352 Fax: 507-697-0082Toll Free Number: 888-618-4126 (Required per NAC 639.708)E-mail: tim.gallagher@sterlingspecialtyrx.com Website: www.sterlingspecialtyrx.comManaging Pharmacist: Lyle Prussman License Number: 121233**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,

160567

FF

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: United Rx LLC
Physical Address: 150 Fencil Lane
Mailing Address: 150 Fencil Lane
City: Hillside State: IL Zip Code: 60162
Telephone: 708-449-7600 Fax: 708-240-4882
Toll Free Number: 877-230-7998 (Required per NAC 639.708)
E-mail: cagonis@unitedrx.net Website: www.unitedrx.net
Managing Pharmacist: Zarha Amlani License Number: 19791

TYPE OF PHARMACY AND**SERVICES PROVIDED**

Yes/No

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

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,

1009202

GG

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: Ablynx, Inc.

Physical Address: Six Tower Bridge, Suite 400, 181 Washington Street

City: Conshohocken State: PA Zip Code: 19428

Telephone Number: (610) 557-0808 Fax Number: N/A

Toll Free Number: _____

E-mail: dan.schneider@ablynx.com Website: www.ablynx.com

Facility Manager: Daniel Schneider

Professional qualifications and experience of facility manager: _____

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☒ Hospitals ☐ Wholesalers
☒ Other: Specialty pharmacies and 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: _____

JM

100789

HA

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

GENERAL INFORMATION

Facility Name: Ascent Pharmaceuticals, Inc.

Physical Address: 400 S Technology Dr.

Mailing Address: 400 S Technology Dr.

City: Central Islip State: NY Zip Code: 11722

Telephone: 631-851-0550 Fax: 631-881-4615

Toll Free Number: 855-221-1622

E-mail: vasu@ascentpharm.com Website: www.ascentpharm.com

Facility Manager: Douglas Felton

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

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies
 ☐ Practitioners
 ☐ Hospitals
 ☒ Wholesalers
☒ Other: 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: List 1 & 2 Chemicals, Solid Dose, Ophthalmic, Topical

II

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: Bausch and Lomb, Inc.

Physical Address: 4011 Highway 417

City: Woodruff State: SC Zip Code: 29388

Telephone Number: 864-756-7613 Fax Number: 864-678-6600

Toll Free Number: N/A

E-mail: statelicensing@bausch.com Website: www.bausch.com

Facility Manager: Nathan E. Foster

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: _____

100774

JJ

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 02326**)
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: Bioverativ U.S. LLC
Physical Address: 225 Second Avenue, Waltham, MA 02451
City: Waltham State: MA Zip Code: 02451
Telephone Number: 888-862-0575 Fax Number: N/A
Toll Free Number: 888-862-0575
E-mail: 888-862-0575 Website: www.bioverativ.com
Facility Manager: Suzanne Murray - Quality and Regulator CMC
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: Military, Specialty Distributors, and Specialty 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: _____

KK

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

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☒ 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: Boston Medical Products, Inc.

Physical Address: 70 Chestnut St.

City: Shrewsbury State: MA Zip Code: 01545

Telephone Number: 508-898-9300 Fax Number: 508-366-5016

Toll Free Number: 800-433-2674

E-mail: smontgomery@bosmed.com Website: www.bosmed.com

Facility Manager: Stuart K. Montgomery

Professional qualifications and experience of facility manager: 38 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: _____

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44

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

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<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"/> Partnership - Pages 1,2,3,7
<input 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: Boston Scientific Corporation

Physical Address: 150 Baytech Drive

City: San Jose State: CA Zip Code: 95134

Telephone Number: 408-935-3400 Fax Number: 408-935-3401

Toll Free Number: N/A

E-mail: Cheryl.Capes@bsci.com Website: www.bostonscientific.com

Facility Manager: Cheryl Capes

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: Clinics, Veterinarians

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: _____

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MM

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

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<input checked="" type="checkbox"/> New Wholesaler	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: WH_____)	

<input checked="" 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 1,2,3,5a,5b	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION

Facility Name: Catalent San Diego, Inc.

Physical Address: 7330 Carroll Rd.

Mailing Address: 7330 Carroll Rd., Suite 200

City: San Diego State: CA Zip Code: 92121

Telephone: 858-805-6383 Fax: 858-578-0403

Toll Free Number: _____

E-mail: bryan.knox@catalent.com Website: www.catalent.com

Facility Manager: Bryan Knox

Professional qualifications and experience of facility manager: Refer to attached

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers
☒ Other: Human Clinical Trials

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: Clinical trial drug products

NN

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

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☒ 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: COLOSSAL HEALTH INC

Physical Address: 23860 W INDUSTRIAL DR N

City: PLAINFIELD State: IL Zip Code: 60585

Telephone Number: 815-609-7600 Fax Number: 815-888-4095

Toll Free Number: _____

E-mail: isabel.kolencherry@colossalhealth.com Website: www.colossalhealth.com

Facility Manager: GURU DOA

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: _____

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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.

See Attachment A

☐ New Wholesaler or ☒ Ownership Change (Provide current license number if making changes: **WH01518**)
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: C. R. Bard, Inc.

Physical Address: 14201 Lochridge Boulevard

City: Covington State: GA Zip Code: 30014

Telephone Number: 770-385-2340 Fax Number: 770-385-2389

Toll Free Number: N/A

E-mail: Dennis.Dracup@crbard.com Website: N/A

Facility Manager: Dennis G. Dracup, Jr.

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: Clinics; Patients with a prescription

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 Devices

PP

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

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☒ 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: Golden State Medical Supply, Inc.

Physical Address: 5247 Camino Ruiz

City: Camarillo State: CA Zip Code: 93012

Telephone Number: (805) 477-9866 Fax Number: (805) 477-7582

Toll Free Number: (800) 284-8633

E-mail: ncarranza@gsms.us Website: www.GSMS.us

Facility Manager: Joshua Ngiratmab

Professional qualifications and experience of facility manager: Over 5 years experience as a Distribution Manager, Production Planner, and Logistics Lead at Golden State Medical Supply, Inc.

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: _____

QQ

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 02164**)
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: HLS Therapeutics (USA), Inc.

Physical Address: 919 Conestoga Rd. Building Three, Suite 310

City: Rosemont State: PA Zip Code: 19010

Telephone Number: (484) 232-3400 Fax Number: (610) 525-3820

Toll Free Number: n/a

E-mail: r.gattuso@hlstherapeutics.com Website: www.hlstherapeutics.com

Facility Manager: Gilbert Godin

Professional qualifications and experience of facility manager: See Attached

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Specialty Distributors, Military, Retailers, 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: _____

RR

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: Kedrion Biopharma Inc.

Physical Address: 400 Kelby Street, 11th floor

City: Fort Lee State: NJ Zip Code: 07024

Telephone Number: 201-242-8900 Fax Number: N/A

Toll Free Number: N/A

E-mail: m.berkle@kedrion.com Website: www.kedrion.us

Facility Manager: Matthew Berkle

Professional qualifications and experience of facility manager: Two law degrees, licensed as an attorney in 2 states, worked in healthcare pharma industry since 2001, 4 years in current role and corporate officer.

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: _____

160351

SS

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☐ Ownership Change

(Please provide current license number if making changes: WH _____)

☐ 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 INFORMATIONFacility Name: Noden Pharma USA, Inc.Physical Address: 2800 Discovery Drive, Suite 100, Orlando, FL 32826Mailing Address: 2800 Discovery Drive, Suite 100City: Orlando State: FL Zip Code: 32826Telephone: (407) 675-4055 Fax: (407) 675-4049Toll Free Number: N/AE-mail: statelicensing@nodenpharma.comWebsite: www.nodenpharma.com/Facility Manager: Dominique Pierre MonnetProfessional 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: _____

TT

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

☐ Ownership Change

(Please provide current license number if making changes: WH _____)

☐ 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

Facility Name: YS Marketing Inc. dba NUMED

Physical Address: 2004 McDonald Ave.

Mailing Address: 2004 McDonald Ave.

City: Brooklyn State: NY Zip Code: 11223

Telephone: 347-512-2323 Fax: 888. 278. 8504

Toll Free Number: _____

E-mail: joels1037@gmail.com

Website: www.numedotc.com

Facility Manager: Laura Anne Kania

Professional qualifications and experience of facility manager: NY State licensed pharmacist.
05/16-present SP of numed Pharmacy; 10/14-05/16 SP Med pack Pharmacy 03/14-05/14
Staff pharmacist
EZ med pharma

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: _____

UU

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: TOLMAR, Inc.

Physical Address: 1201 Cornerstone Drive

City: Windsor State: CO Zip Code: 80550

Telephone Number: 970-212-4500 Fax Number: 970-494-0241

Toll Free Number: 877-986-5627

E-mail: sdewar@tolmar.com Website: www.tolmar.com

Facility Manager: Edward Adrian

Professional qualifications and experience of facility manager: 15+ years experience working in manufacturing for Tolmar, Inc. in Supervisory role plus Masters Degree in Industrial Engineering.

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: _____

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NEVADA STATE BOARD OF PHARMACY

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APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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☒ 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: Premier Rx Wholesale

Physical Address: 4637 Interstate Drive,

City: Cincinnati State: Ohio Zip Code: 45246

Telephone Number: 877-884-4836 Fax Number: (513) 906-6355

Toll Free Number: 877-884-4838

E-mail: Ron.Ferguson@prxwholesale.com Website: *In progress

Facility Manager: Ron Ferguson, Rph

Professional qualifications and experience of facility manager: 30 years experienced as a RPh. owned several pharmacies in the past ~ many years ordering/storing/purchasing 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: _____

NW

NEVADA STATE BOARD OF PHARMACY
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
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☐ 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: Purdue Pharma Manufacturing L.P.

Physical Address: 5235 International Drive

City: Durham State: NC Zip Code: 27712

Telephone Number: 252-265-1900 Fax Number: 252-265-1656

Toll Free Number: _____

E-mail: donogh.mcguire@pharma.com Website: _____

Facility Manager: Donogh McGuire, Head of Operations

Professional qualifications and experience of facility manager: B. Sc. Pharmacy Degree, Trinity College, Dublin 1983 - 1987. Qualified person within EU. 30 years experience in the pharmaceutical manufacturing industry.

Types of licensed outlets or authorized persons firm will serve:

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

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XX

NEVADA STATE BOARD OF PHARMACY

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

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☐ 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: Purdue Pharmaceuticals L.P.

Physical Address: 4701 Purdue Drive

City: Wilson State: NC Zip Code: 27893

Telephone Number: 252-265-1900 Fax Number: 252-265-1656

Toll Free Number: _____

E-mail: donogh.mcguire@pharma.com

Website: _____

Facility Manager: Donogh McGuire

Professional qualifications and experience of facility manager: _____

B. Sc. Pharmacy Degree, Trinity College Dublin 1983-1987. Qualified person within EU. 30 years
experience in the pharmaceutical manufacturing industry.

Types of licensed outlets or authorized persons firm will serve:

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

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NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
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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, Suite 200

City: San Diego State: CA Zip Code: 92130

Telephone Number: 760-260-8600 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: _____

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: _____

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

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 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 Corporation dba RxPak

Physical Address: 4971 Southridge Blvd.

City: Memphis State: TN Zip Code: 38141

Telephone Number: 901-255-8001 Fax Number: 901-255-8010

Toll Free Number: N/A

E-mail: eddie.littleton@mckesson.com

Website: www.mckesson.com

Facility Manager: Eddie Littleton

Professional qualifications and experience of facility manager: _____

40 yrs. pharmaceutical Quality/Regulatory 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: _____

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10-K

AAA

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

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☐ New Wholesaler or ☒ Ownership Change (Provide current license number if making changes: WH 02272)
 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 ownershipFacility Name: UpWell Health Products, LLCPhysical Address: 4303 South 590 WestCity: Murray State: UT Zip Code: 84123-8017Telephone Number: 801-716-7430 Fax Number: 801-880-3426Toll Free Number: NAE-mail: management@upwellhealthproducts.com Website: www.upwellhealthproducts.com (in progress)Facility Manager: Andrew JenkinsProfessional 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: _____

BBB

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE WHOLESALE LICENSE

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☒ 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: Verastem, Inc., d.b.a. Verastem Oncology

Physical Address: 117 Kendrick Street, Suite 500

City: Needham State: MA Zip Code: 02494

Telephone Number: (781) 292-4200 Fax Number: N/A

Toll Free Number: N/A

E-mail: Statelicensing@verastem.com Website: http://www.verastem.com/

Facility Manager: Daniel Paterson

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: Specialty Pharmacies/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: _____

10-K

100805

CC

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

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☒ New Wholesaler ☐ Ownership Change
(Please provide current license number if making changes: WH_____)

☐ 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

Facility Name: WES Pharma Inc

Physical Address: 1221 Tech Court, Westminster, MD 21157

Mailing Address: same as above

City: _____ State: _____ Zip Code: _____

Telephone: (410) 861-6444 Fax: (410) 861-6794

Toll Free Number: (410) 861-6444

E-mail: info@wespharma.com Website: www.wespharma.com

Facility Manager: Ranjeesh Gopinathan

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 be firm:

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

DDD

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE - WHOL

\$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: Abova Health, LLC

Physical Address: 500 Washington Avenue South, Suite 2060 Minneapolis MN 55415
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 500 Washington Avenue South, Suite 2060

City: Minneapolis State: MN Zip Code: 55415

Telephone: 1-844-791-5991 Fax: 612-351-5162

E-mail: N/A Website: https://www.abovahealth.com/

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING *Times listed in Central Standard Time

Mon: 8am to 4:30pm Tue: 8am to 4:30pm Wed: 8am to 4:30pm Thu: 8am to 4:30pm

Fri: 8am to 4:30pm Sat: N/A to N/A Sun: N/A to N/A Holidays: Closed

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Sean Sutter

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>Oral health 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: _____

100343

EEE

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE – PROV

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

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

Application must be printed legibly or typed

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<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: Abova Health, LLC

Physical Address: 500 Washington Avenue South, Suite 2060 Minneapolis MN 55415
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 500 Washington Avenue South, Suite 2060

City: Minneapolis State: MN Zip Code: 55415

Telephone: 1-844-791-5991 Fax: 612-351-5162

E-mail: N/A Website: https://www.abovahealth.com/

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING *Times listed in Central Standard Time

Mon: 8am to 4:30pm Tue: 8am to 4:30pm Wed: 8am to 4:30pm Thu: 8am to 4:30pm

Fri: 8am to 4:30pm Sat: N/A to N/A Sun: N/A to N/A Holidays: Closed

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Sean Sutter

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>Oral health 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: _____

100344

FFF

NEVADA STATE BOARD OF PHARMACY

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

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<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: Advanced Medical Supply LLC

Physical Address: 1301 Seminole Blvd. #142 Largo, FL 33770

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

Mailing Address: 1301 Seminole Blvd. #142

City: Largo State: FL Zip Code: 33770

Telephone: 727-470-9847 Fax: 727-475-9295

E-mail: kwexler@advancedmedsupply.com

Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 3 Tue: 9 to 3 Wed: 9 to 3 Thu: 9 to 3

Fri: 9 to 3 Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Kristina Wexler

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 checked="" 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: _____

100776

GGG

NEVADA STATE BOARD OF PHARMACY

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APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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<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: Allegro Enterprise, Inc.

Physical Address: 360 Veterans Parkway Suite 115, Bolingbrook, IL 60440

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

Mailing Address: clo State License sending
1751 State Route 17A, Suite 3

City: Florida State: NY Zip Code: 10921

Telephone: 630-771-7402 Fax: 866-590-5721

E-mail: ago@slny.com Website: www.allegromedical.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 7:00am to 7:00pm Tue: 7:00am to 7:00pm Wed: 7:00am to 7:00pm Thu: 7:00am to 7:00pm

Fri: 7:00am to 7:00pm Sat: N/A to Sun: N/A to Holidays: N/A to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Kray Allan Kibler

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 checked="" 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: Kray Allan Kibler Telephone: 630-771-7402

HHH

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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<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: APEX MEDICAL USA Corp.

Physical Address: 927 MARINER STREET, BREA CA 92821
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 927 MARINER STREET

City: BREA State: CA Zip Code: 92821

Telephone: 714-671-3818 Fax: 714-494-8173

E-mail: SALES.USA@APEXMEDICALCORP.COM Website: APEXMEDICALUSA.COM

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: CLOSED Sun: CLOSED Holidays: CLOSED

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: PJ HSUEH (Po Jen Hsueh)

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

- | | |
|---|---|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input checked="" 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>SUPPORT SURFACES</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: N/A Telephone: N/A

Page 1

*THE HOMECARE COMPANY THAT WE SELL PRODUCTS TO PROVIDES ALL PATIENT SUPPORT.

III

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 See Attachment A (Please provide current license number if making changes: MP or MW <u>MP01239</u>)
<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: Bard Medical Division of C. R. Bard, Inc.

Physical Address: 8195 Industrial Blvd. Covington GA 30014
(This must be a business address, we can not issue a license to a home address)

Mailing Address: Same as above.

City: _____ State: _____ Zip Code: _____

Telephone: 770-784-6100 Fax: (770) 385-4706

E-mail: mike.simpson@crbard.com Website: www.bardmedical.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Facility operates 24 hours a day, 7 days a week.

Mon: _____ to _____ Tue: _____ to _____ Wed: _____ to _____ Thu: _____ to _____

Fri: _____ to _____ Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Michael S. Simpson

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>catheters</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: N/A Telephone: N/A

JD

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.

☒ New MDEG

☐ Ownership Change

(Please provide current license number if making changes: MP or MW N/A)

☐ Publicly Traded Corporation – Pages 1,2,3,4

☐ Partnership – Pages 1,2,3,6

☐ Non Publicly Traded Corporation – Pages 1,2,3,5

☒ 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: Brasseler U.S.A Dental LLC

Physical Address: One Brasseler Blvd, Savannah GA 31419

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

Mailing Address: 135 Duryea Road, E-355

City: Melville State: NY Zip Code: 11747

Telephone: 912-925-8525 N/A

E-mail: giovannyespinosa@brasselerusa.com Website: https://brasselerusa.com/

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 7am to 5:30pm Tue: 7am to 5:30pm Wed: 7am to 5:30pm Thu: 7am to 5:30pm

Fri: 7am to 5:30pm Sat: ---- to ---- Sun: ---- to ---- Holidays: --- to ---

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Giovanny Espinosa

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: Class I and II Medical Devices

**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: N/A

100659

KKK

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 <u>N/A</u>)	
<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 checked="" 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: Brasseler U.S.A Medical LLC

Physical Address: 4837 McGrath Street Ventura CA 93003

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

Mailing Address: 135 Duryea Road, E-355

City: Melville State: NY Zip Code: 11747

Telephone: 805-650-5209 Fax: 805-650-5260

E-mail: lisalarue@brasselerusa.com Website: https://brasselerusa.com/

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 7 am to 5:30 pm Tue: 7 am to 5:30 pm Wed: 7 am to 5:30 pm Thu: 7 am to 5:30 pm

Fri: 7 am to 5:30 pm Sat: N/A to Sun: N/A to Holidays: N/A to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Lisa Larue

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>Medical 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: N/A Telephone: N/A

160778

LL

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: Canoga Medical Supply, Inc.

Physical Address: 20944 Sherman Way, Suite #111 Canoga Park, CA 91303
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 20944 Sherman Way, Suite #111

City: Canoga Park State: CA Zip Code: 91303

Telephone: 818-330-1402 Fax: _____

E-mail: shane@canogamed.com Website: N/A

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9-12 and 1-4 to Tue: 9-12 and 1-4 to Wed: 9-12 and 1-4 to Thu: 9-12 and 1-4 to
Fri: 9-12 and 1-4 to Sat: to Sun: to Holidays: to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Shane Yamamoto

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 checked="" type="checkbox"/> Orthotics and Prosethetics |
| <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: _____

100473

MMM

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: Certified Medical Supply, Inc.

Physical Address: 603 E 8th Street, Suite A, Port Washington, WA 98362
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 3651 Lindell Road, Suite D651

City: Las Vegas State: NV Zip Code: 89103

Telephone: (360) 406-5063 Fax: (360) 477-4283

E-mail: matt@certifiedmedicalsupply.com Website: www.certifiedmedicalsupply.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9-12 and 1-4 to Tue: 9-12 and 1-4 to Wed: 9-12 and 1-4 to Thu: 9-12 and 1-4 to
Fri: 9-12 and 1-4 to Sat: to Sun: to Holidays: to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Matthew Joseph Gibbs

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 checked="" 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: _____

100474

NNN

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: Community Medical Rental and Supply

Physical Address: 1025 State HWY 16 S Fredericksburg, TX 78624

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

Mailing Address: 24112 S 201st Place

City: Queen Creek State: AZ Zip Code: 85142

Telephone: 253-377-1358 Fax: 888-688-6149

E-mail: casey@communitymedsup.com Website: communitymedsup.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 10 to 5 Tue: 10 to 5 Wed: 10 to 5 Thu: 10 to 5

Fri: 10 to 5 Sat: to Sun: to Holidays: to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Casey Tebbs

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>Wound/Ostomy/Urology/Incontinence</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: Casey Tebbs

Telephone: 253-377-1358

100615

000

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

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<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: CP Medical, Inc.

Physical Address: 1775 Corporate Drive, Ste 150
(This must be a business address, we can not issue a license to a home address)

Mailing Address: same as physical address

City: Norcross State: GA Zip Code: 30093

Telephone: (678) 710 - 2016 Fax: _____

E-mail: juveriaf@cpmedical.com Website: www.cpmedical.com

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: N/A to Sun: N/A to Holidays: N/A to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: JOHN HARTIGAN

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>SURGICAL SUPPLIES</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: N/A

Telephone: N/A

PPP

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: DJO, LLC

Physical Address: 3300 Eagle Parkway, Fort Worth, TX 76177
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 7000 Cardinal Place

City: Dublin State: OH Zip Code: 43017

Telephone: 614-553-3076 Fax: 614-652-0282

E-mail: gmb-facility-licensing@cardinalhealth.com Website: www.djoglobal.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 6am to 12am Tue: 6am to 12am Wed: 6am to 12am Thu: 6am to 12am
Fri: 6am to 12am Sat: 6am to 12am Sun: to Holidays: to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Brian Heldebrandt

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 checked="" type="checkbox"/> Orthotics and Prosthesis |
| <input checked="" 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: N/A Telephone: N/A



QQQ

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

(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
(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 1,2,3,5 ☐ Sole Owner – Pages 1,2,3,7

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

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

Physical Address: 4900 Creekside Pkwy, Lockbourne, OH 43137

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

Mailing Address: 570 Polaris Pkwy, Dept 555

City: Westerville State: OH Zip Code: 43082

Telephone: 614-662-9237 Fax: 614-497-9554

E-mail: Charles.Shipley@dhl.com Website: www.exel.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING 24/7

Mon: to Tue: to Wed: to Thu: to

Fri: to Sat: to Sun: to Holidays: to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Charles Shipley

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: Surgical Instruments

****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: _____

160341

222

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 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: Greenleaf Medical Supply LLC

Physical Address: 1409 Plaza West Rd, Suite G Winston Salem, NC 27103
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 1409 Plaza West Rd, Suite G

City: Winston Salem State: NC Zip Code: 27103

Telephone: 800-820-5994 Fax: 800-820-5994

E-mail: glms@protonmail.com Website: N/A

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 5 Tue: 9 to 5 Wed: 9 to 5 Thu: 9 to 5
Fri: closed Sat: closed Sun: closed Holidays: closed

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Randal Wood

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 checked="" 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: _____

100345

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: Hygeia II Medical Group, Inc.

Physical Address: 6241 Yarrow Dr., Suite A Carlsbad, CA 92011

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

Mailing Address: 6241 Yarrow Dr., Ste A

City: Carlsbad State: CA Zip Code: 92011

Telephone: (714) 515-7571 Fax: (760) 683-6459

E-mail: bnakfoor@hygeiababy.com Website: www.hygeiahealth.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: <u>7:30to</u> <u>4:30</u>	Tue: <u>7:30to</u> <u>4:30</u>	Wed: <u>7:30to</u> <u>4:30</u>	Thu: <u>7:30</u> <u>To4:30</u>
Fri: <u>7:30to</u> <u>4:30</u>	Sat: <u>Closed</u> <u>to</u>	Sun: <u>Closed</u> <u>to</u>	Holidays: <u>Closed</u> <u>to</u>

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Brett Nakfoor

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 Prosthetics |
| <input type="checkbox"/> Diabetic Supplies | Other: <u>Breast Pumps & Accessories</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: N/A Telephone: _____

TTT

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 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: Limb Lab

Physical Address: 400 South Broadway, Suite 106
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 400 South Broadway, Suite 106

City: Rochester State: MN Zip Code: 55904

Telephone: 507-322-3457 Fax: 507-322-3459

E-mail: marty@limblab.com Website: limblab.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8 to 5 Tue: 8 to 5 Wed: 8 to 5 Thu: 8 to 5

Fri: 8 to 5 Sat: By Appointment Sun: By Appointment Holidays: By Appointment

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Marty Frana

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 checked="" 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: N/A Telephone: N/A

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

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<input 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: RMS HEALTHCARE CONSULTING INC.

Physical Address: 6504 A NW PRAIRIE VIEW Rd.

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

Mailing Address: " "

City: KANSAS CITY State: MO Zip Code: 64151

Telephone: 844-291-8456 Fax: _____

E-mail: Kgann@rmshealthcareconsulting.com Website: RMS HEALTHCARE CONSULTING.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9am to 4pm Tue: 9am to 4pm Wed: 9am to 4pm Thu: 9am to 4pm
Fri: 9am to 4pm Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: KELLY GANN

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 checked="" 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: _____

VVV

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: Silony Medical Corp.

Physical Address: 8200 NW 27th Street, Suite 104, Doral, FL 33122

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

Mailing Address: (Same)

City: _____ State: _____ Zip Code: _____

Telephone: 305-916-0016 Fax: 305-456-1556

E-mail: info.usa@silony-medical.com Website: www.us.silony-medical.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9:00 to 5:00 Tue: 9:00 to 5:00 Wed: 9:00 to 5:00 Thu: 9:00 to 5:00

Fri: 9:00 to 5:00 Sat: N/A to Sun: N/A to Holidays: N/A to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Nikolay Nedyalkov

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 | <input checked="" type="checkbox"/> Other: <u>surgical orthopedic implants and instruments</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: _____

WWW

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: UNIVERSAL MEDSUPPORTS

Physical Address: 8348 CENTER DRIVE, STE C, LA MESA 91942
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 8348 CENTER DRIVE, STE C

City: LA MESA State: CA Zip Code: 91942

Telephone: (877) 350-8876 Fax: (800) 878-9674

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

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9am to 4pm Tue: 9am to 4pm Wed: 9am to 4pm Thu: 9am to 4pm
Fri: 9am to 4pm Sat: N/A to Sun: N/A to Holidays: N/A to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: RONALD L. MORRIS II

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>ORTHOTICS OFF THE SHELF ONLY</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: N/A Telephone: N/A

XXX

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

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<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 Medical Benefits llc

Physical Address: 200 Continental Dr. suite 401 Newark DE 19713
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 200 Continental Dr. Suite 401

City: Newark State: DE Zip Code: 19713

Telephone: 302 318 1399 Fax: 302 318 1301

E-mail: carlos@smmcorp.com Website: unitedbenefitsdme.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 5 Tue: 9 to 5 Wed: 9 to 5 Thu: 9 to 5

Fri: 9 to 5 Sat: to Sun: to Holidays: to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Ethel Grossfeld

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>TENS units, back braces, and knee braces.</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: _____

YYY

NEVADA STATE BOARD OF PHARMACY
 431 W Plumb Lane – Reno, NV 89509 – (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.

<input checked="" type="checkbox"/> New Pharmacy or <input type="checkbox"/> Ownership Change (Provide current license number if making changes: PH _____) Check <u>box</u> below for type of ownership and complete all required forms. **If LLC use Non Public Corporation or Partnership. <input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,10,11a&b <input checked="" type="checkbox"/> Partnership - Pages 1,2,6,10,11a&b <input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b <input type="checkbox"/> Sole Owner – Pages 1,2,8,10,11a&b	
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GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Ambulatory Surgical Center of Southern Nevada
 Physical Address: 6950 S. Cimarron Rd. #100
 City: Las Vegas State: NV Zip Code: 89113
 Telephone: 702-952-1660 Fax: 702-952-1665
 Toll Free Number: _____ E-mail: Shanna.blakely@lasvegasgastro.com
 Website: _____
 Managing Pharmacist: Mary Grear License Number: _____

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 checked="" type="checkbox"/> <input type="checkbox"/> Ambulatory Surgery Center		<input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service
<input type="checkbox"/> <input checked="" type="checkbox"/> Community		<input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care
<input type="checkbox"/> <input checked="" type="checkbox"/> Other: _____		<input 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 checked="" type="checkbox"/> <input type="checkbox"/> Other Services: <u>ASC</u>
All boxes must be checked		
For the application to be complete		

222

NEVADA STATE BOARD OF PHARMACY
 431 W Plumb Lane – Reno, NV 89509 – (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: Community Health Alliance Sparks Pharmacy

Physical Address: 2244 Oddie Blvd

City: Sparks State: NV Zip Code: 89431

Telephone: 775-997-7300 Fax: 775-997-7351

Toll Free Number: _____ E-mail: jwheeler@chanevada.org

Website: www.chanevada.org

Managing Pharmacist: Jennifer Wheeler License Number: 18866

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: _____

100901

AAAA

NEVADA STATE BOARD OF PHARMACY
 431 W Plumb Lane – Reno, NV 89509 – (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: **PH02114**)
 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: Flying Diamond Pharmacy, LLC

Physical Address: 6140 Mae Anne Ave, Ste. 1B

City: Reno State: Nevada Zip Code: 89523

Telephone: (775) 787-1144 Fax: (775) 787-1143

Toll Free Number: (866) 787-1144 E-mail: flyingdiamondrx@sbcglobal.net

Website: N/A

Managing Pharmacist: Richard Preston Jensen License Number: 05963

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

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

BBBB

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (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: PH02722)
Check box below for type of ownership and complete all required forms. **If LLC use Non Public Corporation or Partnership.
- | | |
|---|--|
| <input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,10,11a&b | <input checked="" type="checkbox"/> Partnership - Pages 1,2,6,10,11a&b |
| <input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b | <input type="checkbox"/> Sole Owner – Pages 1,2,8,10,11a&b |

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Lovelock Pharmacy
Physical Address: 325 11th Street #2
City: Lovelock State: NV Zip Code: 89419
Telephone: 775-273-1700 Fax: 775-273-9013
Toll Free Number: _____ E-mail: bountifulpharmacy@gmail.com
Website: lovelockpharmacy.com
Managing Pharmacist: Inna Edwards License Number: 19158

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: _____

CCC

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (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 03467
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: Silver stage pharmacy
Physical Address: 1250 Nevada St #2
City: Silver Springs State: NV Zip Code: 89447
Telephone: 775-909-4855 Fax: 775-909-4851
Toll Free Number: _____ E-mail: bountifulpharmacy@gmail.com
Website: _____
Managing Pharmacist: Matthew Christensen License Number: 17632

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: _____

MAR 22 2018

NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

RAYMOND DURO, R.PH.,
Certificate of Registration No. 17133,

Respondent.

) CASE NO. 17-117-RPH-N

)

)

)

) NOTICE OF INTENDED ACTION
) AND ACCUSATION

)

)

)

/

Larry L. Pinson, 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 639.241.

JURISDICTION

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because Respondent Raymond Duro, R.Ph. (Mr. Duro), Certificate of Registration No. 17133, was a registered pharmacist with the Board at the time of the events alleged herein.

FACTUAL ALLEGATIONS

II.

In September 2017, the Board Office received a renewal application for Mr. Duro's Nevada pharmacist registration. Mr. Duro disclosed on his renewal application that since his last renewal, he had been the subject of an administrative action in California.

III.

Mr. Duro appeared at the October 19, 2017 Board Meeting requesting consideration for renewal of his pharmacist registration. The Board questioned Mr. Duro and reviewed the documentation that he presented.

IV.

The Board granted the renewal conditioned on further review by Board Staff to determine if the California case against Mr. Duro warrants a parallel action by the Nevada Board.

V.

The events leading up to Mr. Duro's California discipline are as follows:

1. Mr. Duro was employed by Plumas District Hospital Pharmacy (PDH) as a Pharmacist Consultant during the events alleged by the CA Board.

2. In November 2016, the Board of Pharmacy, Department of Consumer Affairs, State of California (CA Board) filed an Accusation against Mr. Duro (CA Accusation).¹

3. In the CA Accusation, the CA Board alleged that Mr. Duro engaged in conduct that:

(a) **Subverts or attempts to subvert an investigation of the board.** In August 2015, Mr. Duro stated to the CA Board Inspector that he had never worked for or in the PDH pharmacy except for on January 14, 2014, when the pharmacy was inspected. Mr. Duro did in fact work in the capacity as a pharmacist for PDH when he signed DEA 222 forms on December 31, 2013 and January 28, 2014, to order Schedule II controlled substances on behalf of the pharmacy. Mr. Duro also signed a Cardinal Health delivery log on January 2, 2014, showing that he received a delivery of controlled substances.

(b) **Aiding or abetting violations of pharmacy law.** Mr. Duro assisted or abetted a pharmacy technician by allowing her to work in the pharmacy alone without the direct supervision and control of a pharmacist.

(c) **Violation of the statutes regulating controlled substances.** Mr. Duro signed DEA 222 forms upon delivery or receipt of Schedule II controlled substances when he had not been granted power of attorney to sign the DEA forms.

4. On August 14, 2017, the CA Board adopted a *Stipulated Settlement and Disciplinary Order* (CA Settlement Agreement). By way of the CA Settlement Agreement, the

¹ A copy of the CA Board's *Decision and Order*, Mr. Duro's *Stipulated Settlement and Disciplinary Order* and the *CA Accusation* are attached as **Exhibit 1**, and **Exhibit A** thereto, each of which are incorporated herein by reference.

CA Board and Mr. Duro resolved each of the three allegations set forth in the CA Accusation.

5. The CA Board's *Decision and Order* adopting the Settlement Agreement became effective on October 19, 2017. See **Exhibit 1**.

6. In the CA Settlement Agreement, the CA Board revoked Mr. Duro's Pharmacist License No. RPH 61786. The CA Board then stayed the revocation and placed Mr. Duro's license on probation for a period of three (3) years, with certain terms and conditions.

FIRST CAUSE OF ACTION

VI.

By stating to a CA Board Inspector that he had never worked for or in the PDH pharmacy except for on January 14, 2014, when he had in fact worked in the capacity as a pharmacist for PDH by signing DEA 222 forms on December 31, 2013 and January 28, 2014 to order schedule II controlled substances for PDH, and by signing a Cardinal Health delivery log on the pharmacy's behalf on January 2, 2014, Mr. Duro engaged in unprofessional conduct in violation of Nevada Administrative Code (NAC) 639.945(1)(h) and (i).

That conduct, along with the additional conduct alleged herein, constitutes grounds for discipline against Mr. Duro's pharmacist registration pursuant to:

1. Nevada Revised Statute (NRS) 639.210(1) (not of good moral character);
2. NRS 639.210(4) (unprofessional conduct);
3. NRS 639.210(6) (conviction of a controlled substance or dangerous drug-related law of another state);
4. NRS 639.210(12) (violated or assisted in violating a drug-related law of another state); and
5. NRS 639.210(14) (license in another state revoked or suspended for grounds which would cause suspension or revocation in this State).

Alternatively, Mr. Duro's conduct constitutes grounds for discipline of his pharmacist license pursuant to NRS 639.2107 and/or NRS 639.255.

SECOND CAUSE OF ACTION

VII.

By knowingly allowing a pharmaceutical technician to work in PDH pharmacy alone without the direct supervision and control of a pharmacist, Mr. Duro is guilty of unprofessional conduct by "[a]iding or abetting a person not licensed to practice pharmacy in the State of Nevada." See NAC 639.945(1)(j). That conduct constitutes grounds for discipline against Mr. Duro's pharmacist registration pursuant to NRS 639.210(4) (unprofessional conduct) and NRS 639.210(12) (assisting or abetting in the violation of a drug-related state law). Alternatively, Mr. Duro's conduct constitutes grounds for discipline of his pharmacist license pursuant to NRS 639.2107 and/or NRS 639.255.

THIRD CAUSE OF ACTION

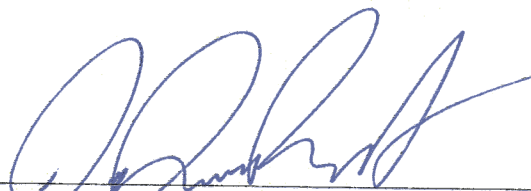
VIII.

By signing DEA 222 forms on PDH's behalf, without a grant of authority to do so, Mr. Duro violated federal law (21 C.F.R. §1305.05 and 21 C.F.R. §1305.12). As such, his pharmacist registration is subject to discipline pursuant to NRS 639.210(11). Alternatively, Mr. Duro's conduct constitutes grounds for discipline of his pharmacist license pursuant to NRS 639.2107 and/or NRS 639.255.

IX.

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of respondent Raymond Duro.

Signed this 11th day of March 2018.



J. David Wuest, R.Ph.,
Deputy 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 regarding your certificate of registration. To do so, you must mail to the Board within twenty (20) days of your receipt of the Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 17-117-RPH-N
)	
Petitioner,)	
v.)	
	)	STATEMENT TO THE RESPONDENT
RAYMOND DURO, R.PH.,	)	NOTICE OF INTENDED ACTION
Certificate of Registration No. 17133,	)	AND ACCUSATION
	)	RIGHT TO 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, a *Notice of Intended Action and Accusation* has been filed with the Board by the Petitioner, Larry L. Pinson, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you and your pharmacist license, 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 a hearing before the Board to answer the allegations in the *Notice of Intended Action and Accusation* and present evidence and argument on all issues involved, either personally or through counsel. Should you desire a hearing, it is required that you complete two copies of the *Answer and Notice of Defense* documents served herewith and file said copies with the Board within twenty (20) days of receipt of this *Statement and Notice*, and of the *Notice of Intended Action and Accusation* served within.

III.

The Board has scheduled your hearing on this matter for Wednesday, June 6, 2018, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hyatt Place, 1790 East Plumb Lane, Reno, Nevada.

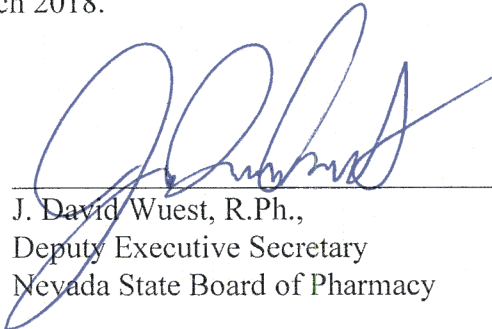
IV.

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.

Failure to complete and file your Notice of Defense with the Board and thereby request a hearing within the time allowed shall constitute a waiver of your right to a hearing in this matter and give cause for the entering of your default to the Notice of Intended Action and Accusation filed herein, unless the Board, in its sole discretion, elects to grant or hold a hearing nonetheless.

DATED this 23rd day of March 2018.



J. David Wuest, R.Ph.,
Deputy Executive Secretary
Nevada State Board of Pharmacy

HAL TAYLOR, ESQ.
223 Marsh Avenue
RENO, NV 89509
TEL. (775) 825-2223, FAX (775) 329-1113

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

Case No.: 17-117-RPH-N

RAYMOND DURO, R.Ph.
Certificate of Registration No. 17133

Respondent.

RESPONDENT'S ANSWER

AND NOTICE OF DEFENSE

Respondent, RAYMOND DURO, through his representative, Hal Taylor, Esq., in answer to the Notice of Intended Action and Accusation ("Notice"), states as follows:

I.

Admitted.

II.

Admitted.

III.

Admitted.

IV.

Admitted.

V.

1. - 3 By this reference, Respondent Duro incorporates the Stipulated Settlement and Disciplinary Order ("CA Stipulation") entered into with the California Board of Pharmacy ("CA Board") (Exhibit 1 to the NV Accusation) as if fully stated herein. In the California Stipulation, Respondent Duro agreed that at hearing, the (California) Board could establish the factual basis for the charges in the California

1 Accusation. Further answering, Respondent Duro incorporates Exhibit A to this
2 Answer, which is a statement dated September 25, 2017, that Respondent Duro
3 previously filed with this Board on or about that date.

4 4. Admitted.

5 5. Admitted.

6 6. Admitted.

7 **FIRST CAUSE OF ACTION**

8 Admitted as to unprofessional conduct.

9 1. Denied that the Respondent's actions were sufficiently egregious to establish
10 that he is not of good moral character.

11 2. Admitted.

12 3. Admitted.

13 4. Admitted.

14 5. Admitted.

15 Alternatively, denied as to NRS 639.2107 (California revocation was stayed.).
16 Admitted as to NRS 639.255.

17 **SECOND CAUSE OF ACTION**

18 Admitted as to NAC 639.945(1)(j), NRS 639.210(4) & (12).

19 Alternatively, denied as to NRS 639.2107 (California revocation was stayed.).
20 Admitted as to NRS 639.255.

21 **THIRD CAUSE OF ACTION**

22 Admitted as to NRS 639.210(11).

23 Alternatively, denied as to NRS 639.2107 (California revocation was stayed.).
24 Admitted as to NRS 639.255.

25 WHEREFORE, Respondent RAYMOND DURO, prays for the Board to enter an
26 appropriate order requiring Respondent Duro to comply with the terms of the CA
27 Stipulation, report any allegations of violation of the CA Stipulation, report any changes
28 in his disciplinary status in California, report any allegations of California laws or

1 regulations that are not the subject of the CA Stipulation, and such other, reasonable
2 requirements as the Board may find appropriate and consistent with the discipline
3 imposed by California.

4 Respondent requests a hearing in the above matter.

5 Dated: April 11, 2018

Hal Taylor, Esq.
233 Marsh Avenue
Reno, Nevada 89509
Tel.: (775) 825-2223
Fax: (775) 329-1113

9
10 Representative for Respondent
Raymond Duro

11 I hereby declare, under penalty of perjury, that the foregoing Respondent's
12 Answer and Notice of Defense, and all facts therein stated, are true and correct to the
13 best of my knowledge.

14 Dated this ____ day of April, 2018.

HAL TAYLOR, Esq.
233 Marsh Avenue
RENO, NV 89509
TEL. (775) 825-2223, FAX (775) 329-1113

HAL TAYLOR, ESQ.
223 Marsh Avenue
RENO, NV 89509
TEL. (775) 825-2223, FAX (775) 329-1113

CERTIFICATE OF SERVICE

On this date, the undersigned, an employee of Hal Taylor, Esq., delivered a copy of the attached Respondent's Answer and Notice of Defense upon the following:

Nevada State Board of Pharmacy
411 W. Plumb Ln.
Reno, NV 89509
Attn: Paul Edwards, Esq.
Board Counsel

Dated: April ____, 2018.

Hal Taylor

September 25, 2017

Nevada Board of Pharmacy
431 W Plumb Ln
Reno, NV 89509

To Whom It May Concern:

This letter serves as my letter of explanation regarding the Renewal Application Section 1: Questions 2 and 3. I have been subjected to Administrative Action by the California Board of Pharmacy and disciplined. I have attached the following:

1. Accusation Case# 5709 dated December 13, 2016.
2. Stipulated Settlement and Disciplinary Order. This settlement agreement for probationary status will become effective October 19, 2017, per the Board's Order signed September 19, 2017.

Explanation

I was hired by Plumas District Hospital on December 2, 2013 as a Pharmacist Consultant in order to help them convert from a Pharmacy into a Drug Room, and to also help them with remote pharmacist verifications. I severed my Pharmacist Consultant contract on February 4, 2014, shortly after the initial Board investigation.

On January 14, 2014 the California Board of Pharmacy inspectors came in to inspect the Plumas District Hospital pharmacy. Upon their visit, there was a technician in the pharmacy working without proper pharmacist supervision.

As a result of the Board investigation, there were three accusations levied against my license:

1. Unprofessional Conduct - Code 4301 subdivision (q) - Subverting or Attempting to Subvert Investigation of Board.
2. Unprofessional Conduct - Code 4301 subdivision (o) - Aiding or Abetting Violations of Pharmacy Law, and
3. Unprofessional Conduct - Code 4301 sections (j) and (o) - Signature of DEA 222 Forms by Unauthorized Persons.

The first accusation against me dealt with my signing documents while in the pharmacy. On dates mentioned in the Accusation (12/31/13, 1/2/14, and 1/28/14) I visited the pharmacy intending to act only as a Consultant Pharmacist, but while I was there, I ended up serving in a capacity as a pharmacist due to DEA 222 forms and the Cardinal Health delivery log needing to be signed by a licensed pharmacist. I should have been clearer to the Board investigator how I came to sign these documents on those dates, but I admit to signing them.

EXHIBIT A

The second accusation levied against me dealt with my role as a Pharmacist Consultant. Looking back, as the Pharmacist Consultant, I should have known that the technician lacked adequate pharmacist supervision, and taken adequate steps to see that this deficiency was corrected.

The third accusation is that I signed DEA 222 forms without a properly executed a power of attorney form. A power of attorney form was executed by me and the CEO. However, it was then signed by other individuals on the wrong section, thus nullifying the document.

During my short time as a Pharmacist Consultant with Plumas District Hospital, I tried in my best capacity as Pharmacist Consultant to help them comply with State regulations in trying to help them convert to a Drug Room. However, I also am cognizant of the fact that I did not do my job well enough.

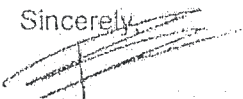
During this whole process I have learned a lot in terms of being a professional and being accountable. I was an emotional wreck regarding my role in this case, and felt I needed to take corrective action in being a better pharmacist. During the investigation, I proactively took a Medical Ethics for Professionals Course that I completed on January 29, 2016. This course has taught me to be more accountable as a professional, and to own every aspect of my actions or inactions.

I own this phase of my pharmacist career and will learn from it. I will complete every term of the probationary order with the California Board of Pharmacy. I will be a better pharmacist because of this incident.

I have also attached Letters of Support from clients, coworkers, and professional affiliates that attest to my character and capabilities as a pharmacist.

I will certainly agree to report my progress in complying with the terms of the settlement agreement with the California Board of Pharmacy and to timely report any alleged violations. To whatever degree that the terms of the California settlement agreement apply to my practice in Nevada, I will agree to comply with those terms also, and any other terms that the Nevada Board of Pharmacy believes are necessary.

Sincerely,



Raymond Duro

EXHIBIT 1



California State Board of Pharmacy

1625 N. Market Blvd, N219, Sacramento, CA 95834

Phone: (916) 574-7900

Fax: (916) 574-8618

www.pharmacy.ca.gov

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY

DEPARTMENT OF CONSUMER AFFAIRS

GOVERNOR EDMUND G. BROWN JR.

September 19, 2017

CERTIFIED MAIL

Raymond M. Duro
3218 Diamond Ridge Dr
Reno, NV 89523

RE: Administrative Case No. 5709
Raymond Duro, RPH 61786

Dear Mr. Duro:

Attached is the Decision and Order of the Board of Pharmacy (Board) regarding the above-referenced matter. Your attention is directed to pages 5 through 12 of the Stipulated Settlement and Disciplinary Order.

Effective at 5:00 p.m. on October 19, 2017, Pharmacist License No. RPH 61786 is revoked; however, said revocation are stayed, and your license is placed on probation for three (3) years, from October 19, 2017 through October 18, 2020, inclusive.

You will be scheduled to appear before representatives of the Board. The purpose of your appearance is to explain to you the terms and conditions of the probation and your responsibilities as probationers. The Board will contact you regarding the date of your appearance.

Upon successful completion of the three-year probation period, or extension thereof, your pharmacist license will be fully restored. However, upon violation or failure to comply with any of the terms and conditions of this stay, the Board may, after notice and opportunity to be heard is given to you, vacate the stay and re-impose the revocation, or take other action as it deems appropriate.

If you wish to file a petition for reconsideration pursuant to Government Code section 11521, the petition must be received prior to the effective date of the decision. However, please be aware the Board needs approximately five days to process a petition for reconsideration. Attached is a copy of the Government Code section for your review. **Please note that reconsideration is NOT available to you if you entered into a stipulated settlement with the Board.**

If you have any questions concerning this matter, you may contact Jane Russell, Enforcement Analyst, at (916) 574-7941.

Sincerely,

VIRGINIA K. HEROLD
Executive Officer

By

Susan Cappello
Susan Cappello
Enforcement Manager

Enclosure

cc: Kristina T. Jarvis, DAG
Joe Rose, Esq.

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

of the Accusation Against:

**DISTRICT HOSPITAL,
DISTRICT HOSPITAL PHARMACY
LIBERTY, ADMINISTRATOR
TEGRADY, PHARMACIST-IN-CHARGE
Lake Road
California 95971**

Pharmacy Permit No. HPE 32553 (Eff. 1/9/86-2/9/16)
from Permit No. DRE 32553 (Eff. 2/9/16)

**DAVID DANO
Regard Way
Carmichael, California 95842**

Pharmacist License No. RPH 35371

**CHERYL ANN MUSSELL
P.O. Box 982
Quincy, California 95971**

Pharmacy Technician Registration No. TCH 135012,

and

**RAYMOND MIRANDA DURO
3218 Diamond Ridge Drive
Reno, Nevada 89523**

Pharmacist License No. RPH 61786

Respondents.

Case No. 5709

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER AS TO
RAYMOND MIRANDA DURO ONLY**

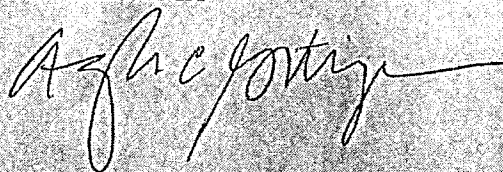
DECISION AND ORDER

The attached Stipulated Settlement of License and Order is hereby adopted by the Board of Pharmacy,
Department of Consumer Affairs, as its Decision in this matter.

This Decision shall become effective at 5:00 p.m. on October 19, 2017.

It is so ORDERED on October 19, 2017.

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



By

Amy Gutierrez, Pharm.D.
Board President

1 XAVIER BECERRA
Attorney General of California
2 JANICE K. LACHMAN
Supervising Deputy Attorney General
3 KRISTINA T. JARVIS
Deputy Attorney General
4 State Bar No. 258229
1300 I Street, Suite 125
5 P.O. Box 944255
Sacramento, CA 94244-2550
6 Telephone: (916) 324-5403
Facsimile: (916) 327-8643
7 *Attorneys for Complainant*

8 **BEFORE THE**
9 **BOARD OF PHARMACY**
10 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

11 In the Matter of the Accusation Against:

12 **PLUMAS DISTRICT HOSPITAL,**
13 **dba PLUMAS DISTRICT HOSPITAL PHARMACY**
14 **DOUGLAS LAFFERTY, ADMINISTRATOR**
15 **DAN CARL LEGRADY, PHARMACIST-IN-CHARGE**
16 1065 Bucks Lake Road
Quincy, California 95971

17 Hospital Pharmacy Permit No. HPE 32553 (Eff. 1/9/86-
18 2/9/16)
19 Drug Room Permit No. DRE 32553 (Eff. 2/9/16)

20 **DARLENE DANO**
21 7112 Regard Way
22 Sacramento, California 95842

23 Pharmacist License No. RPH 35371,

24 **CHERYL ANN MUSSELL**
25 P.O. Box 982
Quincy, California 95971

26 Pharmacy Technician Registration No. TCH 135012,
27 and

28 **RAYMOND MIRANDA DURO**
3218 Diamond Ridge Drive
Reno, Nevada 89523

Pharmacist License No. RPH 61786

Respondents.

Case No. 5709

**STIPULATED
SETTLEMENT AND
DISCIPLINARY ORDER AS
TO RAYMOND MIRANDA
DURO ONLY**

1 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-
2 entitled proceedings that the following matters are true:

3 **PARTIES**

4 1. Virginia Herold (Complainant) is the Executive Officer of the Board of Pharmacy
5 (Board). She brought this action solely in her official capacity and is represented in this matter by
6 Xavier Becerra, Attorney General of the State of California, by Kristina T. Jarvis, Deputy
7 Attorney General.

8 2. Respondent Raymond Miranda Duro (Respondent Duro) is represented by attorney
9 Joe Rose, whose address is Rose Law APC 11335 Gold Express Drive, Suite 135, Gold River,
10 California 95670.

11 3. On or about January 9, 1986, the Board issued Hospital Pharmacy Permit Number
12 HPE 32553 to Plumas District Hospital ("Respondent PDH"), doing business as Plumas District
13 Hospital Pharmacy. On or about July 18, 2011, Douglas Lafferty became the administrator. On
14 or about July 15, 2014, Jeffrey Kepple, M.D., became the CEO. The hospital pharmacy permit
15 was in full force and effect at all times relevant to the charges brought herein and was cancelled
16 on or about February 9, 2016. On or about February 9, 2016, the Board issued Drug Room
17 Permit Number DRE 32553 to Respondent PDH, doing business as Plumas District Hospital
18 Pharmacy. On or about February 9, 2016, Jeffrey Monaghan became the consultant pharmacist
19 for the Drug Room Permit. The following licensed pharmacists were the pharmacists-in-charge
20 of record for Respondent PDH during the time periods indicated below.

<u>Pharmacist-in-Charge</u>	<u>Date Associated</u>	<u>Date Disassociated</u>
Mark LeRoy	November 9, 2012	September 30, 2013
Darlene Dano	October 25, 2013	November 27, 2013
Viktoria Zaita	February 11, 2014	June 24, 2014
Karen L. Schad	September 24, 2014	July 9, 2015
Michael Demetrius Farros	July 9, 2015	October 12, 2015
Douglas Milton McLaskey	October 12, 2015	October 30, 2015
Dan Carl LeGrady	October 30, 2015	November 9, 2015
Andrew Diesh	November 9, 2015	November 29, 2016
Richard Foster	November 29, 2016	February 9, 2016

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1 court review of an adverse decision; and all other rights accorded by the California
2 Administrative Procedure Act and other applicable laws.

3 11. Respondent Duro voluntarily, knowingly, and intelligently waives and gives up each
4 and every right set forth above.

5 CULPABILITY

6 12. Respondent Duro understands and agrees that the charges and allegations in
7 Accusation No. 5709, if proven at a hearing, constitute cause for imposing discipline upon his
8 Pharmacist License.

9 13. For the purpose of resolving the Accusation without the expense and uncertainty of
10 further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual
11 basis for the charges in the Accusation, and that Respondent hereby gives up his right to contest
12 those charges.

13 14. Respondent agrees that his Pharmacist License is subject to discipline and he agrees
14 to be bound by the Board's probationary terms as set forth in the Disciplinary Order below.

15 CONTINGENCY

16 15. This stipulation shall be subject to approval by the Board of Pharmacy. Respondent
17 Duro understands and agrees that counsel for Complainant and the staff of the Board of Pharmacy
18 may communicate directly with the Board regarding this stipulation and settlement, without
19 notice to or participation by Respondent Duro. By signing the stipulation, Respondent Duro
20 understands and agrees that he may not withdraw his agreement or seek to rescind the stipulation
21 prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation
22 as its Decision and Order, the Stipulated Settlement and Disciplinary Order shall be of no force or
23 effect, except for this paragraph, it shall be inadmissible in any legal action between the parties,
24 and the Board shall not be disqualified from further action by having considered this matter.

25 16. The parties understand and agree that Portable Document Format (PDF) and facsimile
26 copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile
27 signatures thereto, shall have the same force and effect as the originals.

28 ///

17. This Stipulated Settlement and Disciplinary Order is intended by the parties to be an integrated writing representing the complete, final, and exclusive embodiment of their agreement. It supersedes any and all prior or contemporaneous agreements, understandings, discussions, negotiations, and commitments (written or oral). This Stipulated Settlement and Disciplinary Order may not be altered, amended, modified, supplemented, or otherwise changed except by a writing executed by an authorized representative of each of the parties.

18. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Pharmacist License No. RPH 61786 issued to Respondent Raymond Miranda Duro is revoked. However, the revocation is stayed and Respondent is placed on probation for three (3) years on the following terms and conditions.

1. Obey All Laws

Respondent shall obey all state and federal laws and regulations.

Respondent shall report any of the following occurrences to the board, in writing, within seventy-two (72) hours of such occurrence:

- an arrest or issuance of a criminal complaint for violation of any provision of the Pharmacy Law, state and federal food and drug laws, or state and federal controlled substances laws
- a plea of guilty or nolo contendere in any state or federal criminal proceeding to any criminal complaint, information or indictment
- a conviction of any crime
- discipline, citation, or other administrative action filed by any state or federal agency which involves respondent's pharmacist license or which is related to the practice of pharmacy or the manufacturing, obtaining, handling, distributing, billing, or charging for any drug, device or controlled substance.

Failure to timely report such occurrence shall be considered a violation of probation.

1 **2. Report to the Board**

2 Respondent shall report to the board quarterly, on a schedule as directed by the board or its
3 designee. The report shall be made either in person or in writing, as directed. Among other
4 requirements, respondent shall state in each report under penalty of perjury whether there has
5 been compliance with all the terms and conditions of probation. Failure to submit timely reports
6 in a form as directed shall be considered a violation of probation. Any period(s) of delinquency
7 in submission of reports as directed may be added to the total period of probation. Moreover, if
8 the final probation report is not made as directed, probation shall be automatically extended until
9 such time as the final report is made and accepted by the board.

10 **3. Interview with the Board**

11 Upon receipt of reasonable prior notice, respondent shall appear in person for interviews
12 with the board or its designee, at such intervals and locations as are determined by the board or its
13 designee. Failure to appear for any scheduled interview without prior notification to board staff,
14 or failure to appear for two (2) or more scheduled interviews with the board or its designee during
15 the period of probation, shall be considered a violation of probation.

16 **4. Cooperate with Board Staff**

17 Respondent shall cooperate with the board's inspection program and with the board's
18 monitoring and investigation of respondent's compliance with the terms and conditions of their
19 probation. Failure to cooperate shall be considered a violation of probation.

20 **5. Continuing Education**

21 Respondent shall provide evidence of efforts to maintain skill and knowledge as a
22 pharmacist as directed by the board or its designee.

23 **6. Notice to Employers**

24 During the period of probation, respondent shall notify all present and prospective
25 employers of the decision in case number 5709 and the terms, conditions and restrictions imposed
26 on respondent by the decision, as follows:

27 Within thirty (30) days of the effective date of this decision, and within fifteen (15) days of
28 respondent undertaking any new employment, respondent shall cause their direct supervisor,

1 pharmacist-in-charge (including each new pharmacist-in-charge employed during respondent's
2 tenure of employment) and owner to report to the board in writing acknowledging that the listed
3 individual(s) has/have read the decision in case number 5709, and terms and conditions imposed
4 thereby. It shall be respondent's responsibility to ensure that their employer(s) and/or
5 supervisor(s) submit timely acknowledgment(s) to the board.

6 If respondent works for or is employed by or through a pharmacy employment service,
7 respondent must notify their direct supervisor, pharmacist-in-charge, and owner at every entity
8 licensed by the board of the terms and conditions of the decision in case number 5709 in advance
9 of the respondent commencing work at each licensed entity. A record of this notification must be
10 provided to the board upon request.

11 Furthermore, within thirty (30) days of the effective date of this decision, and within fifteen
12 (15) days of respondent undertaking any new employment by or through a pharmacy employment
13 service, respondent shall cause their direct supervisor with the pharmacy employment service to
14 report to the board in writing acknowledging that they has read the decision in case number 5709
15 and the terms and conditions imposed thereby. It shall be respondent's responsibility to ensure
16 that their employer(s) and/or supervisor(s) submit timely acknowledgment(s) to the board.

17 Failure to timely notify present or prospective employer(s) or to cause that/those
18 employer(s) to submit timely acknowledgments to the board shall be considered a violation of
19 probation.

20 "Employment" within the meaning of this provision shall include any full-time,
21 part-time, temporary, relief or pharmacy management service as a pharmacist or any
22 position for which a pharmacist license is a requirement or criterion for employment,
23 whether the respondent is an employee, independent contractor or volunteer.

24
25 **7. No Supervision of Interns, Serving as Pharmacist-in-Charge (PIC), Serving as
Designated Representative-in-Charge, or Serving as a Consultant**

26 During the period of probation, respondent shall not supervise any intern pharmacist, be the
27 pharmacist-in-charge or designated representative-in-charge of any entity licensed by the board

28 ///

1 nor serve as a consultant unless otherwise specified in this order. Assumption of any such
2 unauthorized supervision responsibilities shall be considered a violation of probation.

3 **8. Reimbursement of Board Costs**

4 As a condition precedent to successful completion of probation, respondent shall pay to the
5 board its costs of investigation and prosecution in the amount of \$3,396.75. Respondent shall
6 make said payments as follows: within sixty (60) days of the effective date of this order or in a
7 payment plan approved in writing by the board or its designee.

8 There shall be no deviation from this schedule absent prior written approval by the board or
9 its designee. Failure to pay costs by the deadline(s) as directed shall be considered a violation of
10 probation.

11 The filing of bankruptcy by respondent shall not relieve respondent of their responsibility to
12 reimburse the board its costs of investigation and prosecution.

13 **9. Probation Monitoring Costs**

14 Respondent shall pay any costs associated with probation monitoring as determined by the
15 board each and every year of probation. Such costs shall be payable to the board on a schedule as
16 directed by the board or its designee. Failure to pay such costs by the deadline(s) as directed shall
17 be considered a violation of probation.

18 **10. Status of License**

19 Respondent shall, at all times while on probation, maintain an active, current license with
20 the board, including any period during which suspension or probation is tolled. Failure to
21 maintain an active, current license shall be considered a violation of probation.

22 If respondent's license expires or is cancelled by operation of law or otherwise at any time
23 during the period of probation, including any extensions thereof due to tolling or otherwise, upon
24 renewal or reapplication respondent's license shall be subject to all terms and conditions of this
25 probation not previously satisfied.

26 **11. License Surrender While on Probation/Suspension**

27 Following the effective date of this decision, should respondent cease practice due to
28 retirement or health, or be otherwise unable to satisfy the terms and conditions of probation,

1 respondent may tender their license to the board for surrender. The board or its designee shall
2 have the discretion whether to grant the request for surrender or take any other action it deems
3 appropriate and reasonable. Upon formal acceptance of the surrender of the license, respondent
4 will no longer be subject to the terms and conditions of probation. This surrender constitutes a
5 record of discipline and shall become a part of the respondent's license history with the board.

6 Upon acceptance of the surrender, respondent shall relinquish their pocket and wall license
7 to the board within ten (10) days of notification by the board that the surrender is accepted.
8 Respondent may not reapply for any license from the board for three (3) years from the effective
9 date of the surrender. Respondent shall meet all requirements applicable to the license sought as
10 of the date the application for that license is submitted to the board, including any outstanding
11 costs.

12
13 **12. Notification of a Change in Name, Residence Address, Mailing Address or Employment**

14 Respondent shall notify the board in writing within ten (10) days of any change of
15 employment. Said notification shall include the reasons for leaving, the address of the new
16 employer, the name of the supervisor and owner, and the work schedule if known. Respondent
17 shall further notify the board in writing within ten (10) days of a change in name, residence
18 address, mailing address, or phone number.

19 Failure to timely notify the board of any change in employer(s), name(s), address(es), or
20 phone number(s) shall be considered a violation of probation.

21 **13. Tolling of Probation**

22 Except during periods of suspension, respondent shall, at all times while on probation, be
23 employed as a pharmacist in California for a minimum of forty (40) hours per calendar month.
24 Any month during which this minimum is not met shall toll the period of probation, i.e., the
25 period of probation shall be extended by one month for each month during which this minimum is
26 not met. During any such period of tolling of probation, respondent must nonetheless comply
27 with all terms and conditions of probation.

28 ///

1 Should respondent, regardless of residency, for any reason (including vacation) cease
2 practicing as a pharmacist for a minimum of forty (40) hours per calendar month in California,
3 respondent must notify the board in writing within ten (10) days of the cessation of practice, and
4 must further notify the board in writing within ten (10) days of the resumption of practice. Any
5 failure to provide such notification(s) shall be considered a violation of probation.

6 It is a violation of probation for respondent's probation to remain tolled pursuant to the
7 provisions of this condition for a total period, counting consecutive and non-consecutive months,
8 exceeding thirty-six (36) months.

9 "Cessation of practice" means any calendar month during which respondent is
10 not practicing as a pharmacist for at least forty (40) hours, as defined by Business and
11 Professions Code section 4000 et seq. "Resumption of practice" means any calendar
12 month during which respondent is practicing as a pharmacist for at least forty (40)
13 hours as a pharmacist as defined by Business and Professions Code section 4000 et seq.

14 **14. Violation of Probation**

15 If a respondent has not complied with any term or condition of probation, the board shall
16 have continuing jurisdiction over respondent, and probation shall automatically be extended, until
17 all terms and conditions have been satisfied or the board has taken other action as deemed
18 appropriate to treat the failure to comply as a violation of probation, to terminate probation, and
19 to impose the penalty that was stayed.

20 If respondent violates probation in any respect, the board, after giving respondent notice
21 and an opportunity to be heard, may revoke probation and carry out the disciplinary order that
22 was stayed. Notice and opportunity to be heard are not required for those provisions stating that a
23 violation thereof may lead to automatic termination of the stay and/or revocation of the license. If
24 a petition to revoke probation or an accusation is filed against respondent during probation, the
25 board shall have continuing jurisdiction and the period of probation shall be automatically
26 extended until the petition to revoke probation or accusation is heard and decided.

27 ///

28 ///

1 **15. Completion of Probation**

2 Upon written notice by the board or its designee indicating successful completion of
3 probation, respondent's license will be fully restored.

4 **16. Remedial Education**

5 Within sixty (60) days of the effective date of this decision, respondent shall submit to the
6 board or its designee, for prior approval, an appropriate program of remedial education related to
7 the role of a Pharmacist-In-Charge, Pharmacy Law, and Hospital Operations. The program of
8 remedial education shall consist of at least eight (8) hours per year of probation for a total of
9 twenty-four (24) hours, which shall be completed at respondent's own expense. At least fifty
10 percent (50%), or twelve (12) total hours must be in-person, classroom-based training. All
11 remedial education shall be in addition to, and shall not be credited toward, continuing education
12 (CE) courses used for license renewal purposes.

13 Failure to timely submit or complete the approved remedial education shall be considered a
14 violation of probation. The period of probation will be automatically extended until such
15 remedial education is successfully completed and written proof, in a form acceptable to the board,
16 is provided to the board or its designee.

17 Following the completion of each course, the board or its designee may require the
18 respondent, at their own expense, to take an approved examination to test the respondent's
19 knowledge of the course. If the respondent does not achieve a passing score on the examination,
20 this failure shall be considered a violation of probation. Any such examination failure shall
21 require respondent to take another course approved by the board in the same subject area.

22 **17. No Ownership of Licensed Premises**

23 Respondent shall not own, have any legal or beneficial interest in, or serve as a manager,
24 administrator, member, officer, director, trustee, associate, or partner of any business, firm,
25 partnership, or corporation currently or hereinafter licensed by the board. Respondent shall sell
26 or transfer any legal or beneficial interest in any entity licensed by the board within ninety (90)
27 days following the effective date of this decision and shall immediately thereafter provide written

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1 proof thereof to the board. Failure to timely divest any legal or beneficial interest(s) or provide
2 documentation thereof shall be considered a violation of probation.

3 18. **Ethics Course**

4 Within sixty (60) calendar days of the effective date of this decision, respondent shall enroll
5 in a course in ethics, at respondent's expense, approved in advance by the board or its designee.
6 Failure to initiate the course during the first year of probation, and complete it within the second
7 year of probation, is a violation of probation.

8 Respondent shall submit a certificate of completion to the board or its designee within five
9 days after completing the course.

10 **ACCEPTANCE**

11 I have carefully read the Stipulated Settlement and Disciplinary Order. I understand the
12 stipulation and the effect it will have on my Hospital Pharmacy Permit. I enter into this
13 Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree
14 to be bound by the Decision and Order of the Board of Pharmacy.

15 DATED:

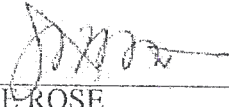
8/14/17

16 
RAYMOND MIRANDA DURO
17 Respondent

18 **APPROVAL AS TO FORM AND CONTENT**

19 I have read and fully discussed with Respondent Raymond Miranda Duro the terms and
20 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order
21 for Public Repeal. I approve its form and content.

22 DATED: August 14, 2017

23 
JOE ROSE
24 Attorney for Respondent

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ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully
submitted for consideration by the Board of Pharmacy.

Dated:

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
JANICE K. LACHMAN
Supervising Deputy Attorney General

KRISTINA T. JARVIS
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 5709

1 KAMALA D. HARRIS
Attorney General of California
2 JANICE K. LACHMAN
Supervising Deputy Attorney General
3 KRISTINA T. JARVIS
Deputy Attorney General
4 State Bar No. 258229
1300 I Street, Suite 125
5 P.O. Box 944255
Sacramento, CA 94244-2550
6 Telephone: (916) 324-5403
Facsimile: (916) 327-8643
7 *Attorneys for Complainant*

8 **BEFORE THE**
9 **BOARD OF PHARMACY**
10 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

11 In the Matter of the Accusation Against:

Case No. 5709

12 **PLUMAS DISTRICT HOSPITAL,**
13 **dba PLUMAS DISTRICT HOSPITAL PHARMACY**
14 **DOUGLAS LAFFERTY, ADMINISTRATOR**
15 **DAN CARL LEGRADY, PHARMACIST-IN-CHARGE**
1065 Bucks Lake Road
Quincy, California 95971

A C C U S A T I O N

16 Hospital Pharmacy Permit No. HPE 32553 (Eff. 1/9/86-
2/9/16)
17 Drug Room Permit No. DRE 32553 (Eff. 2/9/16)

18 **DARLENE DANO**
7112 Regard Way
19 Sacramento, California 95842

20 Pharmacist License No. RPH 35371,

21 **CHERYL ANN MUSSELL**
P.O. Box 982
22 Quincy, California 95971

23 Pharmacy Technician Registration No. TCH 135012,

24 and

25 **RAYMOND MIRANDA DURO**
3218 Diamond Ridge Drive
26 Reno, Nevada 89523

27 Pharmacist License No. RPH 61786

28 Respondents.

1 Complainant alleges:

2 PARTIES

3 1. Virginia Herold ("Complainant") brings this Accusation solely in her official capacity
4 as the Executive Officer of the Board of Pharmacy ("Board"), Department of Consumer Affairs.

5 2. On or about January 9, 1986, the Board issued Hospital Pharmacy Permit Number
6 HPE 32553 to Plumas District Hospital ("Respondent PDH"), doing business as Plumas District
7 Hospital Pharmacy. On or about July 18, 2011, Douglas Lafferty became the administrator. The
8 hospital pharmacy permit was in full force and effect at all times relevant to the charges brought
9 herein and was cancelled on or about February 9, 2016. On or about February 9, 2016, the Board
10 issued Drug Room Permit Number DRE 32553 to Respondent PDH, doing business as Plumas
11 District Hospital Pharmacy. On or about February 9, 2016, Jeffrey Monaghan became the
12 consultant pharmacist for the Drug Room Permit. The following licensed pharmacists were the
13 pharmacists-in-charge of record for Respondent PDH during the time periods indicated below.

<u>Pharmacist-in-Charge</u>	<u>Date Associated</u>	<u>Date Disassociated</u>
Mark LeRoy	November 9, 2012	September 30, 2013
Darlene Dano	October 25, 2013	November 27, 2013
Viktorija Zaita	February 11, 2014	June 24, 2014
Karen L. Schad	September 24, 2014	July 9, 2015
Michael Demetrius Farros	July 9, 2015	October 12, 2015
Douglas Milton McLaskey	October 12, 2015	October 30, 2015
Dan Carl LeGrady	October 30, 2015	November 9, 2015
Andrew Diesh	November 9, 2015	November 29, 2016
Richard Foster	November 29, 2016	February 9, 2016

14 3. On or about August 11, 1980, the Board issued Pharmacist License Number RPH
15 35371 to Darlene Dano ("Respondent Dano"). The pharmacist license was in full force and effect
16 at all times relevant to the charges brought herein and will expire on February 28, 2018, unless
17 renewed.
18

19 4. On or about September 5, 2013, the Board issued Pharmacy Technician Registration
20 Number TCH 135012 to Cheryl Ann Mussell ("Respondent Mussell"). The pharmacy technician
21 registration was in full force and effect at all times relevant to the charges brought herein and will
22 expire on October 31, 2016, unless renewed.
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1 5. On or about October 15, 2008, the Board issued Pharmacist License Number RPH
2 61786 to Raymond Miranda Duro ("Respondent Duro"). The pharmacist license was in full force
3 and effect at all times relevant to the charges brought herein and will expire on May 31, 2018,
4 unless renewed.

5 **JURISDICTION/STATUTORY AND REGULATORY PROVISIONS**

6 6. This Accusation is brought before the Board under the authority of the following
7 laws. All section references are to the Business and Professions Code ("Code") unless otherwise
8 indicated.

9 7. Code section 4300 states, in pertinent part:

10 (a) Every license issued may be suspended or revoked.

11 (b) The board shall discipline the holder of any license issued by the
12 board, whose default has been entered or whose case has been heard by the board and
found guilty, by any of the following methods:

13 (1) Suspending judgment.

14 (2) Placing him or her upon probation.

15 (3) Suspending his or her right to practice for a period not exceeding one
16 year.

17 (4) Revoking his or her license.

18 (5) Taking any other action in relation to disciplining him or her as the
board in its discretion may deem proper . . .

19 8. Code section 4300.1 states:

20 The expiration, cancellation, forfeiture, or suspension of a board-issued
21 license by operation of law or by order or decision of the board or a court of law, the
22 placement of a license on a retired status, or the voluntary surrender of a license by a
licensee shall not deprive the board of jurisdiction to commence or proceed with any
23 investigation of, or action or disciplinary proceeding against, the licensee or to render
a decision suspending or revoking the license.

24 9. Code section 4301 states, in pertinent part:

25 The board shall take action against any holder of a license who is guilty
26 of unprofessional conduct or whose license has been procured by fraud or
misrepresentation or issued by mistake. Unprofessional conduct shall include, but is
27 not limited to, any of the following:

28

1 (c) Gross negligence.

2

3 (g) Knowingly making or signing any certificate or other document that
4 falsely represents the existence or nonexistence of a state of facts.

5

6 (j) The violation of any of the statutes of this state, or any other state, or
7 of the United States regulating controlled substances and dangerous drugs.

8

8 (o) Violating or attempting to violate, directly or indirectly, or assisting in
9 or abetting the violation of or conspiring to violate any provision or term of this
10 chapter or of the applicable federal and state laws and regulations governing
11 pharmacy, including regulations established by the board or by any other state or
12 federal regulatory agency.

13

14 (q) Engaging in any conduct that subverts or attempts to subvert an
15 investigation of the board ...

16 10. Code section 4059.5, subdivision (a), states:

17 Except as otherwise provided in this chapter, dangerous drugs or
18 dangerous devices may only be ordered by an entity licensed by the board and shall
19 be delivered to the licensed premises and signed for and received by a pharmacist.
20 Where a licensee is permitted to operate through a designated representative, the
21 designated representative shall sign for and receive the delivery.

22 11. Code section 4113 states, in pertinent part:

23 (a) Every pharmacy shall designate a pharmacist-in-charge and, within 30
24 days thereof, shall notify the board in writing of the identity and license number of
25 that pharmacist and the date he or she was designated.

26

27 (c) The pharmacist-in-charge shall be responsible for a pharmacy's
28 compliance with all state and federal laws and regulations pertaining to the practice of
pharmacy.

(d) Every pharmacy shall notify the board in writing, on a form designed
by the board, within 30 days of the date when a pharmacist-in-charge ceases to act as
the pharmacist-in-charge, and shall on the same form propose another pharmacist to
take over as the pharmacist-in-charge. The proposed replacement pharmacist-in-
charge shall be subject to approval by the board. If disapproved, the pharmacy shall
propose another replacement within 15 days of the date of disapproval and shall
continue to name proposed replacements until a pharmacist-in-charge is approved by
the board ...

12. Code section 4115 states, in pertinent part:

(a) A pharmacy technician may perform packaging, manipulative, repetitive, or other nondiscretionary tasks only while assisting, and while under the direct supervision and control of, a pharmacist. The pharmacist shall be responsible for the duties performed under his or her supervision by a technician.

(b) This section does not authorize the performance of any tasks specified in subdivision (a) by a pharmacy technician without a pharmacist on duty.

(c) This section does not authorize a pharmacy technician to perform any act requiring the exercise of professional judgment by a pharmacist . . .

13. Code section 4329 states:

Any nonpharmacist who takes charge of or acts as supervisor, manager, or pharmacist-in-charge of any pharmacy, or who compounds or dispenses a prescription or furnishes dangerous drugs except as otherwise provided in this chapter, is guilty of a misdemeanor.

14. Code section 4322 states, in pertinent part:

Any person who . . . fraudulently represents himself or herself to be registered, is guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine not exceeding five thousand dollars (\$5,000), or by imprisonment not exceeding 50 days, or by both that fine and imprisonment.

15. Title 21, Code of Federal Regulations ("CFR"), section 1304.11, subdivision (c), states:

Biennial inventory date. After the initial inventory is taken, the registrant shall take a new inventory of all stocks of controlled substances on hand at least every two years. The biennial inventory may be taken on any date which is within two years of the previous biennial inventory date.

16. Title 21, CFR, section 1305.05, subdivision (a), states:

A registrant may authorize one or more individuals, whether or not located at his or her registered location, to issue orders for Schedule I and II controlled substances on the registrant's behalf by executing a power of attorney for each such individual, if the power of attorney is retained in the files, with executed Forms 222 where applicable, for the same period as any order bearing the signature of the attorney. The power of attorney must be available for inspection together with other order records.

17. Title 21, CFR, section 1305.12, subdivision (d), states:

Each DEA Form 222 must be signed and dated by a person authorized to sign an application for registration or a person granted power of attorney to sign a Form 222 under §1305.05. The name of the purchaser, if different from the individual

1 signing the DEA Form 222, must also be inserted in the signature space.

2 18. Title 16, Code of California Regulations ("CCR"), section 1714, subdivision (b),
3 states:

4 Each pharmacy licensed by the board shall maintain its facilities, space,
5 fixtures, and equipment so that drugs are safely and properly prepared, maintained,
6 secured and distributed. The pharmacy shall be of sufficient size and unobstructed
7 area to accommodate the safe practice of pharmacy.

8 19. Title 16, CCR, section 1718 states:

9 "Current Inventory" as used in Sections 4081 and 4332 of the Business
10 and Professions Code shall be considered to include complete accountability for all
11 dangerous drugs handled by every licensee enumerated in Sections 4081 and 4332.

12 The controlled substances inventories required by Title 21, CFR, Section
13 1304 shall be available for inspection upon request for at least 3 years after the date of
14 the inventory.

15 20. Title 16, CCR, section 1735.2 states, in pertinent part:

16

17 (i) The pharmacist performing or supervising compounding is responsible
18 for the proper preparation, labeling, storage, and delivery of the compounded drug
19 product.

20 (j) Prior to allowing any drug product to be compounded in a pharmacy,
21 the pharmacist-in-charge shall complete a self-assessment for compounding
22 pharmacies developed by the board. (Incorporated by reference is "Community
23 Pharmacy & Hospital Outpatient Pharmacy Compounding Self-Assessment" Form
24 17M-39 Rev. 02/12.) That form contains a first section applicable to all
25 compounding, and a second section applicable to sterile injectable compounding. The
26 first section must be completed by the pharmacist-in-charge before any compounding
27 is performed in the pharmacy. The second section must be completed by the
28 pharmacist-in-charge before any sterile injectable compounding is performed in the
pharmacy. The applicable sections of the self-assessment shall subsequently be
completed before July 1 of each odd-numbered year, within 30 days of the start of a
new pharmacist-in-charge, and within 30 days of the issuance of a new pharmacy
license. The primary purpose of the self-assessment is to promote compliance through
self-examination and education.

21. Title 16, CCR, section 1735.3 states, in pertinent part:

22 (a) For each compounded drug product, the pharmacy records shall
23 include:

24

25 (4) The identity of the pharmacist reviewing the final drug product.

1 22. Title 22, CCR, section 70263, states, in pertinent part:

2 (a) All hospitals having a licensed bed capacity of 100 or more beds shall
3 have a pharmacy on the premises licensed by the California Board of Pharmacy.
4 Those hospitals having fewer than 100 licensed beds shall have a pharmacy license
5 issued by the Board of Pharmacy pursuant to Section 4029 or 4056 of the Business
6 and Professions Code.

7

8 (c) A pharmacy and therapeutics committee, or a committee of equivalent
9 composition, shall be established. The committee shall consist of at least one
10 physician, one pharmacist, the director of nursing service or his or her representative
11 and the administrator or his or her representative.

12

13 (f) Supplies of drugs for use in medical emergencies only shall be
14 immediately available at each nursing unit or service area as required.

15

16 (3) The supply shall be inspected by a pharmacist at periodic intervals
17 specified in written policies. Such inspections shall occur no less frequently than
18 every 30 days. Records of such inspections shall be kept for at least three years.

19

20 (n) The hospital shall establish a supply of medications which is
21 accessible without entering either the pharmacy or drug storage room during hours
22 when the pharmacist is not available. Access to the supply shall be limited to
23 designated registered nurses. Records of drugs taken from the supply shall be
24 maintained and the pharmacist shall be notified of such use. The records shall include
25 the name and strength of the drug, the amount taken, the date and time, the name of
26 the patient to whom the drug was administered and the signature of the registered
27 nurse. The pharmacist shall be responsible for maintenance of the supply and assuring
28 that all drugs are properly labeled and stored. The drug supply shall contain that type
and quantity of drugs necessary to meet the immediate needs of patients as
determined by the pharmacy and therapeutics committee.

29 COST RECOVERY

30 23. Code section 125.3 provides, in pertinent part, that a Board may request the
31 administrative law judge to direct a licentiate found to have committed a violation or violations of
32 the licensing act to pay a sum not to exceed the reasonable costs of the investigation and
33 enforcement of the case.

34 DRUG CLASSIFICATIONS

35 24. "Remicade" is a brand name for infliximab, and is indicated for the treatment of
36 rheumatoid arthritis. Infliximab is a dangerous drug pursuant to Code section 4022.

1 **FACTUAL ALLEGATIONS**

2 **Inspection of January 14, 2014**

3 25. On or about January 14, 2014, Board inspectors H. and P. went to Plumas District
4 Hospital ("PDH") to conduct an inspection of the pharmacy. The inspectors knocked on the
5 pharmacy door and were greeted by Respondent Mussell ("Mussell"). The inspectors asked for
6 the pharmacist-in-charge ("PIC"). Mussell stated that the pharmacist would be back in a couple
7 of minutes. Inspector P. asked Mussell where the pharmacist was, and she indicated that he was
8 at another hospital inspecting their drug room. Mussell identified the pharmacist as Raymond
9 Duro (Respondent Duro; "Duro").

10 26. The inspectors observed Mussell checking in a drug order from Cardinal Health, and
11 saw liquid lorazepam, a Schedule III controlled substance, on the counter. The inspectors asked
12 Mussell if she had signed for the order and she said yes.

13 27. Mussell stated she needed to make a call, and shortly thereafter Chief Nursing Officer
14 Dan Schuessler ("Schuessler") arrived at the pharmacy. The inspectors asked him when a
15 pharmacist was last in the pharmacy. Schuessler stated that Douglas Lafferty ("Lafferty") would
16 know, and called him. When Lafferty arrived, he stated he did not think they needed a
17 pharmacist in the pharmacy all of the time because PDH had applied for a drug room license.
18 Mussell said she had called Duro and he would be there soon.

19 28. The inspectors requested and obtained copies of various pharmacy records, including
20 compounding worksheets/logs and a written policy and procedure for controlled substances. The
21 compounding worksheets showed that Mussell had compounded the drug Remicade without
22 pharmacist supervision.

23 29. Inspector P. asked for a copy of the biennial inventory for controlled substances. No
24 biennial inventory was available at the pharmacy. The inspectors then asked for the
25 compounding self-assessments for PIC's Mark LeRoy ("LeRoy") and Respondent Dano
26 ("Dano"). Mussell could not find the documents.

27 ///

28 ///

1 30. Duro arrived at the pharmacy approximately two hours after the inspection began.
2 Duro told the inspectors that he was not a staff pharmacist, but "remotely verified" the
3 prescriptions sent to him by the hospital when there was no pharmacist on duty.

4 31. PDH's timesheets for Dano from September 20, 2013 to November 27, 2013, and for
5 Mussell from October 1, 2013 to January 3, 2014 showed that Mussell worked in the pharmacy
6 when there was no pharmacist on duty approximately 11 times in October 2013, 7 times in
7 November 2013, and 22 times in December 2013; and from January 2, 2014 to January 14, 2014.
8 Mussell also worked in the pharmacy approximately 11 times in October 2013 and 12 times in
9 November 2013, when Dano was present for only part of the day.

10 32. The inspectors issued an inspection report and provided a copy to Duro. The report
11 stated that "[u]nder no circumstances is the pharmacy to be operated without a licensed
12 pharmacist. No keys in possession of anyone other than by security - for access of the Pharmacist
13 only." Inspector P. asked Mussell if she understood she could never work in the pharmacy
14 without the supervision of a licensed pharmacist. Mussell stated that she understood.

15 33. Respondent Dano was contacted about the inspection, and stated that she quit
16 working in the pharmacy in late November 2013, but had failed to notify the Board of her
17 disassociation.

18 **Inspection of September 23, 2014**

19 34. On or about September 23, 2014, Inspector P. returned to the pharmacy to conduct an
20 inspection and found Mussell working without pharmacist supervision. Schuessler came to the
21 pharmacy, and said Karen Schad ("Schad") would be the new PIC and that she had been filling in
22 at the pharmacy working half days.

23 35. Copies of the pharmacy's perpetual inventory log for hydromorphone 2 mg/ml
24 showed that on September 22, 2014, 50 vials of the drug had been sent to the medical/surgical
25 unit. Mussell stated that the nurses had access to the pharmacy after hours. PDH's policies and
26 procedures state that entry into the narcotics cabinet is restricted to registered pharmacists and
27 that Schedule III, IV, and V controlled substances were stored in a locked cabinet in the
28 pharmacy.

1 36. Schuessler asked Mussell if she had the keys to the narcotics cabinet. Mussell took
2 keys off of a wall hook and handed them to the inspector. The inspector asked Mussell if the
3 keys on her wrist ring were to the pharmacy. Mussell said yes. The inspector had Mussell give
4 her the keys.

5 37. DEA 222 forms (order form for schedule I and II controlled substances) had been
6 signed by pharmacists Michael Shimoide ("Shimoide"), Viktoria Zaita ("Zaita"), and Duro.
7 Mussell had signed the delivery logs on the line indicated for a pharmacist to sign and had left the
8 pre printed "RPH" on that line intact without indicating that she was not in fact a pharmacist. It is
9 the pharmacist's responsibility to receive the drugs from the delivery driver and to sign the DEA
10 forms and invoices. Mussell claimed that these duties had been delegated to her. However, PDH
11 had no Power of Attorney ("POA") forms.

12 38. The nurses employed at PDH had access to a night locker to obtain needed
13 medications, as well as access to the pharmacy. PDH maintained a Pharmacy Entry Log as well
14 as a night locker list showing the medications stored in the locker. In and between August 2014
15 and September 2014, nursing staff had entered the pharmacy approximately 21 times to obtain
16 medications that were available in the night locker as well as candy and chocolate.

17 39. The nurses employed at PDH had access to the pharmacy because the key to the
18 pharmacy is locked in the medication cart, to which all nurses have access.

19 40. On or about September 25, 2014, Inspector P. requested documents from Cardinal
20 Health for the time period from January 1, 2014 through September 24, 2014, including power of
21 attorney forms for any pharmacists who were granted authority by the hospital's DEA registrant
22 to order Schedule II controlled substances on behalf of the pharmacy, and all signed delivery logs
23 for deliveries made to PDH. Schuessler was the registrant for PDH, and there were no power of
24 attorney forms.

25 41. On or about September 30, 2014, Inspector P. returned to PDH with a consultant from
26 the California Department of Public Health. The consultant conducted an inspection of the
27 pharmacy. The consultant and the inspector interviewed nurse M. M. who stated that she had
28 access to the pharmacy and that the pharmacy keys were stored in the Emergency Department

1 (ED). Floor surveys were obtained that had been conducted between May 28, 2014, and August
2 28, 2014. The surveys had been completed by Mussell who sometimes had a nurse sign off on
3 them. Floor surveys are required to be conducted by a pharmacist.

4 42. On or about August 20, 2015, Duro was interviewed and he stated that he had never
5 worked for or in the pharmacy except for the day of the first inspection on January 14, 2014.

6 43. PDH submitted a change of PIC on August 11, 2014, to remove Zaita and add
7 Shimoide. This change was not approved because the form was signed by unauthorized person.
8 On September 30, 2014, the Board received a change of PIC from PDH to remove Shimoide and
9 add Schad. The change was approved on October 15, 2014. PDH had gaps in PIC coverage from
10 November 28, 2013 to February 10, 2014, and from June 25, 2014 to September 23, 2014.

11 FIRST CAUSE FOR DISCIPLINE

12 (Gross Negligence)

13 44. Respondent PDH is subject to disciplinary action for unprofessional conduct pursuant
14 to Code section 4301, subdivision (c), in that Respondent PDH committed acts or omissions
15 constituting gross negligence, as follows:

16 a. On and between October 1, 2013 and January 14, 2014, Respondent PDH authorized
17 or permitted Respondent Mussell, a pharmacy technician, to work in the pharmacy without the
18 direct supervision and control of a pharmacist; to perform the duties of a pharmacist, including
19 signing for deliveries of controlled substances and dangerous drugs and compounding the drug
20 Remicade; and/or to take charge of or act as supervisor, manager and/or pharmacist-in-charge of
21 the pharmacy. Further, on and between May 28, 2014 and August 28, 2014, Respondent PDH
22 authorized or permitted Respondent Mussell to conduct monthly inspections of the floor stock
23 (supplies of drugs for use in medical emergencies) at the nursing units and service areas without a
24 pharmacist's license. In addition, on or about September 23, 2014, Respondent PDH authorized
25 or permitted Respondent Mussell to work in the pharmacy without pharmacist supervision and/or
26 perform the duties of a pharmacist despite being admonished on January 14, 2014, that the
27 pharmacy was not to be operated without a licensed pharmacist.

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1 b. On and between November 28, 2013 and February 10, 2014, and June 25, 2014 and
2 September 23, 2014, Respondent PDH failed to designate a pharmacist-in-charge of the
3 pharmacy.

4 c. In and between January 2014 and September 2014, Respondent PDH authorized or
5 permitted Respondent Mussell to sign for additional deliveries of dangerous drugs and controlled
6 substances when, in fact, Respondent Mussell was not a licensed pharmacist.

7 d. Respondent PDH failed to maintain the pharmacy and its facilities, space, fixtures
8 and/or equipment so that drugs were safely and properly secured in that Respondent Mussell and
9 the nursing staff were allowed access to the pharmacy without a pharmacist present and had
10 access to the keys to the pharmacy. Further, on or about September 23, 2014, Respondent
11 Mussell had access to the keys to the pharmacy and the locked narcotics cabinet.

12 **SECOND CAUSE FOR DISCIPLINE**

13 **(Failure to Notify Board of Disassociation of PIC)**

14 45. Respondent PDH is subject to disciplinary action for unprofessional conduct pursuant
15 to Code section 4301, subdivision (o), in that Respondent PDH violated Code section 4113,
16 subdivision (d), as follows:

17 a. Respondent PDH failed to notify the Board within 30 days of the disassociation of
18 pharmacist-in-charge Viktoria Zaita in that Zaita left her employment at PDH on approximately
19 June 24, 2014, yet the Board was not notified of the disassociation until August 11, 2014.

20 b. Respondent PDH failed to notify the Board within 30 days of the disassociation of
21 pharmacist-in-charge Dano in that Dano left her employment at PDH on November 27, 2013, yet
22 the Board was not notified of the disassociation until January 16, 2014.

23 **THIRD CAUSE FOR DISCIPLINE**

24 **(Receipt of Dangerous Drugs by Unauthorized Person)**

25 46. Respondent PDH is subject to disciplinary action for unprofessional conduct pursuant
26 to Code section 4301, subdivisions (j) and (o), in that Respondent PDH violated Code section
27 4059.5, subdivision (a), as follows: Respondent PDH authorized or permitted Respondent

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1 Mussell to receive and/or sign for dangerous drugs and controlled substances as set forth above
2 when, in fact, Respondent Mussell was not a licensed pharmacist.

3 **FOURTH CAUSE FOR DISCIPLINE**

4 **(Signature of DEA 222 Forms by Unauthorized Persons)**

5 47. Respondent PDH is subject to disciplinary action for unprofessional conduct pursuant
6 to Code section 4301, subdivisions (j) and (o), in that Respondent PDH violated Title 21, CFR,
7 sections 1305.05, subdivision (a), and 1305.12, subdivision (d), as follows: Respondent PDH
8 authorized or permitted pharmacists Shimoide, Zaita, and Duro to sign DEA 222 forms upon
9 delivery or receipt of Schedule II controlled substances when, in fact, none of the pharmacists had
10 been granted power of attorney to sign the DEA forms.

11 **FIFTH CAUSE FOR DISCIPLINE**

12 **(Failure to Complete Biennial Inventory)**

13 48. Respondent PDH is subject to disciplinary action for unprofessional conduct pursuant
14 to Code section 4301, subdivision (o), in that Respondent PDH violated Title 21, CFR, section
15 1304.11, subdivision (c), as follows: On or before January 14, 2014, Respondent PDH failed to
16 complete or have available at the pharmacy a biennial inventory of all stocks of controlled
17 substances on hand at the pharmacy.

18 **SIXTH CAUSE FOR DISCIPLINE**

19 **(Failure to Provide Supervision of Pharmacy Technician)**

20 49. Respondent PDH is subject to disciplinary action for unprofessional conduct pursuant
21 to Code section 4301, subdivision (o), in that on and between October 1, 2013 and January 14,
22 2014, and on or about September 23, 2014, Respondent PDH violated Code section 4115, as
23 follows: Respondent PDH authorized or permitted Respondent Mussell, a pharmacy technician,
24 to work in the pharmacy without the direct supervision and control of a pharmacist and to
25 perform the duties of a pharmacist, as set forth in paragraph 44 above.

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1 **SEVENTH CAUSE FOR DISCIPLINE**

2 **(Failure to Supervise Sterile Compounding Conducted by Pharmacy Technician)**

3 50. Respondent PDH is subject to disciplinary action for unprofessional conduct pursuant
4 to Code section 4301, subdivision (o), in that Respondent PDH violated Title 16, CCR, sections
5 1735.2, subdivision (i), and 1735.3, subdivision (a)(4), as follows: Respondent PDH authorized
6 or permitted Respondent Mussell, a pharmacy technician, to compound Remicade for consumer J.
7 G. on January 6, 2014, for consumer S. J. on September 16, 2013, October 30, 2013, and
8 December 20, 2013, and for consumer L. S. on October 18, 2013, and December 27, 2013,
9 without pharmacist supervision.

10 **EIGHTH CAUSE FOR DISCIPLINE**

11 **(Failure to Maintain Pharmacy, Fixtures, and Equipment**

12 **So that Drugs Were Safely and Properly Secured)**

13 51. Respondent PDH is subject to disciplinary action for unprofessional conduct pursuant
14 to Code section 4301, subdivision (o), in that Respondent PDH violated Title 16, CCR, section
15 1714, subdivision (b), by failing to maintain the pharmacy and its facilities, space, fixtures and/or
16 equipment so that drugs were safely and properly secured, as set forth in paragraph 44(d) above.

17 **NINTH CAUSE FOR DISCIPLINE**

18 **(Failure to Perform Monthly Inspections of Floor Stock)**

19 52. Respondent PDH is subject to disciplinary action for unprofessional conduct pursuant
20 to Code section 4301, subdivision (o), in that on and between May 28, 2014 and August 28, 2014,
21 in that Respondent PDH violated Title 22, CCR, section 70263, subdivision (f)(3), as follows:
22 Respondent PDH authorized or permitted Respondent Mussell, a pharmacy technician, to conduct
23 monthly inspections of the floor stock at the nursing units and service areas when, in fact,
24 Respondent Mussell was not a licensed pharmacist. Further, on and between June 28, 2013 and
25 March 7, 2014, Respondent PDH failed to ensure that at least one pharmacist took part in or was
26 made a part of the hospital's pharmacy and therapeutics committee.

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1 **TENTH CAUSE FOR DISCIPLINE**

2 **(Unlawful Access to Hospital Pharmacy after Hours)**

3 53. Respondent PDH is subject to disciplinary action for unprofessional conduct pursuant
4 to Code section 4301, subdivision (o), in that in and between August 2014 and September 2014,
5 Respondent PDH violated Title 22, CCR, section 70263, subdivision (n), by allowing the nursing
6 staff to access the pharmacy when it was closed.

7 **ELEVENTH CAUSE FOR DISCIPLINE**

8 **(Failure to Complete Compounding Self-Assessment)**

9 54. Respondent PDH is subject to disciplinary action for unprofessional conduct pursuant
10 to Code section 4301, subdivision (o), in that Respondent PDH violated Title 16, CCR, section
11 1735.2, subdivision (j), as follows: Respondent PDH failed to ensure that pharmacists-in-charge
12 Mark LeRoy and Respondent Dano had completed compounding self-assessments, as set forth in
13 paragraph 29 above.

14 **TWELFTH CAUSE FOR DISCIPLINE**

15 **(Failure to Notify Board of Disassociation as PIC)**

16 55. Respondent Dano is subject to disciplinary action for unprofessional conduct pursuant
17 to Code section 4301, subdivision (o), in that Respondent Dano violated Code section 4113,
18 subdivision (d), by failing to notify the Board within 30 days of disassociating as the pharmacist-
19 in-charge for PDH, as set forth in paragraph 45(b) above.

20 **THIRTEENTH CAUSE FOR DISCIPLINE**

21 **(Receipt of Dangerous Drugs by Unauthorized Person)**

22 56. Respondent Dano is subject to disciplinary action for unprofessional conduct pursuant
23 to Code section 4301, subdivisions (j) and (o), in that Respondent Dano violated Code section
24 4059.5, subdivision (a), as follows: On or about December 31, 2013, Respondent Dano, as
25 pharmacist-in-charge of record for PDH, authorized or permitted Respondent Mussell to receive
26 and/or sign for dangerous drugs and/or controlled substances when, in fact, Respondent Mussell
27 was not a licensed pharmacist.

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1 **FOURTEENTH CAUSE FOR DISCIPLINE**

2 **(Failure to Provide Supervision of Pharmacy Technician)**

3 57. Respondent Dano is subject to disciplinary action for unprofessional conduct pursuant
4 to Code section 4301, subdivision (o), in that Respondent Dano violated Code section 4115, as
5 follows: On and between October 25, 2013 and January 14, 2014, Respondent Dano, as
6 pharmacist-in-charge of record for PDH, authorized or permitted Respondent Mussell, a
7 pharmacy technician, to work in the pharmacy without Respondent Dano's direct supervision and
8 control and to perform the duties of a pharmacist, including, but not limited to, signing for
9 deliveries of controlled substances and dangerous drugs from suppliers and compounding the
10 drug Remicade as set forth in paragraph 50, above.

11 **FIFTEENTH CAUSE FOR DISCIPLINE**

12 **(Failure to Supervise Sterile Compounding Conducted by Pharmacy Technician)**

13 58. Respondent Dano is subject to disciplinary action for unprofessional conduct pursuant
14 to Code section 4301, subdivision (o), in that Respondent Dano violated Title 16, CCR, sections
15 1735.2, subdivision (i), and 1735.3, subdivision (a)(4), as follows: Respondent Dano, as
16 pharmacist-in-charge of record for PDH, failed to supervise sterile compounding conducted by
17 Respondent Mussell, a pharmacy technician, as set forth in paragraph 50 above.

18 **SIXTEENTH CAUSE FOR DISCIPLINE**

19 **(Failure to Maintain Pharmacy, Fixtures, and Equipment**

20 **So that Drugs Were Safely and Properly Secured)**

21 59. Respondent Dano is subject to disciplinary action for unprofessional conduct pursuant
22 to Code section 4301, subdivision (o), in that Respondent Dano violated Title 16, CCR, section
23 1714, subdivision (b), as follows: On and between October 25, 2013 and January 14, 2014,
24 Respondent Dano, as pharmacist-in-charge of record for PDH, failed to maintain the pharmacy
25 and its facilities, space, fixtures and/or equipment so that drugs were safely and properly secured
26 in that Respondent Dano knew, or should have known, that Respondent Mussell had access to the
27 keys to the pharmacy and the locked narcotics cabinet.

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1 **SEVENTEENTH CAUSE FOR DISCIPLINE**

2 **(Failure to Complete Compounding Self-Assessment)**

3 60. Respondent Dano is subject to disciplinary action for unprofessional conduct pursuant
4 to Code section 4301, subdivision (o), in that Respondent Dano violated Title 16, CCR, section
5 1735.2, subdivision (j), as follows: Respondent Dano failed to complete a compounding self-
6 assessment within 30 days of becoming the pharmacist-in-charge for Respondent PDH as set
7 forth in paragraph 29, above.

8 **EIGHTEENTH CAUSE FOR DISCIPLINE**

9 **(Failure to Complete Biennial Inventory)**

10 61. Respondent Dano is subject to disciplinary action for unprofessional conduct pursuant
11 to Code section 4301, subdivision (o), in that Respondent Dano violated Title 21, CFR, section
12 1304.11, subdivision (c), as follows: On or before January 14, 2014, Respondent Dano failed to
13 complete or have available at the pharmacy a biennial inventory of all stocks of controlled
14 substances on hand at the pharmacy.

15 **NINETEENTH CAUSE FOR DISCIPLINE**

16 **(Working as a Pharmacy Technician without Pharmacist Supervision)**

17 62. Respondent Mussell is subject to disciplinary action for unprofessional conduct
18 pursuant to Code section 4301, subdivision (o), in that Respondent Mussell violated Code section
19 4115 by working as a pharmacy technician at Plumas District Hospital Pharmacy without the
20 direct supervision and control of a pharmacist, as set forth in paragraph 44(a) above.

21 **TWENTIETH CAUSE FOR DISCIPLINE**

22 **(Engaging in Practice as a Pharmacist without a License)**

23 63. Respondent Mussell is subject to disciplinary action for unprofessional conduct
24 pursuant to Code section 4301, subdivision (o), in that Respondent Mussell violated Code section
25 4329 by taking charge of or acting as supervisor, manager, or pharmacist-in-charge of PDH
26 Pharmacy and compounding or dispensing prescriptions or furnishing dangerous drugs without a
27 pharmacist's license, as follows:

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1 a. Respondent Mussell signed for deliveries of controlled substances and dangerous
2 drugs from suppliers, compounded the drug Remicade without pharmacist supervision, and
3 conducted monthly inspections of the floor stock at the nursing units and service areas, as set
4 forth in paragraph 44(a) above. Further, on or about September 23, 2014, Respondent Mussell
5 worked in the pharmacy without pharmacist supervision and/or performed the duties of a
6 pharmacist despite having been directly admonished prior to that date that Respondent Mussell
7 could never work in the pharmacy without the supervision of a licensed pharmacist

8 b. Respondent Mussell had access to the keys to the pharmacy and the locked narcotics
9 cabinet, as set forth in paragraph 44(d) above.

10 **TWENTY-FIRST CAUSE FOR DISCIPLINE**

11 **(Fraudulent Representation)**

12 64. Respondent Mussell is subject to disciplinary action for unprofessional conduct
13 pursuant to Code section 4301, subdivision (o), in that Respondent Mussell violated Code section
14 4322 by fraudulently representing herself to be a licensed pharmacist, as follows: On and
15 between December 31, 2013 and September 23, 2014, Respondent Mussell signed delivery logs
16 as the "Rph" (pharmacist) upon receipt of dangerous drugs and controlled substances when, in
17 fact, Respondent Mussell was not a licensed pharmacist.

18 **TWENTY-SECOND CAUSE FOR DISCIPLINE**

19 **(Knowingly Signing Documents Containing False Representations)**

20 65. Respondent Mussell is subject to disciplinary action for unprofessional conduct
21 pursuant to Code section 4301, subdivision (g), in that Respondent Mussell knowingly made or
22 signed documents that falsely represented the existence or nonexistence of a state of facts, as set
23 forth in paragraph 64 above.

24 **TWENTY-THIRD CAUSE FOR DISCIPLINE**

25 **(Subverting or Attempting to Subvert an Investigation of the Board)**

26 66. Respondent Duro is subject to disciplinary action for unprofessional conduct pursuant
27 to Code section 4301, subdivision (q), in that Respondent Duro engaged in conduct that subverted
28 or attempted to subvert an investigation of the Board, a follows: On or about August 20, 2015,

1 Respondent Duro stated that he had never worked for or in the pharmacy except for the day of the
2 inspection on January 14, 2014. In fact, Respondent Duro worked in the capacity as pharmacist
3 for PDH when he signed DEA 222 forms on December 31, 2013 and January 28, 2014, to order
4 Schedule II controlled substances on behalf of the pharmacy. Further, Respondent Duro signed a
5 Cardinal Health delivery log on January 2, 2014, showing that he received a delivery of the
6 controlled substances fentanyl, hydromorphone, and morphine.

7 **TWENTH-FOURTH CAUSE FOR DISCIPLINE**

8 **(Aiding or Abetting Violations of the Pharmacy Law**
9 **and State Laws Governing Pharmacy)**

10 67. Respondent Duro is subject to disciplinary action for unprofessional conduct pursuant
11 to Code section 4301, subdivision (o), in that Respondent Duro assisted in or abetted Respondent
12 Mussell, a pharmacy technician, in violating Code section 4115, as follows: On or about
13 December 31, 2013 and January 2, 2014, Respondent Duro was present in the pharmacy, as set
14 forth in paragraph 66 above. Respondent Duro knew, or should have known, that on those dates
15 during times that he was not in the pharmacy, Respondent Mussell was working in the pharmacy
16 alone without the direct supervision and control of a pharmacist.

17 **TWENTY-FIFTH CAUSE FOR DISCIPLINE**

18 **(Signature of DEA 222 Forms by Unauthorized Persons)**

19 68. Respondent Duro is subject to disciplinary action for unprofessional conduct pursuant
20 to Code section 4301, subdivisions (j) and (o), in that Respondent Duro violated Title 21, CFR,
21 sections 1305.05, subdivision (a), and 1305.12, subdivision (d), as follows: Respondent Duro
22 signed DEA 222 forms upon delivery or receipt of Schedule II controlled substances when, in
23 fact, he had not been granted power of attorney to sign the DEA forms, as set forth in paragraph
24 47 above.

25 **PRAYER**

26 **WHEREFORE**, Complainant requests that a hearing be held on the matters herein alleged,
27 and that following the hearing, the Board of Pharmacy issue a decision:

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1 1. Revoking or suspending Hospital Pharmacy Permit Number HPE 32553 and Drug
2 Room Permit Number DRE 32553, issued to Plumas District Hospital, doing business as Plumas
3 District Hospital Pharmacy;

4 2. Revoking or suspending Pharmacist License Number RPH 35371, issued to Darlene
5 Dano;

6 3. Revoking or suspending Pharmacy Technician Registration Number TCH 135012,
7 issued to Cheryl Ann Mussell;

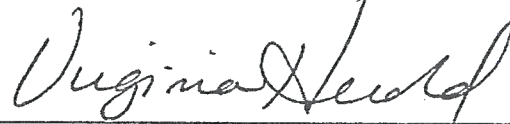
8 4. Revoking or suspending Pharmacist License Number RPH 61786, issued to Raymond
9 Miranda Duro;

10 5. Ordering Plumas District Hospital, doing business as Plumas District Hospital
11 Pharmacy, Darlene Dano, Cheryl Ann Mussell, and Raymond Miranda Duro to pay the Board of
12 Pharmacy the reasonable costs of the investigation and enforcement of this case, pursuant to
13 Business and Professions Code section 125.3; and

14 6 Taking such other and further action as deemed necessary and proper.

15
16 DATED: _____

11/4/16



VIRGINIA HEROLD
Executive Officer
Board of Pharmacy
Department of Consumer Affairs
State of California
Complainant

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NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

CHERYL MUSSELL, PT,
Certificate of Registration No. PT00058,

Respondent.

) CASE NO. 18-013-PT-N

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) NOTICE OF INTENDED ACTION
) AND ACCUSATION

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Larry L. Pinson, 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 639.241.

JURISDICTION

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because Respondent Cheryl Mussell, P.T. (Mussell), Certificate of Registration No. PT00058, was a registered pharmaceutical technician with the Board at the time of the events alleged herein.

FACTUAL ALLEGATIONS

II.

In May 2017, the California Board of Pharmacy (CA Board) revoked Mussell's California Pharmacy Technician Registration No. TCH 135012.

III.

The CA Board revoked Mussell's registration for unprofessional conduct (practicing pharmacy and representing herself to be a pharmacist without a pharmacist license).

IV.

The CA Board revoked Mussell's technician registration after the CA Board served her with an Accusation that satisfied the requirements of California law.

V.

The CA Board found Mussell guilty by default of the allegations stated in the CA Accusation after Mussell failed to respond to the CA Accusation.

VI.

The CA Board found “the charges and allegations in [the CA Accusation] are separately and severally, found to be true and correct by clear and convincing evidence.”

VII.

The events that resulted in Mussell’s California discipline, which the CA Board found to be true, are summarized as follows:

1. Mussell worked for Plumas District Hospital Pharmacy (PDH) as a Pharmacy Technician during the events alleged by the CA Board.

January 14, 2014 Inspection

2. Inspectors from the CA Board (CA Inspectors) inspected PDH in January 2014 and found Mussell working in the pharmacy without pharmacist supervision.

3. Mussell identified Raymond Duro as PDH’s pharmacist-in-charge (PIC) and told the CA Inspectors that Duro was at another hospital inspecting its drug room when the CA Inspectors arrived.

4. During the inspection, the CA Inspectors observed Mussell checking in a drug order from a wholesaler and saw liquid lorazepam, a Schedule III controlled substance, on the pharmacy counter.

5. Mussell told the CA Inspectors that she had signed for the order.

6. The CA Inspectors requested and obtained documents from PDH, which revealed that Mussell had compounded the drug Remicade without pharmacist supervision.

7. PDH’s records also showed that Mussell worked in the pharmacy when there was no pharmacist on duty approximately 11 times in October 2013, 7 times in November 2013, and 22 times in December 2013 through January 14, 2014.

8. PDH's records further showed that Mussell worked in the pharmacy approximately 11 times in October 2013, and 12 times in November 2013, when a pharmacist was present for only part of the day.

9. The CA Inspectors issued an inspection report that stated "[u]nder no circumstances is the pharmacy to be operated without a licensed pharmacist. No keys in possession of anyone other than by security - for access of the Pharmacist only."

10. A CA Inspector asked Mussell if she understood she could never work in a pharmacy without supervision of a licensed pharmacist. "Mussell stated that she understood."

September 23, 2014 Inspection

11. A CA Inspector returned to PDH on or about September 23, 2014, to conduct an inspection. She again found Mussell working there without pharmacist supervision.

12. PDH's policies and procedures state that entry into the narcotics cabinet is restricted to registered pharmacists and that Schedule III, IV and V controlled substances were stored in a locked cabinet in the pharmacy.

13. During the September 23 inspection, the CA Inspector found that Mussell had access to a set of keys to the narcotics cabinet, which were stored on a wall hook in the pharmacy. The CA Inspector also found that Mussell had possession of a set of keys to the pharmacy on her wrist ring.

14. The CA Inspector also found that Mussell had signed the delivery logs for Schedule II medications at PDH. She left the pre-printed "RPH" on the signature line intact without indicating that she is not a pharmacist.

15. Mussell claimed that PDH had delegated the duties of accepting deliveries and signing delivery logs to her even though it is a pharmacist's responsibility to receive drugs from delivery drivers and sign DEA forms and invoices.

16. PDH had no Power of Attorney forms indicating who had authority to order controlled substances and accept deliveries.

September 30, 2014 Inspection

17. The CA Inspector returned to PDH on September 30, 2014 and again found Mussell had engaged in conduct that is reserved for a registered pharmacist. "Floor surveys were obtained that had been conducted between May 28, 2014, and August 28, 2014. The surveys had been completed by Mussell when they are required to be conducted by a pharmacist."

VIII.

The CA Board issued a *Default Decision and Order* (CA Order) on June 7, 2017, in which the CA Board found Mussell in default for failing to respond to the CA Accusation and revoked Mussell's Pharmacy Technician Registration No. TCH 135012.

IX.

The CA Board revoked Mussell's pharmaceutical technician registration on the basis that:

[Mussell] engaged in the practice as a pharmacist without a license by signing for deliveries from suppliers of controlled substances and dangerous drugs, compounded the drug Remicade without pharmacist supervision, worked in the pharmacy without pharmacist supervision, conducted monthly inspections of floor stock at the nursing units and service areas, and had access to keys to the pharmacy and the locked narcotics cabinet.

[Mussell] fraudulently represented herself to be a licensed pharmacist in that she signed delivery logs where the signature line said "Rph" indicating that she was in fact a licensed pharmacist.

[Mussell] knowingly made or signed documents that falsely represented the existence or nonexistence of a state of fact by signing delivery logs indicating that she was a licensed pharmacist.

X.

The CA Board revoked Mussell's Pharmacy Technician Registration No TCH 135012, effective June 7, 2017.

FIRST CAUSE OF ACTION

XI.

"The Board may suspend or revoke any . . . registration . . . issued pursuant to this chapter . . . if the holder or applicant . . . [h]as had a certificate, license or permit suspended or revoked

in another state on grounds which would cause suspension or revocation of a certificate, license or permit in this State.” NRS 639.210(14).

The CA Board revoked Mussell’s CA Pharmacy Technician Registration because she (1) engaged in the practice of pharmacy without being a registered pharmacist, (2) fraudulently held herself out as a pharmacist when she is not, and (3) signed documents that falsely indicate that she is a pharmacist.

Mussell’s conduct, as found by the CA Board, is conduct that would be grounds for the suspension or revocation of her Nevada Pharmaceutical Technician Registration pursuant to Nevada Revised Statutes (NRS) 639.210(14). *See* NRS 639.210(1) (not of good moral character); NRS 639.210(4) (guilty of unprofessional conduct as defined in NAC 639.945(1)(h)); NRS 639.210(6) (convicted of a violation of a drug-related law in another state); NRS 639.210(11) (violated a provision of drug-related federal law (21 C.F.R. §1305.05 and 21 C.F.R. §1305.12)) and NRS 639.210(12) (violating provisions of NRS Chapter 639).

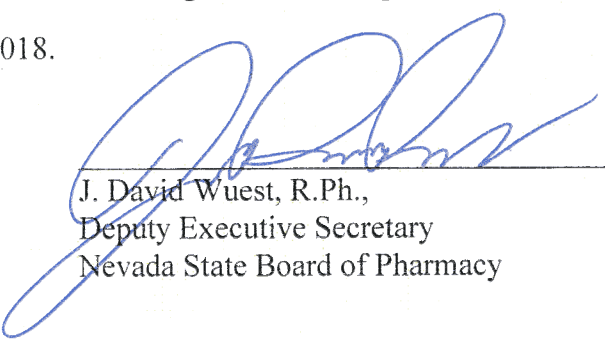
XII.

Mussell’s Pharmaceutical Technician Registration, Certificate of Registration No. PT00058, is therefore subject to discipline, including possible suspension or revocation, pursuant to NRS 639.210(1), (4), (6), (11), (12) and (14), as well as NRS 639.255.

XIII.

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of respondent Cheryl Mussell.

Signed this 22nd day of March 2018.



J. David Wuest, R.Ph.,
Deputy 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 regarding your certificate of registration. To do so, you must mail to the Board within twenty (20) days of your receipt of the Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

CHERYL MUSSELL, PT,
Certificate of Registration No. PT00058,

Respondent.

) CASE NO. 18-013-PT-N

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) STATEMENT TO THE RESPONDENT

) NOTICE OF INTENDED ACTION

) AND ACCUSATION

) RIGHT TO HEARING

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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, a *Notice of Intended Action and Accusation* has been filed with the Board by the Petitioner, Larry L. Pinson, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you and your pharmacist license, 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 a hearing before the Board to answer the allegations in the *Notice of Intended Action and Accusation* and present evidence and argument on all issues involved, either personally or through counsel. Should you desire a hearing, it is required that you complete two copies of the *Answer and Notice of Defense* documents served herewith and file said copies with the Board within twenty (20) days of receipt of this *Statement and Notice*, and of the *Notice of Intended Action and Accusation* served within.

III.

The Board has scheduled your hearing on this matter for **Wednesday, June 6, 2018, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hyatt Place, 1790 E. Plumb Lane, Reno, Nevada.**

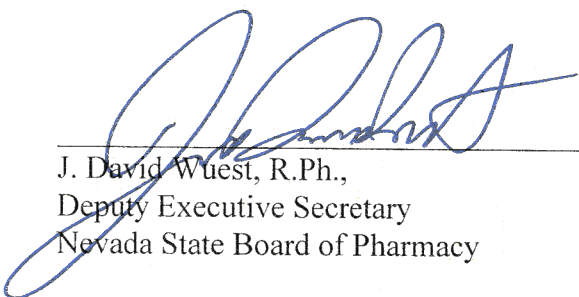
IV.

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.

Failure to complete and file your Notice of Defense with the Board and thereby request a hearing within the time allowed shall constitute a waiver of your right to a hearing in this matter and give cause for the entering of your default to the Notice of Intended Action and Accusation filed herein, unless the Board, in its sole discretion, elects to grant or hold a hearing nonetheless.

DATED this 12th day of March 2018.



J. David Wuest, R.Ph.,
Deputy Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	CASE NO. 18-013-PT-N
)	
Petitioner,)	
)	
v.)	
)	
CHERYL MUSSELL, PT	)	ANSWER AND NOTICE
Certificate of Registration No. PT00058,	)	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 her objection to the *Notice of Intended Action and Accusation* as being incomplete or failing to state clearly the charges against her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the *Notice of Intended Action and Accusation*, she admits, denies and alleges as follows:

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 ____ day of April 2018.

CHERYL MUSSELL, PT

APR 27 2018

NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 17-095-CS-S
)	
Petitioner,	)	NOTICE OF INTENDED ACTION
v.	)	AND ACCUSATION
)	
DAVID J. ADAMS, D.O., Certificate of)	
Registration No. CS11506,)	
)	
Respondent.	/	

Larry L. Pinson, 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 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 events alleged herein, Respondent David J. Adams, D.O., held a Nevada Controlled Substance Registration, Certificate No. CS11506, issued by the Pharmacy Board.

FACTUAL ALLEGATIONS

II.

On April 10, 2018, the Nevada State Board of Osteopathic Medicine ("Osteopathic Board") approved and entered a Settlement Agreement and Order *In the Matter of: David J. Adams, D.O.*, Case No. AD1706001 (the "Order").

III.

The "Pertinent Facts" as set forth in the Order include:

- a. David Adams, D.O. is licensed by the Board to practice osteopathic medicine in Nevada (License No. 1074). Dr. Adams is board certified in anesthesiology. Order, ¶

- 1.

- b. In February 2017, the Board's office received information upon which the Board's staff initiated an investigation relating to Dr. Adams' practice of medicine. The information indicated that Dr. Adams was engaged in the general practice of medicine in addition to his practice as an anesthesiologist in various institutional settings, and the information indicated concerns with Dr. Adams' practices as a general practitioner. Order, ¶ 2.
- c. The Board's investigation determined that Dr. Adams associated professionally with Ronald Foote, M.D. for over 15 years. On May 30, 2014, Dr. Foote and the Nevada State Board of Medical Examiners (BME) entered into a stipulated indefinite suspension of Dr. Foote's license on May 30, 2014 that was followed in July 2014 with the commencement of a disciplinary action by the BME against Dr. Foote. The disciplinary action was resolved and the indefinite suspension was modified by a Settlement Agreement and Order Lifting Suspension entered by the BME and Dr. Foote on June 3, 2016. As a result of the disciplinary actions by the BME against Dr. Foote, since May 30, 2014, Dr. Foote did not have a DEA registration or a Nevada Controlled Substances Registration, meaning that Dr. Foote was prohibited from prescribing, administering, possessing, or distributing controlled substances to his patients. Order, ¶ 3.
- d. When Dr. Foote's license was restored with conditions in June 2016, Dr. Adams assisted Dr. Foote with Dr. Foote's general practice from Dr. Foote's office at Las Vegas Pain and Wellness Center, 6773 W. Charleston Boulevard in Las Vegas, Nevada. The practices developed and implemented by Dr. Foote and Dr. Adams were that Dr. Foote would see a patient at his office, and when Dr. Foote determined that a patient would need medications, Dr. Foote would prescribe any

dangerous drugs himself and Dr. Adams would prescribe any controlled substances for the patient. When Dr. Adams prescribed controlled substances for Dr. Foote's patients, he did so on a prescription blank containing his name on top, along with Dr. Foote's name, and the address of the Las Vegas Pain and Wellness Center, indicating that he was doing so as a physician employed at or working from Dr. Foote's practice at the Las Vegas Pain and Wellness Center. Order, ¶ 4.

- e. The focus of the Board's investigation was prescriptions Dr. Adams wrote for Dr. Foote's patients for promethazine HCL and codeine phosphate syrup, a controlled substance in Schedule V. Regarding these prescriptions, Dr. Adams did not see, touch, or examine any of Dr. Foote's patients who received these prescriptions. Instead, Dr. Foote provided Dr. Adams' prescriptions to Dr. Foote's patients by filling in the patients' names in prescription blanks from Las Vegas Pain and Wellness Center on which Dr. Adams had pre-signed and pre-filled out the drug information, leaving the patient name blank. Dr. Adams provided such prescription blanks to Dr. Foote for Dr. Foote to complete and provide to Dr. Foote's patients. Dr. Adams would ratify the promethazine HCL and codeine phosphate syrup prescriptions filled out and issued by Dr. Foote after reviewing Dr. Foote's chart notes for the patients and after the prescriptions had been issued. Dr. Adams made no medical notes of his own regarding any of the patients to whom his pre-signed prescriptions were issued by Dr. Foote. Order, ¶ 5.
- f. On November 30, 2017, Dr. Foote's office was searched pursuant to a warrant by officers and agents from the federal Drug Enforcement Agency (DEA) Tactical Diversion Squad. Based upon the evidence seized and admissions made by Dr. Foote, Dr. Foote was arrested and was booked into the Clark County Detention

Center. Order, ¶ 6.

- g. As part of the investigation of Dr. Foote's medical practice, Dr. Foote was interviewed at length on November 30, 2017. Dr. Adams was interviewed on December 13, 2017. The interviews and evidence obtained pursuant to the DEA's investigation showed that Dr. Foote's examinations of his patients were cursory and inadequate, that based upon these examinations he would render a diagnosis that was merely pretextual, and then based upon the pretextual diagnosis he would issue prescriptions to the patients for promethazine HCL and codeine phosphate syrup using the pre-signed prescription blanks provided to him by Dr. Adams. Dr. Foote would then collect cash from the patient. Order, ¶ 7.
- h. The interviews and evidence obtained pursuant to the DEA's investigation included admissions by Dr. Adams that he knew of Dr. Foote's practices, that he knowingly provided pre-signed blank prescriptions from Las Vegas Pain and Wellness Center for Dr. Foote to facilitate his practice. The pre-signed prescriptions blanks would be prepared by Dr. Adams for promethazine HCL and codeine phosphate syrup 473 ml., and that Dr. Adams acknowledged that he did not know or understand the quantity measurement for 473 ml. or whether it was large or small. Order, ¶ 8.
- i. On February 14, 2018, a criminal complaint was filed in the Las Vegas Justice Court against Dr. Adams (Case No. 18F02513X), charging Dr. Adams with four counts of conspiracy to violate the controlled substances act (NRS 453.401(1)(a)) and four counts of possession of signed prescription blanks (NRS 453.331(1)(a)). All eight counts are felonies. Dr. Adams' initial appearance regarding the criminal complaint is scheduled for March 14, 2018. Order, ¶ 9.
- j. Based upon the above facts, on February 27, 2018, the IBM and the Board's

Executive Director issued an Order of Summary Suspension which was subsequently served on Dr. Adams. Order, ¶ 10.

IV.

The Order also includes the following acknowledgment: "Dr. Adams admits that the facts contained in the "Pertinent Facts" section constitute violations of NRS 633.131(1)(k) and NRS 633.511(1)(a)." Order, pg. 5, ll. 4-7.

NRS 633.131 provides:

1. "Unprofessional conduct" includes:

* * * *

(k) Knowingly or willfully disobeying regulations of the State Board of Health, the State Board of Pharmacy or the State Board of Osteopathic Medicine.

NRS 633.511 provides:

1. The grounds for initiating disciplinary action pursuant to this chapter are:
 - (a) Unprofessional conduct.

APPLICABLE LAW

V.

A physician must be licensed to prescribe controlled substances. NRS 453.226; 21 CFR § 1306.03.

VI.

A physician may prescribe controlled substances only for a legitimate medical purpose and in the usual course of his professional practice. NRS 453.381(1); 21 CFR § 1306.04.

VII.

Each written prescription for a controlled substance must contain the handwritten signature of the prescribing practitioner. NRS 639.013(1)(a); NRS 639.2353(2); NAC 453.440(1)(c); 21 CFR § 1306.05.

VIII.

“Performing or in any way being a party to any fraudulent or deceitful practice or transaction” constitutes “unprofessional conduct and conduct contrary to the public interest.” NAC 639.945(1)(h).

IX.

A licensee “[p]erforming any of his or her duties as the holder of a license, certificate or registration issued by the Board . . . in an incompetent, unskillful or negligent manner” constitutes “unprofessional conduct and conduct contrary to the public interest.” NAC 639.945(1)(i).

X.

“Aiding or abetting a person not licensed to practice pharmacy in the State of Nevada” constitutes “unprofessional conduct and conduct contrary to the public interest.” NAC 639.945(1)(j).

XI.

“Prescribing a drug as a prescribing practitioner to a patient with whom the prescribing practitioner does not have a bona fide therapeutic relationship” constitutes “unprofessional conduct and conduct contrary to the public interest.” NAC 639.945(1)(o).

XII.

The Board may suspend or revoke a registration issued pursuant to NRS 453.231 to prescribe or otherwise dispense 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).

XIII.

Engaging in conduct that constitutes unprofessional conduct or that is contrary to the public interest is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(4).

XIV.

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).

XV.

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).

FIRST CAUSE OF ACTION

XVI.

By providing pre-signed prescription blanks to Dr. Foote, who is not licensed to prescribe controlled substances, and facilitating the issuance of prescriptions for promethazine HCL and codeine phosphate syrup 473 ml., a Schedule V controlled substance, to patients with whom he does not have a bona fide therapeutic relationship, Dr. Adams performed his duties as the holder of a Nevada Controlled Substance Registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(i), and is subject to discipline pursuant to NRS 639.210(4) and NRS 639.255.

SECOND CAUSE OF ACTION

XVII.

By providing pre-signed prescription blanks to Dr. Foote, who is not licensed to prescribe controlled substances, and facilitating the issuance of prescriptions for a controlled substance to patients with whom he does not have a bona fide therapeutic relationship, Dr. Adams was a party to a fraudulent or deceitful practice or transaction and engaged in unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(h), and is subject to discipline pursuant to NRS 639.210(4) and NRS 639.255.

THIRD CAUSE OF ACTION

XVIII.

By providing pre-signed prescription blanks to Dr. Foote, who is not licensed to prescribe controlled substances, and facilitating the issuance of prescriptions for a controlled substance to patients with whom he does not have a bona fide therapeutic relationship, Dr. Adams aided or abetted a person not licensed to practice pharmacy in the State of Nevada and engaged in unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(j), and is subject to discipline pursuant to NRS 639.210(4) and NRS 639.255.

FOURTH CAUSE OF ACTION

XIX.

By prescribing a controlled substance for patients with whom he does not have a bona fide therapeutic relationship and outside the usual course of his professional practice as an anesthesiologist, Dr. Adams engaged in unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(o), and is subject to discipline pursuant to NRS 639.210(4) and NRS 639.255.

FIFTH CAUSE OF ACTION

XX.

By prescribing a controlled substance for patients with whom he does not have a bona fide therapeutic relationship and outside the usual course of his professional practice as an anesthesiologist, Dr. Adams violated 21 CFR § 1306.04. By providing pre-signed prescription blanks to Dr. Foote, who is not licensed to prescribe controlled substances, and facilitating the issuance of prescriptions for a controlled substance, Dr. Adams violated 21 CFR § 1306.03 and CFR § 1306.05. He is therefore subject to discipline pursuant to NRS 639.210(11) and NRS 639.255.

SIXTH CAUSE OF ACTION

XXI.

By providing pre-signed prescription blanks to Dr. Foote, who is not licensed to prescribe controlled substances, and facilitating the issuance of prescriptions for a controlled substance to patients with whom he does not have a bona fide therapeutic relationship, Dr. Adams violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.331(1)(a), NRS 453.381(1), NRS 453.401(1)(a), NRS 639.013(1)(a), NRS 639.2353(2), NAC 453.440(1)(c), 21 CFR § 1306.03, 21 CFR § 1306.04 and/or 21 CFR § 1306.05, and is subject to discipline pursuant to NRS 639.210(12) and NRS 639.255.

SEVENTH CAUSE OF ACTION

XXII.

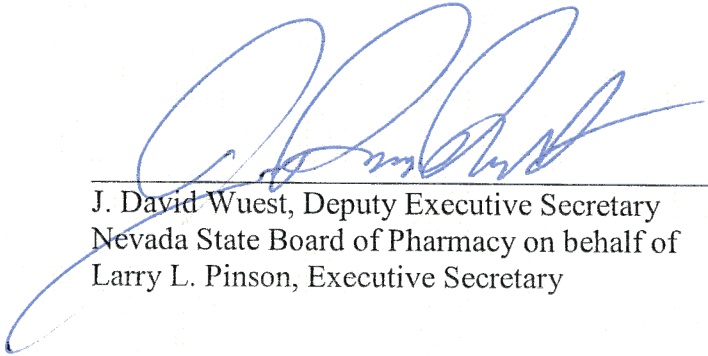
By providing pre-signed prescription blanks to Dr. Foote, who is not licensed to prescribe controlled substances, and facilitating the issuance of prescriptions for a controlled substance to patients with whom he does not have a bona fide therapeutic relationship, Dr. Adams committed an act that would render his Nevada Controlled Substance Registration

inconsistent with the public interest pursuant to NRS 453.231, and is subject to discipline pursuant to NRS 453.236(1)(d) and NRS 453.241(1).

XXIII.

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.

DATED this 27th day of April, 2018.



J. David Wuest, Deputy Executive Secretary
Nevada State Board of Pharmacy on behalf of
Larry L. Pinson, Executive Secretary

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 regarding your certificate of registration. To do so, you must mail to the Board within twenty (20) days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	STATEMENT TO
	)	THE RESPONDENT
Petitioner,	)	AND NOTICE OF HEARING
v.)	
	)	CASE NO. 17-095-CS-S
DAVID J. ADAMS, D.O., Certificate of)	
Registration No. CS11506,)	
)	
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, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, Larry L. Pinson, 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 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. Should you desire a hearing, it is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Board within twenty (20) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.

III.

The Board has scheduled your hearing on this matter for Wednesday, June 6, 2018, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hyatt Place Reno-Tahoe, 1790 E. Plumb Ln., Reno, NV 89502.

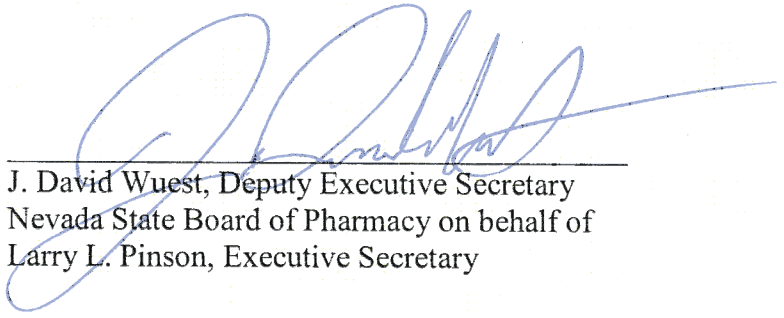
IV.

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.

Failure to complete and file your Notice of Defense with the Board and thereby request a hearing within the time allowed shall constitute a waiver of your right to a hearing in this matter and give cause for the entering of your default to the Notice of Intended Action and Accusation filed herein, unless the Board, in its sole discretion, elects to grant or hold a hearing nonetheless.

DATED this 27th day of April, 2018.



J. David Wuest, Deputy Executive Secretary
Nevada State Board of Pharmacy on behalf of
Larry L. Pinson, Executive Secretary

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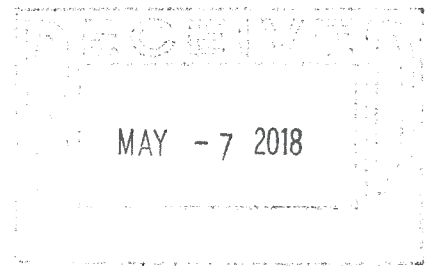
2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

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 ____ day of _____, 2018.

Respondent DAVID J. ADAMS, D.O.
Certificate of Registration No. CS11506

April 29, 2018



To Nevada Board of Pharmacy,

My name is Nazalene Zebari and I would like to appeal the Boards' decision to revoke my pharmacist license number 16946. On the basis of my action as a one time offense and not a repeated pattern of misjudgment. Per NRS 639.252, I understand that I have 10 days to appeal the decision and wish to represent myself to the Board at the next available meeting. I am guilty of the actions against me (CASE NOS. 17-038-RPH-S), which I have admitted to at the hearing on April 11th, 2018. My only request is for a lesser sentence so that I may continue to work as a pharmacist in my community. Please consider my request to be sincere.

Thank you for your time,

Nazalene Zebari

APR 23 2018

NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NOS. 17-038-RPH-S
)	
Petitioner,)	
v.	)	ORDER
)	
NAZALENE ZEBARI, RPH)	
Certificate of Registration No. 16946)	
)	
Respondents.)	
	/	

This matter came before the Nevada State Board of Pharmacy (Board) at its regularly scheduled meeting on Wednesday, April 11, 2018, in Las Vegas, Nevada. Brett Kandt, Esq., appeared and prosecuted the case before the Board. Respondent Nazalene Zebari, R.Ph. (Zebari), Certificate of Registration 16946, appeared without counsel. 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 Zebari, as stated in the Accusation on file herein, and upon which Zebari admits and the Board makes findings of fact, are as follows:

1. Zebari was a pharmacist registered by the Board, Certificate of Registration 16946, at the time of the events herein.
2. In April 2017, a Walmart Practice Compliance (Walmart) director notified Board Staff that it terminated Zebari from her employment as a pharmacist at Walmart Pharmacy #10-4557. Walmart terminated Zebari's employment for creating a fraudulent prescription for a non-controlled substance for personal use.
3. Zebari admitted that on June 5, 2016, she fabricated and filled a fraudulent "Telephoned Prescription" for herself for Singulair 10 mg. tablets (Prescription No. 6928848).
4. Zebari fabricated the "Telephone Prescription" by falsely documenting Dr. Koussay Zarka as the prescribing physician.

5. Zebari did not have a bona fide patient/practitioner relationship with Dr. Zarka.
6. After being apprised by Walmart of the prescription unlawfully written using his name, Dr. Zarka reviewed a copy of the prescription provided by Walmart. Dr. Zarka signed, dated and documented "not authorized" on the copy of the falsified prescription. He also signed a statement affirming that he did not authorize Prescription No. 6928848 for Zebari.
7. A Walmart Market Director confirmed to the Board Investigator that Zebari paid for the fraudulent prescription by paying the copayment and billing the prescription through her Walmart insurance plan.
8. Zebari did not ingest any of the Singulair tablets. She instead sent the medication to a relative that resides in California. The relative ingested thirty-four (34) tablets.

CONCLUSIONS OF LAW

Based on the forgoing findings of fact, the Board concludes as a matter of law:

9. The Board has jurisdiction over this matter and this respondent, because at the time of the events herein, Zebari was a pharmacist registered by the Board.
10. By creating a fraudulent prescription for a dangerous drug for herself as detailed herein, Zebari, violated NAC 639.945(1)(h).
11. Zebari has never been licensed as a practitioner and has never been authorized to prescribe dangerous drugs in Nevada. By prescribing a dangerous drug for herself, Zebari violated NAC 639.945(1)(h) and (k).
12. By processing a fraudulent prescription (Prescription No. 6928848) for a dangerous drug without a lawful prescription or authorization from a practitioner, and by billing that prescription to an insurance provider, Zebari violated NAC 639.945(1)(h).
13. By furnishing a dangerous drug, namely, Singulair 10 mg. tablets, to another person without a legal prescription, Zebari violated NRS 454.221 and NAC 639.945(1)(h).

14. For each of these violations, Zebari's pharmacist registration, Certificate of Registration 16946, is subject to discipline pursuant to NRS 639.210(1), (4), (11) and/or (12), and NRS 639.255.

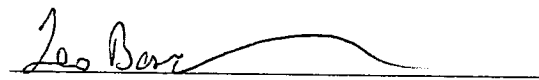
ORDER

THEREFORE, THE BOARD HEREBY ORDERS AS FOLLOWS:

1. The registration of Respondent Nazalene Zebari, R.Ph., Certificate of Registration 16946, is hereby revoked.
2. Zebari may not work in any facility licensed by the Board, including a pharmacy, in any capacity unless and until she has applied to the Board for reinstatement and the Board reinstates her registration.
3. Zebari may not apply for reinstatement of her registration for a period of one year from the effective date of this Order.
4. In the event Zebari applies for reinstatement, or for any other registration or certificate with the Board, she shall appear before the Board to answer questions and give testimony regarding her application, her compliance with this Order, and the facts and circumstances underlying this matter.
5. Pursuant to NRS 639.251, this Order shall become effective 30 days after receipt by the respondent.

IT IS SO ORDERED.

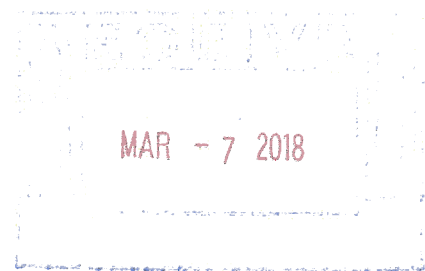
Entered this 23 day of April, 2018.


Leo Basch, President
Nevada State Board of Pharmacy

Nevada Pharmacy License was renewed on line in 2017.
The pharmacist answered "yes" to 1 or more of the
questions.

Copy of the discipline from the other state is attached.

To: Nevada State Board of Pharmacy
From: Dina ElSayed
Regarding: License number : 10629



The intent of this letter is to inform you that as of January 29, 2018, I have been placed on probation by the California State Board of Pharmacy. I signed and agreed to the probation terms on February 27, 2018.

Should you need further information regarding the case, please feel free to look up my case on the California Board of Pharmacy website. My California Pharmacy license number is 43830.

Best Regards,

Dina ElSayed



BOARD OF PHARMACY

Licensee Name: EL-SAYED DINA M
License Type: REGISTERED PHARMACIST
License Number: 43830
License Status: Probation or practice restriction Definition
Probation Definition
Expiration Date: September 30, 2018
Issue Date: August 21, 1990
Address: 9259 SEABISCUIT LN
City: ELK GROVE
State: CA
Zip: 95624
County: SACRAMENTO
Actions: Yes

Related Licenses/Registrations/Permits

No records returned

Public Disclosure

Administrative Disciplinary Actions

Current web site information on Board of Pharmacy disciplinary actions only goes as far back as *January 1998* following the effective date of the disciplinary penalty.

Disciplinary actions rendered by the Board and penalties imposed become operative on the effective date of the action except in situations where the licensee obtains a court-ordered stay through the appeal process. This may occur after the publication of the information on this website.

To obtain information prior to January 1998 or for information on specific discipline listed submit a written request to the *State Board of Pharmacy, 1625 N. Market Blvd, Suite N219, Sacramento, CA 95834, Attention Public Records Desk.*

Case Number: AC201500579500
Description of Action: THROUGH A DISCIPLINARY ACTION OF THE BOARD, THE LICENSE IS REVOKED, THE REVOCATION IS STAYED, AND THE LICENSEE IS PLACED ON PROBATION FOR FOUR YEARS SUBJECT TO THE TERMS AND CONDITIONS IN THE DECISION.

Effective Date of January 29, 2018

Action:

Public documents relating to this action are available here:
<http://www.pharmacy.ca.gov/enforcement/fy1516/ac155795>

This information is updated Monday through Friday - Last updated: MAR-21-2018

Disclaimer

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BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:

DINA M. EL-SAYED

Pharmacist License No. RPH 43830

Respondent.

Case No. 5795

OAH No. 2016120788

CORRECTED DECISION AFTER REJECTION¹

This matter was heard before Administrative Law Judge Ed Washington, Office of Administrative Hearings, on May 10, 2017, in Sacramento, California. Deputy Attorney General Karen R. Denvir represented complainant Virginia Herold, Executive Officer of the Board of Pharmacy (Board), Department of Consumer Affairs. Paul Chan, Attorney at Law, represented respondent Dina M. El-Sayed, also known as Dina Hallack, who was present at hearing.

Evidence was received, the record was closed, and the matter was submitted for decision on May 10, 2017. The administrative law judge issued a Proposed Decision on June 9, 2017.

On September 20, 2017, pursuant to section 11517 of the Government Code, the Board issued an Order Rejecting the Proposed Decision and Proposing a Waiver of Transcript. Neither party objected to waiving the transcript. Both parties timely submitted written argument.

The Board, having reviewed and considered the record (excluding the transcript), Proposed Decision and written arguments, now issues this decision.

FACTUAL FINDINGS

1. The Board issued Pharmacist License No. RPH 43830 (license) to respondent on August 21, 1990. The license was in full force and effect at all times relevant to this action, and

¹ The Board issued a Decision After Rejection in this matter on December 28, 2017, setting it to become effective on January 29, 2018. The Decision after Rejection contained a clerical error in the caption, incorrectly referencing respondent's license number. Pursuant to Government Code section 11518.5, that error has been corrected in this Corrected Decision After Rejection, nunc pro tunc, by replacing the pharmacist license number in the caption with a reference to Pharmacist License No. RPH "43830." There are no other changes to the decision.

will expire on September 30, 2018, unless renewed or revoked. Respondent has also been a licensed registered pharmacist in the State of Nevada since May 10, 1991.

2. On September 16, 2016, acting solely in her official capacity, complainant issued an Accusation against respondent seeking to revoke or suspend respondent's license based on the conduct described below. The Accusation alleges the following causes for discipline:

(1) Violation of State Laws Regulating Controlled-Substances; (2) Self-administration of a Controlled Substance in a Manner Dangerous or Injurious; (3) Acts Involving Moral Turpitude, Dishonesty, Fraud, Deceit, or Corruption; and (4) Violation of the Pharmacy Law.

3. On May 4, 2017, respondent stipulated to the truth of all legal and factual allegations and causes for discipline contained in the Accusation. The Accusation specifies the following factual allegations:

- a. On or about March 23, 2014, while on duty at Costco, respondent verified an order for hydrocodone/acetaminophen 10/325. Respondent's work was checked and the order was found to be short three tablets. Video surveillance footage revealed respondent taking tablets from the order. Costco management subsequently interviewed respondent regarding the incident and, after confronted with video surveillance footage, she admitted that she took three tablets from the order, ingested one, and flushed the remaining tablets down the toilet.
- b. On or about April 4, 2014, "P.Y.", the pharmacist in charge for Costco, notified the Board that respondent was terminated from Costco for her alleged theft of hydrocodone including, but not limited to, [on] March 23, 2014.
- c. On or about March 3, 2015, respondent admitted to Board representatives that she stole hydrocodone tablets from Costco, one of which she self-administered that same day while at work. Respondent also admitted to stealing hydrocodone from Costco on one other occasion, admitted that she ingested hydrocodone prescribed to her husband, and that she became addicted to hydrocodone around 2006 - 2007. A review of Costco's video surveillance footage for the period [of] on or about January 27, 2014, to March 23, 2014, revealed that respondent stole tablets containing hydrocodone from Costco on multiple occasions.

Evidence of Rehabilitation, Mitigation and Aggravation

4. Respondent began working as a graduate intern with Kaiser Permanente in Roseville in 1990. She promoted to pharmacist and then to supervising pharmacist. As a supervising pharmacist she worked as the pharmacist-in-charge. She supervised 25 employees, including 12 pharmacists, and managed day-to-day pharmacy operations. In 2004, she promoted to regional pharmacy manager in Kaiser Permanente's pharmacy refill call center. As a call center pharmacy manager, she shared responsibility for authorizing and processing prescription

refills for more than 125 Kaiser Permanente pharmacies in the Northern California region. No controlled substances were maintained at the Kaiser Permanente pharmacy refill call center.

5. Prior to accepting employment at Costco, respondent was in what she described as an abusive relationship. She had been married for 18 years, and had three children. She asserted that her husband was verbally and emotionally abusive to her. Respondent was working very long hours at Kaiser at the time and did not know how to deal with the combined work and personal stressors. She turned to prescription medication to numb herself. Her husband had a valid prescription for Vicodin as part of a pain management treatment program.² Respondent began secretly taking her husband's Vicodin tablets from his prescription bottles to "escape" the difficulties of home life. She testified that she would usually take the Vicodin when she came home from work "and let the evening fly by." She became addicted. When respondent's husband discovered that she was secretly taking his prescription medication, he belittled her by teasing her and calling her names like "junkie."

6. In July 2012, respondent accepted a position as a relief pharmacist for Costco. As a relief pharmacist, respondent worked part-time on an on-call basis at the central fill pharmacy. She was reluctant to work at the Costco pharmacy because they maintained controlled substances on site. She had worked at the Kaiser Permanente pharmacy call center for years while addicted to narcotics without issue, as there were no controlled substances on site. Despite her reluctance, respondent accepted the position to earn additional income to assist with her family's financial needs. She stole controlled substances while working for Costco as described in Finding 3, above. Costco terminated her employment effective March 27, 2014.

7. Respondent learned of the Maximus Drug Diversion Program (also known as the Board's Pharmacist's Recovery Program) on the day she was terminated from employment at Costco. She contacted them that same day and asked for help. After a series of interviews, she enrolled in the recovery program May 1, 2014. Through the recovery program, respondent enrolled in a 60-day residential treatment program at Promises Treatment Center in Santa Monica. Respondent initially told her family she had checked herself into a mental hospital for care to avoid telling them of her drug addiction. When she eventually disclosed her addiction to her children, they were aware of her addiction and were supportive of her recovery efforts.

8. As a Maximus program participant, respondent abstained from mind altering substances, submitted to random drug testing, attended support group meetings twice a week, and attended Alcoholics Anonymous (AA) 12-Step meetings daily for the first 90 days of the program. Respondent prefers to attend AA meetings, rather than Narcotics Anonymous meetings, and now attends AA meetings four times a week. She completed the residential treatment program on August 6, 2014, and returned to the Sacramento area. Respondent filed for divorce in September 2014.

9. Respondent entered the Kaiser Permanente Chemical Dependency Program on September 24, 2014, and graduated March 31, 2015. After graduating from the chemical dependency program, respondent joined Kaiser's chemical codependency program to ensure she had another resource to rely upon as she went through her divorce. She attends weekly

² Vicodin contains a combination of hydrocodone and acetaminophen.

counseling group sessions and also attends self-help group sessions no less than twice a week. Respondent is going through the 12-Steps for her third time and completes one step each month. She practices Step 10 of the program daily, by taking a personal inventory of herself and acknowledging her faults.

10. Respondent plans to "always go to AA." She has many friends in recovery and has developed a valued relationship with her sponsor. Respondent understands the Board's concern with her fitness for licensure, considering her addiction and the access pharmacists have to controlled substances. However, she feels she is safe to practice despite her history as she has taken several steps to address the "triggers" that led to her addiction. She felt her unhappy marriage was a primary trigger. She is now divorced. Through the Promises in-patient treatment program respondent learned to be more expressive about her feelings. She testified that she "learned that her silence does not help her" and that she "doesn't have to live a secretive life anymore because of her shame." Respondent currently works as a staff pharmacist for Pacific West Pharmacy, in Rocklin. She has not used controlled substances since March 23, 2014, and no longer has a desire to numb herself with medication.

11. Respondent submitted nine character reference letters, from colleagues, family, and friends, to support her fitness for licensure. Those letters consistently describe respondent as an exceptional pharmacist, a supportive friend, a loving mother, and a person dedicated to her recovery. Respondent also submitted proof of regular attendance at AA meetings, proof of 64.5 hours of continuing education completed between March 2013 and March 2016, a compliance letter from her Maximus clinical case manager, and a favorable performance evaluation from March 16, 2017. Respondent's character reference letters and additional materials were admitted as administrative hearsay and have been considered to the extent permitted under Government Code section 11513, subdivision (d).³

Discipline

12. As respondent stipulated to the truth of all facts and allegations constituting the causes for discipline in the Accusation, only the issue of discipline must be determined. The Board has adopted "Disciplinary Guidelines (Rev. 10/2007)" (Guidelines), which sets forth factors to be considered in reaching a decision on a disciplinary action. (Cal. Code Regs., tit. 16, § 1760.) The Guidelines divide the statutory and regulatory provisions pertaining to pharmacy technicians into three categories - Category I, Category II, and Category III - and provides a recommended minimum and maximum discipline for each category.

13. Of the nine statutory violations specified in the Accusation, five are Category II violations, three are Category III violations, and one violation, Business and Professions Code section 4301, subdivision (j), is listed in the Guidelines under both Category II and Category III. The Guidelines provide the following regarding these penalties:

³ Government Code section 11513, subdivision (d), provides, in pertinent part, that "[h]earsay evidence may be used for the purpose of supplementing or explaining other evidence but over timely objection shall not be sufficient in itself to support a finding unless it would be admissible over-objection in civil actions"

The recommended penalty for a Category II violation is:

Minimum: Revocation; Revocation stayed, three years probation (five years probation where self-administration or diversion of controlled substances is involved). All standard terms and conditions shall be included and optional terms and conditions as appropriate.

Maximum: Revocation

[¶] ... [¶]

The recommended penalty for a Category III violation is:

Minimum: Revocation; Revocation stayed, 90 days actual suspension, three years probation (five years probation where self-administration or diversion of controlled substances is involved). All standard terms and conditions shall be included and optional terms and conditions as appropriate.

Maximum: Revocation

[¶] ... [¶]

Section 4300 of the Business and Professions Code provides that the board may discipline the holder of, and suspend or revoke, any certificate, license or permit issued by the board.

In determining whether the minimum, maximum, or an intermediate penalty is to be imposed in a given case, factors such as the following should be considered:

1. actual or potential harm to the public
2. actual or potential harm to any consumer
3. prior disciplinary record, including level of compliance with disciplinary order(s)
4. prior warning(s), including but not limited to citation(s) and fine(s), letter(s) of admonishment, and/or correction notice(s)
5. number and/or variety of current violations
6. nature and severity of the act(s), offense(s) or crime(s) under consideration
7. aggravating evidence
8. mitigating evidence

9. rehabilitation evidence
10. compliance with terms of any criminal sentence, parole, or probation
11. overall criminal record
12. if applicable, evidence of proceedings for case being set aside and dismissed pursuant to Section 1203.4 of the Penal Code
13. time passed since the act(s) or offense(s)
14. whether the conduct was intentional or negligent, demonstrated incompetence, or, if the respondent is being held to account for conduct committed by another, the respondent had knowledge of or knowingly participated in such conduct
15. financial benefit to the respondent from the misconduct.

No single one or combination of the above factors is required to justify the minimum and/or maximum penalty in a given case, as opposed to an intermediate one.

14. Respondent violated multiple provisions of the Pharmacy Law by stealing tablets containing hydrocodone from Costco, and from her husband, and ingesting them, including while on duty as a pharmacist. There was no evidence that she had a valid prescription for the controlled substances. Taking medication from a prescription bottle to be provided to a patient prevents the patient from receiving his or her medication in the quantity prescribed – the patient could run out of medicine too soon and may not be able to fill or refill the prescription timely. In addition, her actions placed her employer's pharmacy license at risk. Moreover, the risk to the public associated with a licensed pharmacist distributing any drugs while under the influence of a controlled substance is indisputable.

15. Respondent has no history of discipline or warnings by the Board. She recognized that she needed help with her addiction when she was caught stealing medication from her employer, and took immediate and appropriate steps to overcome her addiction and begin recovery. Respondent voluntarily enrolled in the Maximus program, she completed a 60-day in-patient residential treatment program, and also completed an 18-month chemical dependency program. She has been clean for more than three years and actively participates in AA. Her character reference letters were strong and supportive. Respondent has removed the "triggers" from her life that contributed to her desire to use drugs, and has developed a support system to rely upon during challenging times. She expressed sincere remorse for her actions and has made significant progress in regaining the trust of her friends, family, and colleagues. When all the evidence is considered, given the factors identified in Business and Professions Code section 4300, respondent submitted sufficient evidence of rehabilitation to demonstrate that the public health, safety and welfare would be adequately protected if respondent is placed on probation for four years under the terms and conditions set forth below.

16. While the Guidelines specify that the minimum recommended discipline for at least two of the established causes of action is a 90-day license suspension with five years of probation, that level of discipline is not appropriate under these circumstances. Respondent self-

referred to the Maximus program in May 2014, and has remained in full compliance with its requirements for more than two years. The steps she has taken, by her own initiative, to address her addiction are praiseworthy. She should be given appropriate credit for her efforts and their results. Her efforts do not, however, mean that she should not be subject to terms. If or when she is released from the Maximus program, which may well be before she is done with probation, to protect the public, the Board must have terms to require her ongoing abstinence and to continue to monitor her through drug testing.

Reasonable Costs

17. Complainant has requested that respondent be ordered to pay the Board's costs for investigation and enforcement in the amount of \$14,071.50. The costs for prosecuting this matter are supported by a Certification of Costs and a declaration of the Deputy Attorney General. Attached to the certification is a computer printout of the tasks the Attorney General's Office performed, the amount of time spent performing those tasks, and the amounts charged. The investigative costs are specified in a Certification of Investigative Costs, and a declaration from the Board investigator that specifies the investigative tasks performed, the number of hours spent on each task and the hourly rate for those services. Respondent did not object to the costs requested by complainant. The requested costs are reasonable, given the allegations and issues in this matter. Complainant's request for costs is addressed in the Legal Conclusions below.

LEGAL CONCLUSIONS

1. To discipline respondent's license, complainant must prove cause for disciplinary action by clear and convincing evidence to a reasonable certainty. (*Ettinger v. Board of Medical Quality Assurance* (1982) 135 Cal.App.3d 853, 855-856.)

2. Business and Professions Code section 4300, subdivision (a), provides that "[e]very license issued may be suspended or revoked." The Board's responsibility, and its highest priority, is to protect the public. (Bus. & Prof. Code §§ 4001.1, 4313.)

3. Business and Professions Code section 4021 provides that "[c]ontrolled substance" means any substance listed in Chapter 2 (commencing with section 11053) of Division 10 of the Health and Safety Code.

4. Business and Professions Code section 4022 provides:

"Dangerous drug" or "dangerous device" means any drug or device unsafe for self-use in humans or animals, and includes the following: (a) Any drug that bears the legend: "Caution: federal law prohibits dispensing without prescription," "Rx only," or words of similar import. (b) Any device that bears the statement: "Caution: federal law restricts this device to sale by or on the order of a ____," "Rx only," or words of similar import, the blank to be filled in with the designation of the practitioner licensed to use or order use of the device. (c) Any other drug or device that by federal or state law can be lawfully

dispensed only on prescription or furnished pursuant to Section 4006.

5. Pursuant to Business and Professions Code section 4301, the Board may discipline any holder of a license who has engaged in unprofessional conduct. Unprofessional conduct includes, but is not limited to, any of the following:

[¶] ... [¶]

(f) The commission of any act involving moral turpitude, dishonesty, fraud, deceit, or corruption, whether the act is committed in the course of relations as a licensee or otherwise, and whether the act is a felony or misdemeanor or not.

[¶] ... [¶]

(h) The administering to oneself, of any controlled substance, or the use of any dangerous drug or of alcoholic beverages to the extent or in a manner as to be dangerous or injurious to oneself, to a person holding a license under this chapter, or to any other person or to the public, or to the extent that the use impairs the ability of the person to conduct with safety to the public the practice authorized by the license.

[¶] ... [¶]

(j) The violation of any of the statutes of this state, of any other state, or of the United States regulating controlled substances or dangerous drugs.

[¶] ... [¶]

(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.

6. Health and Safety Code section 11173, subdivision (a), provides in part: "No person shall obtain or attempt to obtain controlled substances, or procure or attempt to procure the administration of or prescription for controlled substances, (1) by fraud, deceit, misrepresentation, or subterfuge; or (2) by the concealment of a material fact. ..."

7. Complainant established cause to discipline respondent's license pursuant to Business and Professions Code section 4301, subdivision (f), and Health and Safety Code section 11173, subdivision (a), by reason of the matters set forth in Finding 3. Complainant established

through clear and convincing evidence that respondent committed acts involving moral turpitude, dishonesty, fraud, deceit, or corruption when she stole tablets containing hydrocodone from both her husband and Costco and ingested them.

8. Business and Professions Code section 4060 provides:

A person shall not possess any controlled substance, except that furnished to a person upon the prescription of a physician, dentist, podiatrist, optometrist, veterinarian, or naturopathic doctor pursuant to Section 3640.7, or furnished pursuant to a drug order issued by a certified nurse-midwife pursuant to Section 2746.51, a nurse practitioner pursuant to Section 2836.1, a physician assistant pursuant to Section 3502.1, a naturopathic doctor pursuant to Section 3640.5, or a pharmacist pursuant to Section 4052.1, 4052.2, or 4052.6.

9. Health and Safety Code section 11350, subdivision (a), provides:

Except as otherwise provided in this division, every person who possesses (1) any controlled substance specified in subdivision (b) or (c), or paragraph (1) of subdivision (f) of Section 11054, specified in paragraph (14), (15), or (20) of subdivision (d) of Section 11054, or specified in subdivision (b) or (c) of Section 11055, or specified in subdivision (h) of Section 11056, or (2) any controlled substance classified in Schedule III, IV, or V which is a narcotic drug, unless upon the written prescription of a physician, dentist, podiatrist, or veterinarian licensed to practice in this state, shall be punished by imprisonment pursuant to subdivision (h) of Section 1170 of the Penal Code.

10. Complainant established cause to discipline respondent's license pursuant to Business and Professions Code section 4060, and Health and Safety Code section 11350, subdivision (a), by reason of the matters set forth in Finding 3. Complainant established through clear and convincing evidence that respondent possessed a controlled substance that was not obtained pursuant to a valid prescription, when she stole tablets containing hydrocodone from both her husband and Costco and ingested them.

11. Business and Professions Code section 4059, subdivision (a), provides that "[a] person may not furnish any dangerous drug, except upon the prescription of a physician, dentist, podiatrist, optometrist, veterinarian, or naturopathic doctor pursuant to Section 3640.7."

12. Health and Safety Code section 11170 provides that "[n]o person shall prescribe, administer, or furnish a controlled substance for himself."

13. Complainant established cause to discipline respondent's license for unprofessional conduct pursuant to Business and Professions Code sections 4301, subdivision (h), and 4059, subdivision (a), and Health and Safety Code section 11170, by reason of the

matters set forth in Finding 3. Complainant established through clear and convincing evidence that respondent administered a dangerous drug or controlled substance to herself to an extent or in a manner that was dangerous or injurious to her or any other person or the public.

14. Health and Safety Code section 11173, subdivision (a), provides in part: "No person shall obtain or attempt to obtain controlled substances, or procure or attempt to procure the administration of or prescription for controlled substances, (1) by fraud, deceit, misrepresentation, or subterfuge; or (2) by the concealment of a material fact..."

15. Complainant established cause to discipline respondent's license for unprofessional conduct pursuant to Business and Professions Code section 4301, subdivision (j), by reason of the matters set forth in Finding 3. Complainant established through clear and convincing evidence that respondent attempted to obtain a dangerous drug and controlled substance by theft and deceit, in violation of Health and Safety Code section 11173, subdivision (a), and Business and Professions Code section 4022.

16. Complainant established cause to discipline respondent's license for unprofessional conduct pursuant to Business and Professions Code section 4301, subdivision (o), by reason of the matters set forth in Finding 3. Complainant established through clear and convincing evidence that respondent violated provisions of the applicable federal and state laws and regulations governing pharmacy.

17. As set forth in Finding 15, respondent submitted sufficient evidence of rehabilitation to demonstrate that it would be consistent with the public health, safety and welfare to allow her to retain her certificate on a probationary basis subject to the terms and conditions set forth below. As a condition of probation respondent must continue to participate in the Board's Pharmacist Recovery Program (Maximus).

18. Pursuant to Business and Professions Code section 125.3, a licensee found to have violated a licensing act may be ordered to pay the reasonable costs of investigation and prosecution of a case. In *Zuckerman v. Board of Chiropractic Examiners* (2002) 29 Cal. 4th 32, the California Supreme Court set forth factors to be considered in determining the reasonableness of the costs sought pursuant to statutory provisions like Business and Professions Code section 125.3. These factors include whether the licensee has succeeded at hearing in getting charges dismissed or reduced, the licensee's subjective good faith belief in the merits of his or her position, whether the licensee has raised a colorable challenge to the proposed discipline, the financial ability of the licensee to pay, and whether the scope of the investigation was appropriate, given the alleged misconduct.

19. Complainant seeks \$14,071.50 in costs. Respondent stipulated to the truth of all legal and factual allegations and causes for discipline contained in the Accusation. The scope of the investigation and prosecution was appropriate in light of the alleged misconduct, and respondent is currently employed as a staff pharmacist. When all the *Zuckerman* factors are considered, there is no basis to reduce the reasonable costs sought by complainant. The Board may assess respondent's financial circumstances in determining whether she should be allowed to pay these costs over time according to a payment plan acceptable to the Board.

ORDER

Pharmacist License Number RPH 43830 issued to respondent Dina M. El-Sayed, also known as Dina Hallack, is revoked. However, the revocation is stayed and respondent is placed on probation for four (4) years upon the following terms and conditions:

1. Pharmacists Recovery Program (PRP). Within thirty (30) days of the effective date of this decision, respondent shall contact the Pharmacists Recovery Program (PRP) for evaluation, and shall immediately thereafter enroll, successfully participate in, and complete the treatment contract and any subsequent addendums as recommended and provided by the PRP and as approved by the Board or its designee. The costs for PRP participation shall be borne by respondent.

If respondent is currently enrolled in the PRP, said participation is now mandatory and as of the effective date of this decision is no longer considered a self-referral under Business and Professions Code section 4362(c)(2). Respondent shall successfully participate in and complete her current contract and any subsequent addendums with the PRP.

Failure to timely contact or enroll in the PRP, or successfully participate in and complete the treatment contract, and/or any addendums, shall be considered a violation of probation.

Probation shall be automatically extended until respondent successfully completes the PRP. Any person terminated from the PRP program shall be automatically suspended by the Board. Respondent may not resume the practice of pharmacy until notified by the Board in writing.

Any confirmed positive test for alcohol or for any drug not lawfully prescribed by a licensed practitioner as part of a documented medical treatment shall result in the automatic suspension of practice by respondent and shall be considered a violation of probation. Respondent may not resume the practice of pharmacy until notified by the Board in writing.

During suspension, respondent shall not enter any pharmacy area or any portion of the licensed premises of a wholesaler, veterinary food animal drug retailer or any other distributor of drugs which is licensed by the board, or any manufacturer, or where dangerous drugs and devices or controlled substances are maintained. Respondent shall not practice pharmacy nor do any act involving drug selection, selection of stock, manufacturing, compounding, dispensing or patient consultation; nor shall respondent manage, administer, or be a consultant to any licensee of the Board, or have access to or control the ordering, manufacturing or dispensing of dangerous drugs and controlled substances. Respondent shall not resume practice until notified by the Board.

During suspension, respondent shall not engage in any activity that requires the professional judgment of a pharmacist. Respondent shall not direct or control any aspect

of the practice of pharmacy. Respondent shall not perform the duties of a pharmacy technician or a designated representative for any entity licensed by the Board.

Subject to the above restrictions, respondent may continue to own or hold an interest in any licensed premises in which he or she holds an interest at the time this decision becomes effective unless otherwise specified in this order.

Failure to comply with this suspension shall be considered a violation of probation.

Respondent shall pay administrative fees as invoiced by the PRP or its designee. Fees not timely paid to the PRP shall constitute a violation for probation. The Board will collect unpaid administrative fees as part of the annual probation monitoring costs if not submitted to the PRP.

Respondent shall work in a pharmacy setting with access to controlled substances for six (6) consecutive months before successfully completing probation. If respondent fails to do so, probation shall be automatically extended until this condition has been met. Failure to satisfy this condition within six (6) months beyond the original date of expiration of the term of probation shall be considered a violation of probation.

2. Abstain from Drugs and Alcohol Use. Respondent shall completely abstain from the possession or use of alcohol, controlled substances, dangerous drugs and their associated paraphernalia except when the drugs are lawfully prescribed by a licensed practitioner as part of a documented medical treatment.

Upon request of the board or its designee, respondent shall provide documentation from the licensed practitioner that the prescription for the drug was legitimately issued and is a necessary part of the treatment of the respondent. Failure to timely provide such documentation shall be considered a violation of probation. Respondent shall ensure that she is not in the same physical location as individuals who are using illicit substances even if respondent is not personally ingesting the drugs. Any possession or use of alcohol, controlled substances, or their associated paraphernalia not supported by the documentation timely provided, and/or any physical proximity to persons using illicit substances, shall be considered a violation of probation.

3. Random Drug Screening. Respondent, at her own expense, shall participate in random testing, including but not limited to biological fluid testing (urine, blood), breathalyzer, hair follicle testing, or other drug or alcohol screening program as directed by the board or its designee. Respondent may be required to participate in testing for the entire probation period and the frequency of testing will be determined by the board or its designee. At all times, respondent shall fully cooperate with the board or its designee, and shall, when directed, submit to such tests and samples for the detection of alcohol, narcotics, hypnotics, dangerous drugs or other controlled substances as the board or its designee may direct. Failure to timely submit to testing as directed shall be considered a violation of probation. Upon request of the board or its designee, respondent shall provide documentation from a licensed practitioner that the prescription for a detected drug was legitimately issued and is a necessary part of the treatment of the respondent.

Failure to timely provide such documentation shall be considered a violation of probation. Any confirmed positive test for alcohol or for any drug not lawfully prescribed by a licensed practitioner as part of a documented medical treatment shall be considered a violation of probation and shall result in the automatic suspension of practice of pharmacy by respondent. Respondent may not resume the practice of pharmacy until notified by the board in writing.

During suspension, respondent shall not enter any pharmacy area or any portion of the licensed premises of a wholesaler, veterinary food-animal drug retailer or any other distributor of drugs which is licensed by the board, or any manufacturer, or where dangerous drugs and devices or controlled substances are maintained. Respondent shall not practice pharmacy nor do any act involving drug selection, selection of stock, manufacturing, compounding, dispensing or patient consultation; nor shall respondent manage, administer, or be a consultant to any licensee of the board, or have access to or control the ordering, manufacturing or dispensing of dangerous drugs and controlled substances. Respondent shall not resume practice until notified by the board.

During suspension, respondent shall not engage in any activity that requires the professional judgment of a pharmacist. Respondent shall not direct or control any aspect of the practice of pharmacy. Respondent shall not perform the duties of a pharmacy technician or a designated representative for any entity licensed by the board.

Subject to the above restrictions, respondent may continue to own or hold an interest in any licensed premises in which he or she holds an interest at the time this decision becomes effective unless otherwise specified in this order.

Failure to comply with this suspension shall be considered a violation of probation.

4. Obey All Laws. Respondent shall obey all state and federal laws and regulations. Respondent shall report any of the following occurrences to the board, in writing, within seventy-two (72) hours of such occurrence:

- an arrest or issuance of a criminal complaint for violation of any provision of the Pharmacy Law, state and federal food and drug laws, or state and federal controlled substances laws
- a plea of guilty or nolo contendere in any state or federal criminal proceeding to any criminal complaint, information or indictment
- a conviction of any crime
- discipline, citation, or other administrative action filed by any state or federal agency which involves respondent's pharmacist license or which is related to the practice of pharmacy or the manufacturing, obtaining, handling, distributing, billing, or charging for any drug, device or controlled substance.

Failure to timely report such occurrence shall be considered a violation of probation.

5. Report to the Board. Respondent shall report to the Board quarterly, on a schedule as directed by the Board or its designee. The report shall be made either in person or in writing, as directed. Among other requirements, respondent shall state in each report under penalty of perjury whether there has been compliance with all the terms and conditions of probation. Failure to submit timely reports in a form as directed shall be considered a violation of probation. Any period(s) of delinquency in submission of reports as directed may be added to the total period of probation. Moreover, if the final probation report is not made as directed, probation shall be automatically extended until such time as the final report is made and accepted by the Board.

6. Interview with the Board. Upon receipt of reasonable prior notice, respondent shall appear in person for interviews with the Board or its designee, at such intervals and locations as are determined by the Board or its designee. Failure to appear for any scheduled interview without prior notification to Board staff, or failure to appear for two (2) or more scheduled interviews with the Board or its designee during the period of probation, shall be considered a violation of probation.

7. Cooperate with Board Staff. Respondent shall cooperate with the Board's inspection program and with the Board's monitoring and investigation of respondent's compliance with the terms and conditions of her probation. Failure to cooperate shall be considered a violation of probation.

8. Continuing Education. Respondent shall provide evidence of efforts to maintain skill and knowledge as pharmacist as directed by the Board or its designee.

9. Notice to Employers. During the period of probation, respondent shall notify all present and prospective employers of the decision in case number 5795 and the terms, conditions and restrictions imposed on respondent by the decision, as follows:

Within thirty (30) days of the effective date of this decision, and within fifteen (15) days of respondent undertaking any new employment, respondent shall cause her direct supervisor, pharmacist-in-charge (including each new pharmacist-in-charge employed during respondent's tenure of employment) and owner to report to the Board in writing acknowledging that the listed individual(s) has/have read the decision in case number 5795, and terms and conditions imposed thereby. It shall be respondent's responsibility to ensure that her employer(s) and/or supervisor(s) submit timely acknowledgment(s) to the Board.

If respondent works for or is employed by or through a pharmacy employment service, respondent must notify her direct supervisor, pharmacist-in-charge, and owner at every entity licensed by the Board of the terms and conditions of the decision in case number 5795 in advance of respondent commencing work at each licensed entity. A record of this notification must be provided to the Board upon request.

Furthermore, within thirty (30) days of the effective date of this decision, and within fifteen (15) days of respondent undertaking any new employment by or through a

pharmacy employment service, respondent shall cause her direct supervisor with the pharmacy employment service to report to the Board in writing acknowledging that he or she has read the decision in case number 5795 and the terms and conditions imposed thereby. It shall be respondent's responsibility to ensure that her employer(s) and/or supervisor(s) submit timely acknowledgment(s) to the Board.

Failure to timely notify present or prospective employer(s) or to cause that/those employer(s) to submit timely acknowledgments to the Board shall be considered a violation of probation.

"Employment" within the meaning of this provision shall include any full-time, part-time, temporary, relief or pharmacy management service as a pharmacist or any position for which a pharmacist license is a requirement or criterion for employment, whether respondent is an employee, independent contractor or volunteer.

10. No Supervision of Interns, Serving as Pharmacist-in-Charge (PIC), Serving as Designated Representative-in-Charge, or Serving as a Consultant. During the period of probation, respondent shall not supervise any intern pharmacist, be the pharmacist-in-charge or designated representative-in-charge of any entity licensed by the Board nor serve as a consultant unless otherwise specified in this order. Assumption of any such unauthorized supervision responsibilities shall be considered a violation of probation.

11. Reimbursement of Board Costs. As a condition precedent to successful completion of probation, respondent shall pay to the Board its costs of investigation and prosecution in the amount of \$14,071.50. Respondent shall make said payments in accordance with any installment payment plan worked out with the Board.

There shall be no deviation from this schedule absent prior written approval by the Board or its designee. Failure to pay costs by the deadline(s) as directed shall be considered a violation of probation.

The filing of bankruptcy by respondent shall not relieve respondent of her responsibility to reimburse the Board its costs of investigation and prosecution.

12. Probation Monitoring Costs. Respondent shall pay any costs associated with probation monitoring as determined by the Board each and every year of probation. Such costs shall be payable to the Board on a schedule as directed by the Board or its designee. Failure to pay such costs by the deadline(s) as directed shall be considered a violation of probation.

13. Status of License. Respondent shall, at all times while on probation, maintain an active, current license with the Board, including any period during which suspension or probation is tolled. Failure to maintain an active, current license shall be considered a violation of probation.

If respondent's license expires or is cancelled by operation of law or otherwise at any time during the period of probation, including any extensions thereof due to tolling or

otherwise, upon renewal or reapplication respondent's license shall be subject to all terms and conditions of this probation not previously satisfied.

14. License Surrender While on Probation/Suspension. Following the effective date of this decision, should respondent cease practice due to retirement or health, or be otherwise unable to satisfy the terms and conditions of probation, respondent may tender her license to the Board for surrender. The Board or its designee shall have the discretion whether to grant the request for surrender or take any other action it deems appropriate and reasonable. Upon formal acceptance of the surrender of the license, respondent will no longer be subject to the terms and conditions of probation. This surrender constitutes a record of discipline and shall become a part of respondent's license history with the Board.

Upon acceptance of the surrender, respondent shall relinquish her pocket and wall license to the Board within ten (10) days of notification by the Board that the surrender is accepted. Respondent may not reapply for any license from the Board for three (3) years from the effective date of the surrender. Respondent shall meet all requirements applicable to the license sought as of the date the application for that license is submitted to the Board, including any outstanding costs.

15. Notification of a Change in Name, Residence Address, Mailing Address or Employment. Respondent shall notify the Board in writing within ten (10) days of any change of employment. Said notification shall include the reasons for leaving, the address of the new employer, the name of the supervisor and owner, and the work schedule if known. Respondent shall further notify the Board in writing within ten (10) days of a change in name, residence address, mailing address, or phone number.

Failure to timely notify the Board of any change in employer(s), name(s), address(es), or phone number(s) shall be considered a violation of probation.

16. Tolling of Probation. Except during periods of suspension, respondent shall, at all times while on probation, be employed as a pharmacist in California for the Board-determined minimum number of hours per calendar month. Any month during which this minimum is not met shall toll the period of probation, i.e., the period of probation shall be extended by one month for each month during which this minimum is not met. During any such period of tolling of probation, respondent must nonetheless comply with all terms and conditions of probation.

Should respondent, regardless of residency, for any reason (including vacation) cease practicing as a pharmacist for the Board-determined minimum number of hours per calendar month in California, respondent must notify the Board in writing within ten (10) days of the cessation of practice, and must further notify the Board in writing within ten (10) days of the resumption of practice. Any failure to provide such notification(s) shall be considered a violation of probation.

It is a violation of probation for respondent's probation to remain tolled pursuant to the provisions of this condition for a total period, counting consecutive and non-consecutive months, exceeding thirty-six (36) months.

"Cessation of practice" means any calendar month during which respondent is not practicing as a pharmacist for at least the minimum hours, as defined by Business and Professions Code section 4000 et seq. "Resumption of practice" means any calendar month during which respondent is practicing as a pharmacist for at least the minimum hours as a pharmacist as defined by Business and Professions Code section 4000 et seq.

17. Violation of Probation. If a respondent has not complied with any term or condition of probation, the Board shall have continuing jurisdiction over respondent, and probation shall automatically be extended, until all terms and conditions have been satisfied or the Board has taken other action as deemed appropriate to treat the failure to comply as a violation of probation, to terminate probation, and to impose the penalty that was stayed.

If respondent violates probation in any respect, the Board, after giving respondent notice and an opportunity to be heard, may revoke probation and carry out the disciplinary order that was stayed. Notice and opportunity to be heard are not required for those provisions stating that a violation thereof may lead to automatic termination of the stay and/or revocation of the license. If a petition to revoke probation or an accusation is filed against respondent during probation, the Board shall have continuing jurisdiction and the period of probation shall be automatically extended until the petition to revoke probation or accusation is heard and decided.

18. Completion of Probation. Upon written notice by the Board or its designee indicating successful completion of probation, respondent's license will be fully restored.

This Decision shall become effective January 29, 2018.

IT IS SO ORDERED on this 16th day of January 2018.



By

Amarylis "Amy" Gutierrez, Pharm.D.
Board President
California State Board of Pharmacy

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:

DINA M. EL-SAYED

Pharmacist License No. RPH 643830

Respondent.

Case No. 5795

OAH No. 2016120788

DECISION AFTER REJECTION

This matter was heard before Administrative Law Judge Ed Washington, Office of Administrative Hearings, on May 10, 2017, in Sacramento, California. Deputy Attorney General Karen R. Denvir represented complainant Virginia Herold, Executive Officer of the Board of Pharmacy (Board), Department of Consumer Affairs. Paul Chan, Attorney at Law, represented respondent Dina M. El-Sayed, also known as Dina Hallack, who was present at hearing.

Evidence was received, the record was closed, and the matter was submitted for decision on May 10, 2017. The administrative law judge issued a Proposed Decision on June 9, 2017.

On September 20, 2017, pursuant to section 11517 of the Government Code, the Board issued an Order Rejecting the Proposed Decision and Proposing a Waiver of Transcript. Neither party objected to waiving the transcript. Both parties timely submitted written argument.

The Board, having reviewed and considered the record (excluding the transcript), Proposed Decision and written arguments, now issues this decision.

FACTUAL FINDINGS

1. The Board issued Pharmacist License No. RPH 43830 (license) to respondent on August 21, 1990. The license was in full force and effect at all times relevant to this action, and will expire on September 30, 2018, unless renewed or revoked. Respondent has also been a licensed registered pharmacist in the State of Nevada since May 10, 1991.

2. On September 16, 2016, acting solely in her official capacity, complainant issued an Accusation against respondent seeking to revoke or suspend respondent's license based on the conduct described below. The Accusation alleges the following causes for discipline:
(1) Violation of State Laws Regulating Controlled-Substances; (2) Self-administration of a

Controlled Substance in a Manner Dangerous or Injurious; (3) Acts Involving Moral Turpitude, Dishonesty, Fraud, Deceit, or Corruption; and (4) Violation of the Pharmacy Law.

3. On May 4, 2017, respondent stipulated to the truth of all legal and factual allegations and causes for discipline contained in the Accusation. The Accusation specifies the following factual allegations:

- a. On or about March 23, 2014, while on duty at Costco, respondent verified an order for hydrocodone/acetaminophen 10/325. Respondent's work was checked and the order was found to be short three tablets. Video surveillance footage revealed respondent taking tablets from the order. Costco management subsequently interviewed respondent regarding the incident and, after confronted with video surveillance footage, she admitted that she took three tablets from the order, ingested one, and flushed the remaining tablets down the toilet.
- b. On or about April 4, 2014, "P.Y.", the pharmacist in charge for Costco, notified the Board that respondent was terminated from Costco for her alleged theft of hydrocodone including, but not limited to, [on] March 23, 2014.
- c. On or about March 3, 2015, respondent admitted to Board representatives that she stole hydrocodone tablets from Costco, one of which she self-administered that same day while at work. Respondent also admitted to stealing hydrocodone from Costco on one other occasion, admitted that she ingested hydrocodone prescribed to her husband, and that she became addicted to hydrocodone around 2006 - 2007. A review of Costco's video surveillance footage for the period [of] on or about January 27, 2014, to March 23, 2014, revealed that respondent stole tablets containing hydrocodone from Costco on multiple occasions.

Evidence of Rehabilitation, Mitigation and Aggravation

4. Respondent began working as a graduate intern with Kaiser Permanente in Roseville in 1990. She promoted to pharmacist and then to supervising pharmacist. As a supervising pharmacist she worked as the pharmacist-in-charge. She supervised 25 employees, including 12 pharmacists, and managed day-to-day pharmacy operations. In 2004, she promoted to regional pharmacy manager in Kaiser Permanente's pharmacy refill call center. As a call center pharmacy manager, she shared responsibility for authorizing and processing prescription refills for more than 125 Kaiser Permanente pharmacies in the Northern California region. No controlled substances were maintained at the Kaiser Permanente pharmacy refill call center.

5. Prior to accepting employment at Costco, respondent was in what she described as an abusive relationship. She had been married for 18 years, and had three children. She asserted that her husband was verbally and emotionally abusive to her. Respondent was working very long hours at Kaiser at the time and did not know how to deal with the combined work and

personal stressors. She turned to prescription medication to numb herself. Her husband had a valid prescription for Vicodin as part of a pain management treatment program.¹ Respondent began secretly taking her husband's Vicodin tablets from his prescription bottles to "escape" the difficulties of home life. She testified that she would usually take the Vicodin when she came home from work "and let the evening fly by." She became addicted. When respondent's husband discovered that she was secretly taking his prescription medication, he belittled her by teasing her and calling her names like "junkie."

6. In July 2012, respondent accepted a position as a relief pharmacist for Costco. As a relief pharmacist, respondent worked part-time on an on-call basis at the central fill pharmacy. She was reluctant to work at the Costco pharmacy because they maintained controlled substances on site. She had worked at the Kaiser Permanente pharmacy call center for years while addicted to narcotics without issue, as there were no controlled substances on site. Despite her reluctance, respondent accepted the position to earn additional income to assist with her family's financial needs. She stole controlled substances while working for Costco as described in Finding 3, above. Costco terminated her employment effective March 27, 2014.

7. Respondent learned of the Maximus Drug Diversion Program (also known as the Board's Pharmacist's Recovery Program) on the day she was terminated from employment at Costco. She contacted them that same day and asked for help. After a series of interviews, she enrolled in the recovery program May 1, 2014. Through the recovery program, respondent enrolled in a 60-day residential treatment program at Promises Treatment Center in Santa Monica. Respondent initially told her family she had checked herself into a mental hospital for care to avoid telling them of her drug addiction. When she eventually disclosed her addiction to her children, they were aware of her addiction and were supportive of her recovery efforts.

8. As a Maximus program participant, respondent abstained from mind altering substances, submitted to random drug testing, attended support group meetings twice a week, and attended Alcoholics Anonymous (AA) 12-Step meetings daily for the first 90 days of the program. Respondent prefers to attend AA meetings, rather than Narcotics Anonymous meetings, and now attends AA meetings four times a week. She completed the residential treatment program on August 6, 2014, and returned to the Sacramento area. Respondent filed for divorce in September 2014.

9. Respondent entered the Kaiser Permanente Chemical Dependency Program on September 24, 2014, and graduated March 31, 2015. After graduating from the chemical dependency program, respondent joined Kaiser's chemical codependency program to ensure she had another resource to rely upon as she went through her divorce. She attends weekly counseling group sessions and also attends self-help group sessions no less than twice a week. Respondent is going through the 12-Steps for her third time and completes one step each month. She practices Step 10 of the program daily, by taking a personal inventory of herself and acknowledging her faults.

10. Respondent plans to "always go to AA." She has many friends in recovery and has developed a valued relationship with her sponsor. Respondent understands the Board's

¹ Vicodin contains a combination of hydrocodone and acetaminophen.

concern with her fitness for licensure, considering her addiction and the access pharmacists have to controlled substances. However, she feels she is safe to practice despite her history as she has taken several steps to address the "triggers" that led to her addiction. She felt her unhappy marriage was a primary trigger. She is now divorced. Through the Promises in-patient treatment program respondent learned to be more expressive about her feelings. She testified that she "learned that her silence does not help her" and that she "doesn't have to live a secretive life anymore because of her shame." Respondent currently works as a staff pharmacist for Pacific West Pharmacy, in Rocklin. She has not used controlled substances since March 23, 2014, and no longer has a desire to numb herself with medication.

11. Respondent submitted nine character reference letters, from colleagues, family, and friends, to support her fitness for licensure. Those letters consistently describe respondent as an exceptional pharmacist, a supportive friend, a loving mother, and a person dedicated to her recovery. Respondent also submitted proof of regular attendance at AA meetings, proof of 64.5 hours of continuing education completed between March 2013 and March 2016, a compliance letter from her Maximus clinical case manager, and a favorable performance evaluation from March 16, 2017. Respondent's character reference letters and additional materials were admitted as administrative hearsay and have been considered to the extent permitted under Government Code section 11513, subdivision (d).²

Discipline

12. As respondent stipulated to the truth of all facts and allegations constituting the causes for discipline in the Accusation, only the issue of discipline must be determined. The Board has adopted "Disciplinary Guidelines (Rev. 10/2007)" (Guidelines), which sets forth factors to be considered in reaching a decision on a disciplinary action. (Cal. Code Regs., tit. 16, § 1760.) The Guidelines divide the statutory and regulatory provisions pertaining to pharmacy technicians into three categories - Category I, Category II, and Category III - and provides a recommended minimum and maximum discipline for each category.

13. Of the nine statutory violations specified in the Accusation, five are Category II violations, three are Category III violations, and one violation, Business and Professions Code section 4301, subdivision (j), is listed in the Guidelines under both Category II and Category III. The Guidelines provide the following regarding these penalties:

The recommended penalty for a Category II violation is:

Minimum: Revocation; Revocation stayed, three years probation (five years probation where self-administration or diversion of controlled substances is involved). All standard terms

² Government Code section 11513, subdivision (d), provides, in pertinent part, that "[h]earsay evidence may be used for the purpose of supplementing or explaining other evidence but over timely objection shall not be sufficient in itself to support a finding unless it would be admissible over-objection in civil actions"

and conditions shall be included and optional terms and conditions as appropriate.

Maximum: Revocation

[¶] ... [¶]

The recommended penalty for a Category III violation is:

Minimum: Revocation; Revocation stayed, 90 days actual suspension, three years probation (five years probation where self-administration or diversion of controlled substances is involved). All standard terms and conditions shall be included and optional terms and conditions as appropriate.

Maximum: Revocation

[¶] ... [¶]

Section 4300 of the Business and Professions Code provides that the board may discipline the holder of, and suspend or revoke, any certificate, license or permit issued by the board.

In determining whether the minimum, maximum, or an intermediate penalty is to be imposed in a given case, factors such as the following should be considered:

1. actual or potential harm to the public
2. actual or potential harm to any consumer
3. prior disciplinary record, including level of compliance with disciplinary order(s)
4. prior warning(s), including but not limited to citation(s) and fine(s), letter(s) of admonishment, and/or correction notice(s)
5. number and/or variety of current violations
6. nature and severity of the act(s), offense(s) or crime(s) under consideration
7. aggravating evidence
8. mitigating evidence
9. rehabilitation evidence
10. compliance with terms of any criminal sentence, parole, or probation
11. overall criminal record

12. if applicable, evidence of proceedings for case being set aside and dismissed pursuant to Section 1203.4 of the Penal Code
13. time passed since the act(s) or offense(s)
14. whether the conduct was intentional or negligent, demonstrated incompetence, or, if the respondent is being held to account for conduct committed by another, the respondent had knowledge of or knowingly participated in such conduct
15. financial benefit to the respondent from the misconduct.

No single one or combination of the above factors is required to justify the minimum and/or maximum penalty in a given case, as opposed to an intermediate one.

14. Respondent violated multiple provisions of the Pharmacy Law by stealing tablets containing hydrocodone from Costco, and from her husband, and ingesting them, including while on duty as a pharmacist. There was no evidence that she had a valid prescription for the controlled substances. Taking medication from a prescription bottle to be provided to a patient prevents the patient from receiving his or her medication in the quantity prescribed – the patient could run out of medicine too soon and may not be able to fill or refill the prescription timely. In addition, her actions placed her employer's pharmacy license at risk. Moreover, the risk to the public associated with a licensed pharmacist distributing any drugs while under the influence of a controlled substance is indisputable.

15. Respondent has no history of discipline or warnings by the Board. She recognized that she needed help with her addiction when she was caught stealing medication from her employer, and took immediate and appropriate steps to overcome her addiction and begin recovery. Respondent voluntarily enrolled in the Maximus program, she completed a 60-day in-patient residential treatment program, and also completed an 18-month chemical dependency program. She has been clean for more than three years and actively participates in AA. Her character reference letters were strong and supportive. Respondent has removed the "triggers" from her life that contributed to her desire to use drugs, and has developed a support system to rely upon during challenging times. She expressed sincere remorse for her actions and has made significant progress in regaining the trust of her friends, family, and colleagues. When all the evidence is considered, given the factors identified in Business and Professions Code section 4300, respondent submitted sufficient evidence of rehabilitation to demonstrate that the public health, safety and welfare would be adequately protected if respondent is placed on probation for four years under the terms and conditions set forth below.

16. While the Guidelines specify that the minimum recommended discipline for at least two of the established causes of action is a 90-day license suspension with five years of probation, that level of discipline is not appropriate under these circumstances. Respondent self-referred to the Maximus program in May 2014, and has remained in full compliance with its requirements for more than two years. The steps she has taken, by her own initiative, to address her addiction are praiseworthy. She should be given appropriate credit for her efforts and their results. Her efforts do not, however, mean that she should not be subject to terms. If or when she

is released from the Maximus program, which may well be before she is done with probation, to protect the public, the Board must have terms to require her ongoing abstinence and to continue to monitor her through drug testing.

Reasonable Costs

17. Complainant has requested that respondent be ordered to pay the Board's costs for investigation and enforcement in the amount of \$14,071.50. The costs for prosecuting this matter are supported by a Certification of Costs and a declaration of the Deputy Attorney General. Attached to the certification is a computer printout of the tasks the Attorney General's Office performed, the amount of time spent performing those tasks, and the amounts charged. The investigative costs are specified in a Certification of Investigative Costs, and a declaration from the Board investigator that specifies the investigative tasks performed, the number of hours spent on each task and the hourly rate for those services. Respondent did not object to the costs requested by complainant. The requested costs are reasonable, given the allegations and issues in this matter. Complainant's request for costs is addressed in the Legal Conclusions below.

LEGAL CONCLUSIONS

1. To discipline respondent's license, complainant must prove cause for disciplinary action by clear and convincing evidence to a reasonable certainty. (*Ettinger v. Board of Medical Quality Assurance* (1982) 135 Cal.App.3d 853, 855-856.)

2. Business and Professions Code section 4300, subdivision (a), provides that "[e]very license issued may be suspended or revoked." The Board's responsibility, and its highest priority, is to protect the public. (Bus. & Prof. Code §§ 4001.1, 4313.)

3. Business and Professions Code section 4021 provides that "[c]ontrolled substance" means any substance listed in Chapter 2 (commencing with section 11053) of Division 10 of the Health and Safety Code.

4. Business and Professions Code section 4022 provides:

"Dangerous drug" or "dangerous device" means any drug or device unsafe for self-use in humans or animals, and includes the following: (a) Any drug that bears the legend: "Caution: federal law prohibits dispensing without prescription," "Rx only," or words of similar import. (b) Any device that bears the statement: "Caution: federal law restricts this device to sale by or on the order of a __," "Rx only," or words of similar import, the blank to be filled in with the designation of the practitioner licensed to use or order use of the device. (c) Any other drug or device that by federal or state law can be lawfully dispensed only on prescription or furnished pursuant to Section 4006.

5. Pursuant to Business and Professions Code section 4301, the Board may discipline any holder of a license who has engaged in unprofessional conduct. Unprofessional conduct includes, but is not limited to, any of the following:

[¶] ... [¶]

(f) The commission of any act involving moral turpitude, dishonesty, fraud, deceit, or corruption, whether the act is committed in the course of relations as a licensee or otherwise, and whether the act is a felony or misdemeanor or not.

[¶] ... [¶]

(h) The administering to oneself, of any controlled substance, or the use of any dangerous drug or of alcoholic beverages to the extent or in a manner as to be dangerous or injurious to oneself, to a person holding a license under this chapter, or to any other person or to the public, or to the extent that the use impairs the ability of the person to conduct with safety to the public the practice authorized by the license.

[¶] ... [¶]

(j) The violation of any of the statutes of this state, of any other state, or of the United States regulating controlled substances or dangerous drugs.

[¶] ... [¶]

(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.

6. Health and Safety Code section 11173, subdivision (a), provides in part: "No person shall obtain or attempt to obtain controlled substances, or procure or attempt to procure the administration of or prescription for controlled substances, (1) by fraud, deceit, misrepresentation, or subterfuge; or (2) by the concealment of a material fact. ..."

7. Complainant established cause to discipline respondent's license pursuant to Business and Professions Code section 4301, subdivision (f), and Health and Safety Code section 11173, subdivision (a), by reason of the matters set forth in Finding 3. Complainant established through clear and convincing evidence that respondent committed acts involving moral turpitude, dishonesty, fraud, deceit, or corruption when she stole tablets containing hydrocodone from both her husband and Costco and ingested them.

8. Business and Professions Code section 4060 provides:

A person shall not possess any controlled substance, except that furnished to a person upon the prescription of a physician, dentist, podiatrist, optometrist, veterinarian, or naturopathic doctor pursuant to Section 3640.7, or furnished pursuant to a drug order issued by a certified nurse-midwife pursuant to Section 2746.51, a nurse practitioner pursuant to Section 2836.1, a physician assistant pursuant to Section 3502.1, a naturopathic doctor pursuant to Section 3640.5, or a pharmacist pursuant to Section 4052.1, 4052.2, or 4052.6.

9. Health and Safety Code section 11350, subdivision (a), provides:

Except as otherwise provided in this division, every person who possesses (1) any controlled substance specified in subdivision (b) or (c), or paragraph (1) of subdivision (f) of Section 11054, specified in paragraph (14), (15), or (20) of subdivision (d) of Section 11054, or specified in subdivision (b) or (c) of Section 11055, or specified in subdivision (h) of Section 11056, or (2) any controlled substance classified in Schedule III, IV, or V which is a narcotic drug, unless upon the written prescription of a physician, dentist, podiatrist, or veterinarian licensed to practice in this state, shall be punished by imprisonment pursuant to subdivision (h) of Section 1170 of the Penal Code.

10. Complainant established cause to discipline respondent's license pursuant to Business and Professions Code section 4060, and Health and Safety Code section 11350, subdivision (a), by reason of the matters set forth in Finding 3. Complainant established through clear and convincing evidence that respondent possessed a controlled substance that was not obtained pursuant to a valid prescription, when she stole tablets containing hydrocodone from both her husband and Costco and ingested them.

11. Business and Professions Code section 4059, subdivision (a), provides that "[a] person may not furnish any dangerous drug, except upon the prescription of a physician, dentist, podiatrist, optometrist, veterinarian, or naturopathic doctor pursuant to Section 3640.7."

12. Health and Safety Code section 11170 provides that "[n]o person shall prescribe, administer, or furnish a controlled substance for himself."

13. Complainant established cause to discipline respondent's license for unprofessional conduct pursuant to Business and Professions Code sections 4301, subdivision (h), and 4059, subdivision (a), and Health and Safety Code section 11170, by reason of the matters set forth in Finding 3. Complainant established through clear and convincing evidence that respondent administered a dangerous drug or controlled substance to herself to an extent or in a manner that was dangerous or injurious to her or any other person or the public.

14. Health and Safety Code section 11173, subdivision (a), provides in part: "No person shall obtain or attempt to obtain controlled substances, or procure or attempt to procure the administration of or prescription for controlled substances, (1) by fraud, deceit, misrepresentation, or subterfuge; or (2) by the concealment of a material fact..."

15. Complainant established cause to discipline respondent's license for unprofessional conduct pursuant to Business and Professions Code section 4301, subdivision (j), by reason of the matters set forth in Finding 3. Complainant established through clear and convincing evidence that respondent attempted to obtain a dangerous drug and controlled substance by theft and deceit, in violation of Health and Safety Code section 11173, subdivision (a), and Business and Professions Code section 4022.

16. Complainant established cause to discipline respondent's license for unprofessional conduct pursuant to Business and Professions Code section 4301, subdivision (o), by reason of the matters set forth in Finding 3. Complainant established through clear and convincing evidence that respondent violated provisions of the applicable federal and state laws and regulations governing pharmacy.

17. As set forth in Finding 15, respondent submitted sufficient evidence of rehabilitation to demonstrate that it would be consistent with the public health, safety and welfare to allow her to retain her certificate on a probationary basis subject to the terms and conditions set forth below. As a condition of probation respondent must continue to participate in the Board's Pharmacist Recovery Program (Maximus).

18. Pursuant to Business and Professions Code section 125.3, a licensee found to have violated a licensing act may be ordered to pay the reasonable costs of investigation and prosecution of a case. In *Zuckerman v. Board of Chiropractic Examiners* (2002) 29 Cal. 4th 32, the California Supreme Court set forth factors to be considered in determining the reasonableness of the costs sought pursuant to statutory provisions like Business and Professions Code section 125.3. These factors include whether the licensee has succeeded at hearing in getting charges dismissed or reduced, the licensee's subjective good faith belief in the merits of his or her position, whether the licensee has raised a colorable challenge to the proposed discipline, the financial ability of the licensee to pay, and whether the scope of the investigation was appropriate, given the alleged misconduct.

19. Complainant seeks \$14,071.50 in costs. Respondent stipulated to the truth of all legal and factual allegations and causes for discipline contained in the Accusation. The scope of the investigation and prosecution was appropriate in light of the alleged misconduct, and respondent is currently employed as a staff pharmacist. When all the *Zuckerman* factors are considered, there is no basis to reduce the reasonable costs sought by complainant. The Board may assess respondent's financial circumstances in determining whether she should be allowed to pay these costs over time according to a payment plan acceptable to the Board.

ORDER

Pharmacist License Number RPH 43830 issued to respondent Dina M. El-Sayed, also known as Dina Hallack, is revoked. However, the revocation is stayed and respondent is placed on probation for four (4) years upon the following terms and conditions:

1. Pharmacists Recovery Program (PRP). Within thirty (30) days of the effective date of this decision, respondent shall contact the Pharmacists Recovery Program (PRP) for evaluation, and shall immediately thereafter enroll, successfully participate in, and complete the treatment contract and any subsequent addendums as recommended and provided by the PRP and as approved by the Board or its designee. The costs for PRP participation shall be borne by respondent.

If respondent is currently enrolled in the PRP, said participation is now mandatory and as of the effective date of this decision is no longer considered a self-referral under Business and Professions Code section 4362(c)(2). Respondent shall successfully participate in and complete her current contract and any subsequent addendums with the PRP.

Failure to timely contact or enroll in the PRP, or successfully participate in and complete the treatment contract, and/or any addendums, shall be considered a violation of probation.

Probation shall be automatically extended until respondent successfully completes the PRP. Any person terminated from the PRP program shall be automatically suspended by the Board. Respondent may not resume the practice of pharmacy until notified by the Board in writing.

Any confirmed positive test for alcohol or for any drug not lawfully prescribed by a licensed practitioner as part of a documented medical treatment shall result in the automatic suspension of practice by respondent and shall be considered a violation of probation. Respondent may not resume the practice of pharmacy until notified by the Board in writing.

During suspension, respondent shall not enter any pharmacy area or any portion of the licensed premises of a wholesaler, veterinary food animal drug retailer or any other distributor of drugs which is licensed by the board, or any manufacturer, or where dangerous drugs and devices or controlled substances are maintained. Respondent shall not practice pharmacy nor do any act involving drug selection, selection of stock, manufacturing, compounding, dispensing or patient consultation; nor shall respondent manage, administer, or be a consultant to any licensee of the Board, or have access to or control the ordering, manufacturing or dispensing of dangerous drugs and controlled substances. Respondent shall not resume practice until notified by the Board.

During suspension, respondent shall not engage in any activity that requires the professional judgment of a pharmacist. Respondent shall not direct or control any aspect of the practice of pharmacy. Respondent shall not perform the duties of a pharmacy technician or a designated representative for any entity licensed by the Board.

Subject to the above restrictions, respondent may continue to own or hold an interest in any licensed premises in which he or she holds an interest at the time this decision becomes effective unless otherwise specified in this order.

Failure to comply with this suspension shall be considered a violation of probation.

Respondent shall pay administrative fees as invoiced by the PRP or its designee. Fees not timely paid to the PRP shall constitute a violation for probation. The Board will collect unpaid administrative fees as part of the annual probation monitoring costs if not submitted to the PRP.

Respondent shall work in a pharmacy setting with access to controlled substances for six (6) consecutive months before successfully completing probation. If respondent fails to do so, probation shall be automatically extended until this condition has been met. Failure to satisfy this condition within six (6) months beyond the original date of expiration of the term of probation shall be considered a violation of probation.

2. Abstain from Drugs and Alcohol Use. Respondent shall completely abstain from the possession or use of alcohol, controlled substances, dangerous drugs and their associated paraphernalia except when the drugs are lawfully prescribed by a licensed practitioner as part of a documented medical treatment.

Upon request of the board or its designee, respondent shall provide documentation from the licensed practitioner that the prescription for the drug was legitimately issued and is a necessary part of the treatment of the respondent. Failure to timely provide such documentation shall be considered a violation of probation. Respondent shall ensure that she is not in the same physical location as individuals who are using illicit substances even if respondent is not personally ingesting the drugs. Any possession or use of alcohol, controlled substances, or their associated paraphernalia not supported by the documentation timely provided, and/or any physical proximity to persons using illicit substances, shall be considered a violation of probation.

3. Random Drug Screening. Respondent, at her own expense, shall participate in random testing, including but not limited to biological fluid testing (urine, blood), breathalyzer, hair follicle testing, or other drug or alcohol screening program as directed by the board or its designee. Respondent may be required to participate in testing for the entire probation period and the frequency of testing will be determined by the board or its designee. At all times, respondent shall fully cooperate with the board or its designee, and shall, when directed, submit to such tests and samples for the detection of alcohol, narcotics, hypnotics, dangerous drugs or other controlled substances as the board or its designee may direct. Failure to timely submit to testing as directed shall be considered a violation of probation. Upon request of the board or its designee, respondent shall provide documentation from a licensed practitioner that the prescription for a detected drug was legitimately issued and is a necessary part of the treatment of the respondent. Failure to timely provide such documentation shall be considered a violation of probation. Any confirmed positive test for alcohol or for any drug not lawfully

prescribed by a licensed practitioner as part of a documented medical treatment shall be considered a violation of probation and shall result in the automatic suspension of practice of pharmacy by respondent. Respondent may not resume the practice of pharmacy until notified by the board in writing.

During suspension, respondent shall not enter any pharmacy area or any portion of the licensed premises of a wholesaler, veterinary food-animal drug retailer or any other distributor of drugs which is licensed by the board, or any manufacturer, or where dangerous drugs and devices or controlled substances are maintained. Respondent shall not practice pharmacy nor do any act involving drug selection, selection of stock, manufacturing, compounding, dispensing or patient consultation; nor shall respondent manage, administer, or be a consultant to any licensee of the board, or have access to or control the ordering, manufacturing or dispensing of dangerous drugs and controlled substances. Respondent shall not resume practice until notified by the board.

During suspension, respondent shall not engage in any activity that requires the professional judgment of a pharmacist. Respondent shall not direct or control any aspect of the practice of pharmacy. Respondent shall not perform the duties of a pharmacy technician or a designated representative for any entity licensed by the board.

Subject to the above restrictions, respondent may continue to own or hold an interest in any licensed premises in which he or she holds an interest at the time this decision becomes effective unless otherwise specified in this order.

Failure to comply with this suspension shall be considered a violation of probation.

4. Obey All Laws. Respondent shall obey all state and federal laws and regulations. Respondent shall report any of the following occurrences to the board, in writing, within seventy-two (72) hours of such occurrence:

- an arrest or issuance of a criminal complaint for violation of any provision of the Pharmacy Law, state and federal food and drug laws, or state and federal controlled substances laws
- a plea of guilty or nolo contendere in any state or federal criminal proceeding to any criminal complaint, information or indictment
- a conviction of any crime
- discipline, citation, or other administrative action filed by any state or federal agency which involves respondent's pharmacist license or which is related to the practice of pharmacy or the manufacturing, obtaining, handling, distributing, billing, or charging for any drug, device or controlled substance.

Failure to timely report such occurrence shall be considered a violation of probation.

5. Report to the Board. Respondent shall report to the Board quarterly, on a schedule as directed by the Board or its designee. The report shall be made either in person or in writing, as directed. Among other requirements, respondent shall state in each report under penalty of perjury whether there has been compliance with all the terms and conditions of probation. Failure to submit timely reports in a form as directed shall be considered a violation of probation. Any period(s) of delinquency in submission of reports as directed may be added to the total period of probation. Moreover, if the final probation report is not made as directed, probation shall be automatically extended until such time as the final report is made and accepted by the Board.

6. Interview with the Board. Upon receipt of reasonable prior notice, respondent shall appear in person for interviews with the Board or its designee, at such intervals and locations as are determined by the Board or its designee. Failure to appear for any scheduled interview without prior notification to Board staff, or failure to appear for two (2) or more scheduled interviews with the Board or its designee during the period of probation, shall be considered a violation of probation.

7. Cooperate with Board Staff. Respondent shall cooperate with the Board's inspection program and with the Board's monitoring and investigation of respondent's compliance with the terms and conditions of her probation. Failure to cooperate shall be considered a violation of probation.

8. Continuing Education. Respondent shall provide evidence of efforts to maintain skill and knowledge as pharmacist as directed by the Board or its designee.

9. Notice to Employers. During the period of probation, respondent shall notify all present and prospective employers of the decision in case number 5795 and the terms, conditions and restrictions imposed on respondent by the decision, as follows:

Within thirty (30) days of the effective date of this decision, and within fifteen (15) days of respondent undertaking any new employment, respondent shall cause her direct supervisor, pharmacist-in-charge (including each new pharmacist-in-charge employed during respondent's tenure of employment) and owner to report to the Board in writing acknowledging that the listed individual(s) has/have read the decision in case number 5795, and terms and conditions imposed thereby. It shall be respondent's responsibility to ensure that her employer(s) and/or supervisor(s) submit timely acknowledgment(s) to the Board.

If respondent works for or is employed by or through a pharmacy employment service, respondent must notify her direct supervisor, pharmacist-in-charge, and owner at every entity licensed by the Board of the terms and conditions of the decision in case number 5795 in advance of respondent commencing work at each licensed entity. A record of this notification must be provided to the Board upon request.

Furthermore, within thirty (30) days of the effective date of this decision, and within fifteen (15) days of respondent undertaking any new employment by or through a pharmacy employment service, respondent shall cause her direct supervisor with the

pharmacy employment service to report to the Board in writing acknowledging that he or she has read the decision in case number 5795 and the terms and conditions imposed thereby. It shall be respondent's responsibility to ensure that her employer(s) and/or supervisor(s) submit timely acknowledgment(s) to the Board.

Failure to timely notify present or prospective employer(s) or to cause that/those employer(s) to submit timely acknowledgments to the Board shall be considered a violation of probation.

"Employment" within the meaning of this provision shall include any full-time, part-time, temporary, relief or pharmacy management service as a pharmacist or any position for which a pharmacist license is a requirement or criterion for employment, whether respondent is an employee, independent contractor or volunteer.

10. No Supervision of Interns, Serving as Pharmacist-in-Charge (PIC), Serving as Designated Representative-in-Charge, or Serving as a Consultant. During the period of probation, respondent shall not supervise any intern pharmacist, be the pharmacist-in-charge or designated representative-in-charge of any entity licensed by the Board nor serve as a consultant unless otherwise specified in this order. Assumption of any such unauthorized supervision responsibilities shall be considered a violation of probation.

11. Reimbursement of Board Costs. As a condition precedent to successful completion of probation, respondent shall pay to the Board its costs of investigation and prosecution in the amount of \$14,071.50. Respondent shall make said payments in accordance with any installment payment plan worked out with the Board.

There shall be no deviation from this schedule absent prior written approval by the Board or its designee. Failure to pay costs by the deadline(s) as directed shall be considered a violation of probation.

The filing of bankruptcy by respondent shall not relieve respondent of her responsibility to reimburse the Board its costs of investigation and prosecution.

12. Probation Monitoring Costs. Respondent shall pay any costs associated with probation monitoring as determined by the Board each and every year of probation. Such costs shall be payable to the Board on a schedule as directed by the Board or its designee. Failure to pay such costs by the deadline(s) as directed shall be considered a violation of probation.

13. Status of License. Respondent shall, at all times while on probation, maintain an active, current license with the Board, including any period during which suspension or probation is tolled. Failure to maintain an active, current license shall be considered a violation of probation.

If respondent's license expires or is cancelled by operation of law or otherwise at any time during the period of probation, including any extensions thereof due to tolling or

otherwise, upon renewal or reapplication respondent's license shall be subject to all terms and conditions of this probation not previously satisfied.

14. License Surrender While on Probation/Suspension. Following the effective date of this decision, should respondent cease practice due to retirement or health, or be otherwise unable to satisfy the terms and conditions of probation, respondent may tender her license to the Board for surrender. The Board or its designee shall have the discretion whether to grant the request for surrender or take any other action it deems appropriate and reasonable. Upon formal acceptance of the surrender of the license, respondent will no longer be subject to the terms and conditions of probation. This surrender constitutes a record of discipline and shall become a part of respondent's license history with the Board.

Upon acceptance of the surrender, respondent shall relinquish her pocket and wall license to the Board within ten (10) days of notification by the Board that the surrender is accepted. Respondent may not reapply for any license from the Board for three (3) years from the effective date of the surrender. Respondent shall meet all requirements applicable to the license sought as of the date the application for that license is submitted to the Board, including any outstanding costs.

15. Notification of a Change in Name, Residence Address, Mailing Address or Employment. Respondent shall notify the Board in writing within ten (10) days of any change of employment. Said notification shall include the reasons for leaving, the address of the new employer, the name of the supervisor and owner, and the work schedule if known. Respondent shall further notify the Board in writing within ten (10) days of a change in name, residence address, mailing address, or phone number.

Failure to timely notify the Board of any change in employer(s), name(s), address(es), or phone number(s) shall be considered a violation of probation.

16. Tolling of Probation. Except during periods of suspension, respondent shall, at all times while on probation, be employed as a pharmacist in California for the Board-determined minimum number of hours per calendar month. Any month during which this minimum is not met shall toll the period of probation, i.e., the period of probation shall be extended by one month for each month during which this minimum is not met. During any such period of tolling of probation, respondent must nonetheless comply with all terms and conditions of probation.

Should respondent, regardless of residency, for any reason (including vacation) cease practicing as a pharmacist for the Board-determined minimum number of hours per calendar month in California, respondent must notify the Board in writing within ten (10) days of the cessation of practice, and must further notify the Board in writing within ten (10) days of the resumption of practice. Any failure to provide such notification(s) shall be considered a violation of probation.

It is a violation of probation for respondent's probation to remain tolled pursuant to the provisions of this condition for a total period, counting consecutive and non-consecutive months, exceeding thirty-six (36) months.

"Cessation of practice" means any calendar month during which respondent is not practicing as a pharmacist for at least the minimum hours, as defined by Business and Professions Code section 4000 et seq. "Resumption of practice" means any calendar month during which respondent is practicing as a pharmacist for at least the minimum hours as a pharmacist as defined by Business and Professions Code section 4000 et seq.

17. Violation of Probation. If a respondent has not complied with any term or condition of probation, the Board shall have continuing jurisdiction over respondent, and probation shall automatically be extended, until all terms and conditions have been satisfied or the Board has taken other action as deemed appropriate to treat the failure to comply as a violation of probation, to terminate probation, and to impose the penalty that was stayed.

If respondent violates probation in any respect, the Board, after giving respondent notice and an opportunity to be heard, may revoke probation and carry out the disciplinary order that was stayed. Notice and opportunity to be heard are not required for those provisions stating that a violation thereof may lead to automatic termination of the stay and/or revocation of the license. If a petition to revoke probation or an accusation is filed against respondent during probation, the Board shall have continuing jurisdiction and the period of probation shall be automatically extended until the petition to revoke probation or accusation is heard and decided.

18. Completion of Probation. Upon written notice by the Board or its designee indicating successful completion of probation, respondent's license will be fully restored.

This Decision shall become effective January 29, 2018.

IT IS SO ORDERED this 28th day of December 2017.



By

Amarylis "Amy" Gutierrez, Pharm.D.
Board President
California State Board of Pharmacy

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

In the Matter of the Accusation Against:

DINA EL-SAYED
Elk Grove, CA 95624

Original Pharmacist License No. RPH 43830,

Respondent.

Case No. 5795

OAH No. 2016120788

**ORDER REJECTING PROPOSED DECISION
AND PROPOSING WAIVER OF TRANSCRIPT**

Pursuant to Government Code section 11517, subdivision (c), the Proposed Decision of the Administrative Law Judge in the above-entitled case is rejected. The California State Board of Pharmacy will decide the case upon the record, and upon such written argument as the parties may wish to submit.

The right to argue on any matter is limited to the facts as presented in the record. No new evidence may be submitted. However, the board is especially interested in arguments as to whether, in order to protect the public, and considering Business and Professions Code section 315, *et seq.*, terms titled Random Drug Screening and Abstain from Drugs and Alcohol Use should be required during respondent's probationary period. Stated alternately, the question is whether the board's model terms regarding such matters (Optional Terms 22 and 23 for pharmacists) from its Disciplinary Guidelines should be imposed. (Disciplinary Guidelines, rev. 10/2007, p. 35 and 36.)

The board believes the issue above may be addressed without a review of the transcript of the hearing held. Unless the parties object in writing, it will be assumed the parties stipulate that the board may decide the case upon the record without including the transcript. The record will also include any written argument as the parties may wish to submit. In the event any party objects to not ordering the transcript, it should file a notice of objection to the stipulation by **October 4, 2017**, with a copy to the other party. The notice of objection may be served on the board at **1625 N. Market Blvd, N219, Sacramento, CA 95834, Attention Susan Cappello, Enforcement Manager.**

If no party objects to the stipulation regarding the transcript, the parties shall have until **October 20, 2017**, to submit written argument.

In the event any party objects to the stipulation, the transcript will be ordered and the parties will be notified of a revised date for submission of such argument when the transcript of the above-mentioned hearing becomes available. In that case, a copy of the record will be provided to you at the time of notification of the final filing date for written argument (the board may require payment of fees to cover the copying and mailing costs of the transcript and exhibits).

IT IS SO ORDERED this 20th day of September 2017.

A handwritten signature in black ink, appearing to read 'Amarylis Gutierrez', written over a horizontal line.

By

Amarylis "Amy" Gutierrez, Pharm.D.
Board President
California State Board of Pharmacy

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:

DINA M. EL-SAYED
Sacramento, CA 95865

Original Pharmacist License No. RPH 643830

Respondent.

Case No. 5795

OAH No. 2016120788

PROPOSED DECISION

This matter was heard before Administrative Law Judge Ed Washington, Office of Administrative Hearings, on May 10, 2017, in Sacramento, California.

Deputy Attorney General Karen R. Denvir represented complainant Virginia Herold, Executive Officer of the Board of Pharmacy (Board), Department of Consumer Affairs.

Paul Chan, Attorney at Law, represented respondent Dina M. El-Sayed, also known as Dina Hallack, who was present at hearing.

Evidence was received, the record was closed, and the matter was submitted for decision on May 10, 2017.

FACTUAL FINDINGS

1. The Board issued Original Pharmacist License No. RPH 43830 (license) to respondent on August 21, 1990. The license was in full force and effect at all times relevant to this action, and will expire on September 30, 2018, unless renewed or revoked. Respondent has also been a licensed registered pharmacist in the State of Nevada since May 10, 1991.

2. On September 16, 2016, acting solely in her official capacity, complainant issued an Accusation against respondent seeking to revoke or suspend respondent's license based on the conduct described below. The Accusation alleges the following causes for discipline: (1) Violation of State Laws Regulating Controlled Substances; (2) Self-administration of a Controlled Substance in a Manner Dangerous or Injurious; (3) Acts

Involving Moral Turpitude, Dishonesty, Fraud, Deceit, or Corruption; and (4) Violation of the Pharmacy Law.

3. On May 4, 2017, respondent stipulated to the truth of all legal and factual allegations and causes for discipline contained in the Accusation. The Accusation specifies the following factual allegations:

- a. On or about March 23, 2014, while on duty at Costco, respondent verified an order for hydrocodone/acetaminophen 10/325. Respondent's work was checked and the order was found to be short three tablets. Video surveillance footage revealed respondent taking tablets from the order. Costco management subsequently interviewed respondent regarding the incident and, after confronted with video surveillance footage, she admitted that she took three tablets from the order, ingested one, and flushed the remaining tablets down the toilet.
- b. On or about April 4, 2014, "P.Y.," the pharmacist in charge for Costco, notified the Board that respondent was terminated from Costco for her alleged theft of hydrocodone including, but not limited to, [on] March 23, 2014.
- c. On or about March 3, 2015, respondent admitted to Board representatives that she stole hydrocodone tablets from Costco, one of which she self-administered that same day while at work. Respondent also admitted to stealing hydrocodone from Costco on one other occasion, admitted that she ingested hydrocodone prescribed to her husband, and that she became addicted to hydrocodone around 2006 – 2007. A review of Costco's video surveillance footage for the period [of] on or about January 27, 2014, to March 23, 2014, revealed that respondent stole tablets containing hydrocodone from Costco on multiple occasions.

Evidence of Rehabilitation, Mitigation and Aggravation

4. Respondent began working as a graduate intern with Kaiser Permanente in Roseville in 1990. She promoted to pharmacist and then to supervising pharmacist. As a supervising pharmacist she worked as the pharmacist-in-charge. She supervised 25 employees, including 12 pharmacists, and managed day-to-day pharmacy operations. In 2004, she promoted to regional pharmacy manager in Kaiser Permanente's pharmacy refill call center. As a call center pharmacy manager, she shared responsibility for authorizing and processing prescription refills for more than 125 Kaiser Permanente pharmacies in the

Northern California region. No controlled substances were maintained at the Kaiser Permanente pharmacy refill call center.

5. Prior to accepting employment at Costco, respondent was in what she described as an abusive relationship. She had been married for 18 years, and had three children. She asserted that her husband was verbally and emotionally abusive to her. Respondent was working very long hours at Kaiser at the time and did not know how to deal with the combined work and personal stressors. She turned to prescription medication to numb herself. Her husband had a valid prescription for Vicodin as part of a pain management treatment program.¹ Respondent began secretly taking her husband's Vicodin tablets from his prescription bottles to "escape" the difficulties of home life. She testified that she would usually take the Vicodin when she came home from work "and let the evening fly by." She became addicted. When respondent's husband discovered that she was secretly taking his prescription medication, he belittled her by teasing her and calling her names like "junkie."

6. In July 2012, respondent accepted a position as a relief pharmacist for Costco. As a relief pharmacist, respondent worked part-time on an on-call basis at the central fill pharmacy. She was reluctant to work at the Costco pharmacy, because they maintained controlled substances on site. She had worked at the Kaiser Permanente pharmacy call center for years while addicted to narcotics without issue, as there were no controlled substances on site. Despite her reluctance, respondent accepted the position to earn additional income to assist with her family's financial needs. She stole controlled substances while working for Costco as described in Finding 3, above. Costco terminated her employment effective March 27, 2014.

7. Respondent learned of the Maximus Drug Diversion Program on the day she was terminated from employment at Costco. She contacted them that same day and asked for help. After a series of interviews, she enrolled in the diversion program May 1, 2014. Through the diversion program, respondent enrolled in a 60-day residential treatment program at Promises Treatment Center in Santa Monica. Respondent initially told her family she had checked herself into a mental hospital for care to avoid telling them of her drug addiction. When she eventually disclosed her addiction to her children, they were aware of her addiction and were supportive of her recovery efforts.

8. As a Maximus program participant, respondent abstained from mind altering substances, submitted to random drug testing, attended support group meetings twice a week, and attended Alcoholics Anonymous (AA) 12-Step meetings daily for the first 90 days of the program. Respondent prefers to attend AA meetings, rather than Narcotics Anonymous meetings, and now attends AA meetings four times a week. She completed the residential treatment program on August 6, 2014, and returned to the Sacramento area. Respondent filed for divorce in September 2014.

¹ Vicodin contains a combination of hydrocodone and acetaminophen.

9. Respondent entered the Kaiser Permanente Chemical Dependency Program on September 24, 2014, and graduated March 31, 2015. After graduating from the chemical dependency program, respondent joined Kaiser's chemical codependency program to ensure she had another resource to rely upon as she went through her divorce. She attends weekly counseling group sessions and also attends self-help group sessions no less than twice a week. Respondent is going through the 12-Steps for her third time and completes one step each month. She practices Step 10 of the program daily, by taking a personal inventory of herself and acknowledging her faults.

10. Respondent plans to "always go to AA." She has many friends in recovery and has developed a valued relationship with her sponsor. Respondent understands the Board's concern with her fitness for licensure, considering her addiction and the access pharmacists have to controlled substances. However, she feels she is safe to practice despite her history as she has taken several steps to address the "triggers" that led to her addiction. She felt her unhappy marriage was a primary trigger. She is now divorced. Through the Promises in-patient treatment program respondent learned to be more expressive about her feelings. She testified that she "learned that her silence does not help her" and that she "doesn't have to live a secretive life anymore because of her shame." Respondent currently works as a staff pharmacist for Pacific West Pharmacy, in Rocklin. She has not used controlled substances since March 23, 2014, and no longer has a desire to numb herself with medication.

11. Respondent submitted nine character reference letters, from colleagues, family, and friends, to support her fitness for licensure. Those letters consistently describe respondent as an exceptional pharmacist, a supportive friend, a loving mother, and a person dedicated to her recovery. Respondent also submitted proof of regular attendance at AA meetings, proof of 64.5 hours of continuing education completed between March 2013 and March 2016, a compliance letter from her Maximus clinical case manager, and a favorable performance evaluation from March 16, 2017. Respondent's character reference letters and additional materials were admitted as administrative hearsay and have been considered to the extent permitted under Government Code section 11513, subdivision (d).²

Discipline

12. As respondent stipulated to the truth of all facts and allegations constituting the causes for discipline in the Accusation, only the issue of discipline must be determined. The Board has adopted "Disciplinary Guidelines (Rev. 10/2007)" (Guidelines), which sets forth factors to be considered in reaching a decision on a disciplinary action. (Cal. Code Regs., tit. 16, § 1760.) The Guidelines divide the statutory and regulatory provisions

² Government Code section 11513, subdivision (d), provides, in pertinent part, that "[h]earsay evidence may be used for the purpose of supplementing or explaining other evidence but over timely objection shall not be sufficient in itself to support a finding unless it would be admissible over objection in civil actions ..."

pertaining to pharmacy technicians into three categories – Category I, Category II, and Category III – and provides a recommended minimum and maximum discipline for each category.

13. Of the nine statutory violations specified in the Accusation, five are Category II violations, three are Category III violations, and one violation, Business and Professions Code section 4301, subdivision (j), is listed in the Guidelines under both Category II and Category III. The Guidelines provide the following regarding these penalties:

The recommended penalty for a Category II violation is:

Minimum: Revocation; Revocation stayed, three years probation (five years probation where self-administration or diversion of controlled substances is involved). All standard terms and conditions shall be included and optional terms and conditions as appropriate.

Maximum: Revocation

The recommended penalty for a Category III violation is:

Minimum: Revocation; Revocation stayed, 90 days actual suspension, three years probation (five years probation where self-administration or diversion of controlled substances is involved). All standard terms and conditions shall be included and optional terms and conditions as appropriate.

Maximum: Revocation

¶¶ ... ¶¶

Section 4300 of the Business and Professions Code provides that the board may discipline the holder of, and suspend or revoke, any certificate, license or permit issued by the board.

In determining whether the minimum, maximum, or an intermediate penalty is to be imposed in a given case, factors such as the following should be considered:

1. actual or potential harm to the public
2. actual or potential harm to any consumer

3. prior disciplinary record, including level of compliance with disciplinary order(s)
4. prior warning(s), including but not limited to citation(s) and fine(s), letter(s) of admonishment, and/or correction notice(s)
5. number and/or variety of current violations
6. nature and severity of the act(s), offense(s) or crime(s) under consideration
7. aggravating evidence
8. mitigating evidence
9. rehabilitation evidence
10. compliance with terms of any criminal sentence, parole, or probation
11. overall criminal record
12. if applicable, evidence of proceedings for case being set aside and dismissed pursuant to Section 1203.4 of the Penal Code
13. time passed since the act(s) or offense(s)
14. whether the conduct was intentional or negligent, demonstrated incompetence, or, if the respondent is being held to account for conduct committed by another, the respondent had knowledge of or knowingly participated in such conduct
15. financial benefit to the respondent from the misconduct.

No single one or combination of the above factors is required to justify the minimum and/or maximum penalty in a given case, as opposed to an intermediate one.

14. Respondent violated multiple provisions of the Pharmacy Law by stealing tablets containing hydrocodone from Costco, and from her husband, and ingesting them. There was no evidence that she had a valid prescription for the controlled substances. While there was no evidence that the public or any consumer was harmed by respondent's conduct, her actions placed her employer's pharmacy license at risk. Moreover the risk associated with a licensed pharmacist distributing controlled substances while under the influence of drugs is indisputable.

15. Respondent has no history of discipline or warnings by the Board. She recognized that she needed help with her addiction when she was caught stealing medication from her employer, and took immediate and appropriate steps to overcome her addiction and begin recovery. Respondent voluntarily enrolled in the Maximus program, she completed a 60-day in-patient residential treatment program, and also completed an 18-month chemical dependency program. She has been clean for more than three years and actively participates in AA. Her character reference letters were strong and supportive. Respondent has removed the "triggers" from her life that contributed to her desire to use drugs, and has developed a

support system to rely upon during challenging times. She expressed sincere remorse for her actions and has made significant progress in regaining the trust of her friends, family, and colleagues. When all the evidence is considered, given the factors identified in Business and Professions Code section 4300, respondent submitted sufficient evidence of rehabilitation to demonstrate that the public health, safety and welfare would be adequately protected if respondent is placed on probation for four years under the terms and conditions set forth below.

16. While the Guidelines specify that the minimum recommended discipline for at least two of the established causes of action is a 90-day license suspension with five years of probation, that level of discipline is not appropriate under these circumstances. Respondent self-referred to the Maximus drug diversion program in May 2014, and has remained in full compliance with its requirements for more than two years. The steps she has taken, by her own initiative, to address her addiction are praiseworthy. She should be given appropriate credit for her efforts and their results.

Reasonable Costs

17. Complainant has requested that respondent be ordered to pay the Board's costs for investigation and enforcement in the amount of \$14,071.50. The costs for prosecuting this matter are supported by a Certification of Costs and a declaration of the Deputy Attorney General. Attached to the certification is a computer printout of the tasks the Attorney General's office performed, the amount of time spent performing those tasks, and the amounts charged. The investigative costs are specified in a Certification of Investigative Costs, and a declaration from the Board investigator that specifies the investigative tasks performed, the number of hours spent on each task and the hourly rate for those services. Respondent did not object to the costs requested by complainant. The requested costs are reasonable, given the allegations and issues in this matter. Complainant's request for costs is addressed in the Legal Conclusions below.

LEGAL CONCLUSIONS

1. To discipline respondent's license, complainant must prove cause for disciplinary action by clear and convincing evidence to a reasonable certainty. (*Ettinger v. Board of Medical Quality Assurance* (1982) 135 Cal.App.3d 853, 855-856.)

2. Business and Professions Code section 4300, subdivision (a), provides that "[e]very license issued may be suspended or revoked."

3. Business and Professions Code section 4021 provides that "[c]ontrolled substance" means any substance listed in Chapter 2 (commencing with Section 11053) of Division 10 of the Health and Safety Code.

4. Business and Professions Code section 4022 provides:

"Dangerous drug" or "dangerous device" means any drug or device unsafe for self-use in humans or animals, and includes the following: (a) Any drug that bears the legend: "Caution: federal law prohibits dispensing without prescription," "Rx only," or words of similar import. (b) Any device that bears the statement: "Caution: federal law restricts this device to sale by or on the order of a _____," "Rx only," or words of similar import, the blank to be filled in with the designation of the practitioner licensed to use or order use of the device. (c) Any other drug or device that by federal or state law can be lawfully dispensed only on prescription or furnished pursuant to Section 4006.

5. Pursuant to Business and Professions Code section 4301, the Board may discipline any holder of a license who has engaged in unprofessional conduct. Unprofessional conduct shall include, but is not limited to, any of the following:

[§] ... [§]

(f) The commission of any act involving moral turpitude, dishonesty, fraud, deceit, or corruption, whether the act is committed in the course of relations as a licensee or otherwise, and whether the act is a felony or misdemeanor or not.

[§] ... [§]

(h) The administering to oneself, of any controlled substance, or the use of any dangerous drug or of alcoholic beverages to the extent or in a manner as to be dangerous or injurious to oneself, to a person holding a license under this chapter, or to any other person or to the public, or to the extent that the use impairs the ability of the person to conduct with safety to the public the practice authorized by the license.

[§] ... [§]

(j) The violation of any of the statutes of this state, of any other state, or of the United States regulating controlled substances or dangerous drugs.

[§] ... [§]

(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.

6. Health and Safety Code section 11173, subdivision (a), provides in part: "No person shall obtain or attempt to obtain controlled substances, or procure or attempt to procure the administration of or prescription for controlled substances, (1) by fraud, deceit, misrepresentation, or subterfuge; or (2) by the concealment of a material fact..."

7. Complainant established cause to discipline respondent's license pursuant to Business and Professions Code section 4301, subdivision (f), and Health and Safety Code section 11173, subdivision (a), by reason of the matters set forth in Finding 3. Complainant established through clear and convincing evidence that respondent committed acts involving moral turpitude, dishonesty, fraud, deceit, or corruption when she stole tablets containing hydrocodone from both her husband and Costco and ingested them.

8. Business and Professions Code section 4060 provides:

A person shall not possess any controlled substance, except that furnished to a person upon the prescription of a physician, dentist, podiatrist, optometrist, veterinarian, or naturopathic doctor pursuant to Section 3640.7, or furnished pursuant to a drug order issued by a certified nurse-midwife pursuant to Section 2746.51, a nurse practitioner pursuant to Section 2836.1, a physician assistant pursuant to Section 3502.1, a naturopathic doctor pursuant to Section 3640.5, or a pharmacist pursuant to Section 4052.1, 4052.2, or 4052.6.

9. Health and Safety Code section 11350, subdivision (a), provides:

Except as otherwise provided in this division, every person who possesses (1) any controlled substance specified in subdivision (b) or (c), or paragraph (1) of subdivision (f) of Section 11054, specified in paragraph (14), (15), or (20) of subdivision (d) of Section 11054, or specified in subdivision (b) or (c) of Section 11055, or specified in subdivision (h) of Section 11056, or (2) any controlled substance classified in Schedule III, IV, or V which is a narcotic drug, unless upon the written prescription of a physician, dentist, podiatrist, or veterinarian licensed to practice in this state, shall be punished by imprisonment pursuant to subdivision (h) of Section 1170 of the Penal Code.

10. Complainant established cause to discipline respondent's license pursuant to Business and Professions Code section 4060, and Health and Safety Code section 11350, subdivision (a), by reason of the matters set forth in Finding 3. Complainant established through clear and convincing evidence that respondent possessed a controlled substance that was not obtained pursuant to a valid prescription, when she stole tablets containing hydrocodone from both her husband and Costco and ingested them.

11. Business and Professions Code section 4059, subdivision (a), provides that "[a] person may not furnish any dangerous drug, except upon the prescription of a physician, dentist, podiatrist, optometrist, veterinarian, or naturopathic doctor pursuant to Section 3640.7."

12. Health and Safety Code section 11170 provides that "[n]o person shall prescribe, administer, or furnish a controlled substance for himself."

13. Complainant established cause to discipline respondent's license for unprofessional conduct pursuant to Business and Professions Code sections 4301, subdivision (h), and 4059, subdivision (a), and Health and Safety Code section 11170, by reason of the matters set forth in Finding 3. Complainant established through clear and convincing evidence that respondent administered a dangerous drug or controlled substance to herself to an extent or in a manner that was dangerous or injurious to her or any other person or the public.

14. Health and Safety Code section 11173, subdivision (a), provides in part: "No person shall obtain or attempt to obtain controlled substances, or procure or attempt to procure the administration of or prescription for controlled substances, (1) by fraud, deceit, misrepresentation, or subterfuge; or (2) by the concealment of a material fact..."

15. Complainant established cause to discipline respondent's license for unprofessional conduct pursuant to Business and Professions Code section 4301, subdivision (j), by reason of the matters set forth in Finding 3. Complainant established through clear and convincing evidence that respondent attempted to obtain a dangerous drug and controlled substance by theft and deceit, in violation of Health and Safety Code section 11173, subdivision (a), and Business and Professions Code section 4022.

16. Complainant established cause to discipline respondent's license for unprofessional conduct pursuant to Business and Professions Code section 4301, subdivision (o), by reason of the matters set forth in Finding 3. Complainant established through clear and convincing evidence that respondent violated provisions of the applicable federal and state laws and regulations governing pharmacy.

17. As set forth in Finding 15, respondent submitted sufficient evidence of rehabilitation to demonstrate that it would be consistent with the public health, safety and welfare to allow her to retain her certificate on a probationary basis subject to the terms and

conditions set forth below. As a condition of probation respondent must continue to participate in the Board's Pharmacist Recovery Program

18. Pursuant to Business and Professions Code section 125.3, a licensee found to have violated a licensing act may be ordered to pay the reasonable costs of investigation and prosecution of a case. In *Zuckerman v. Board of Chiropractic Examiners* (2002) 29 Cal.4th 32, the California Supreme Court set forth factors to be considered in determining the reasonableness of the costs sought pursuant to statutory provisions like Business and Professions Code section 125.3. These factors include whether the licensee has succeeded at hearing in getting charges dismissed or reduced, the licensee's subjective good faith belief in the merits of his or her position, whether the licensee has raised a colorable challenge to the proposed discipline, the financial ability of the licensee to pay, and whether the scope of the investigation was appropriate, given the alleged misconduct.

19. Complainant seeks \$14,071.50 in costs. Respondent stipulated to the truth of all legal and factual allegations and causes for discipline contained in the Accusation. The scope of the investigation and prosecution was appropriate in light of the alleged misconduct, and respondent is currently employed as a staff pharmacist. When all the *Zuckerman* factors are considered, there is no basis to reduce the reasonable costs sought by complainant. The Board may assess respondent's financial circumstances in determining whether she should be allowed to pay these costs over time according to a payment plan acceptable to the Board.

ORDER

Original Pharmacist License Number RPH 43830 issued to respondent Dina M. El-Sayed, also known as Dina Hallack, is revoked. However, the revocation is stayed and respondent is placed on probation for four (4) years upon the following terms and conditions:

1. Pharmacists Recovery Program (PRP). Within thirty (30) days of the effective date of this decision, respondent shall contact the Pharmacists Recovery Program (PRP) for evaluation, and shall immediately thereafter enroll, successfully participate in, and complete the treatment contract and any subsequent addendums as recommended and provided by the PRP and as approved by the Board or its designee. The costs for PRP participation shall be borne by respondent.

If respondent is currently enrolled in the PRP, said participation is now mandatory and as of the effective date of this decision is no longer considered a self-referral under Business and Professions Code section 4362(c)(2). Respondent shall successfully participate in and complete her current contract and any subsequent addendums with the PRP.

Failure to timely contact or enroll in the PRP, or successfully participate in and complete the treatment contract and/or any addendums, shall be considered a violation of probation.

Probation shall be automatically extended until respondent successfully completes the PRP. Any person terminated from the PRP program shall be automatically suspended by the Board. Respondent may not resume the practice of pharmacy until notified by the Board in writing.

Any confirmed positive test for alcohol or for any drug not lawfully prescribed by a licensed practitioner as part of a documented medical treatment shall result in the automatic suspension of practice by respondent and shall be considered a violation of probation. Respondent may not resume the practice of pharmacy until notified by the Board in writing.

During suspension, respondent shall not enter any pharmacy area or any portion of the licensed premises of a wholesaler, veterinary food-animal drug retailer or any other distributor of drugs which is licensed by the board, or any manufacturer, or where dangerous drugs and devices or controlled substances are maintained. Respondent shall not practice pharmacy nor do any act involving drug selection, selection of stock, manufacturing, compounding, dispensing or patient consultation; nor shall respondent manage, administer, or be a consultant to any licensee of the Board, or have access to or control the ordering, manufacturing or dispensing of dangerous drugs and controlled substances. Respondent shall not resume practice until notified by the Board.

During suspension, respondent shall not engage in any activity that requires the professional judgment of a pharmacist. Respondent shall not direct or control any aspect of the practice of pharmacy. Respondent shall not perform the duties of a pharmacy technician or a designated representative for any entity licensed by the Board.

Subject to the above restrictions, respondent may continue to own or hold an interest in any licensed premises in which he or she holds an interest at the time this decision becomes effective unless otherwise specified in this order.

Failure to comply with this suspension shall be considered a violation of probation.

Respondent shall pay administrative fees as invoiced by the PRP or its designee. Fees not timely paid to the PRP shall constitute a violation for probation. The Board will collect unpaid administrative fees as part of the annual probation monitoring costs if not submitted to the PRP.

Respondent shall work in a pharmacy setting with access to controlled substances for six (6) consecutive months before successfully completing probation. If respondent fails to do so, probation shall be automatically extended until this condition has been met. Failure to satisfy this condition within six (6) months beyond the original date of expiration of the term of probation shall be considered a violation of probation.

2. Obey All Laws. Respondent shall obey all state and federal laws and regulations. Respondent shall report any of the following occurrences to the board, in writing, within seventy-two (72) hours of such occurrence:

- an arrest or issuance of a criminal complaint for violation of any provision of the Pharmacy Law, state and federal food and drug laws, or state and federal controlled substances laws
- a plea of guilty or nolo contendere in any state or federal criminal proceeding to any criminal complaint, information or indictment
- a conviction of any crime, discipline, citation, or other administrative action filed by any state or federal agency which involves respondent's pharmacist license or which is related to the practice of pharmacy or the manufacturing, obtaining, handling, distributing, billing, or charging for any drug, device or controlled substance.

Failure to timely report such occurrence shall be considered a violation of probation.

3. Report to the Board. Respondent shall report to the Board quarterly, on a schedule as directed by the Board or its designee. The report shall be made either in person or in writing, as directed. Among other requirements, respondent shall state in each report under penalty of perjury whether there has been compliance with all the terms and conditions of probation. Failure to submit timely reports in a form as directed shall be considered a violation of probation. Any period(s) of delinquency in submission of reports as directed may be added to the total period of probation. Moreover, if the final probation report is not made as directed, probation shall be automatically extended until such time as the final report is made and accepted by the Board.

4. Interview with the Board. Upon receipt of reasonable prior notice, respondent shall appear in person for interviews with the Board or its designee, at such intervals and locations as are determined by the Board or its designee. Failure to appear for any scheduled interview without prior notification to Board staff, or failure to appear for two (2) or more scheduled interviews with the Board or its designee during the period of probation, shall be considered a violation of probation.

5. Cooperate with Board Staff. Respondent shall cooperate with the Board's inspection program and with the Board's monitoring and investigation of respondent's compliance with the terms and conditions of her probation. Failure to cooperate shall be considered a violation of probation.

6. Continuing Education. Respondent shall provide evidence of efforts to maintain skill and knowledge as a pharmacist as directed by the Board or its designee.

7. Notice to Employers. During the period of probation, respondent shall notify all present and prospective employers of the decision in case number 5795 and the terms, conditions and restrictions imposed on respondent by the decision, as follows:

Within thirty (30) days of the effective date of this decision, and within fifteen (15) days of respondent undertaking any new employment, respondent shall cause her direct supervisor, pharmacist-in-charge (including each new pharmacist-in-charge employed during respondent's tenure of employment) and owner to report to the Board in writing acknowledging that the listed individual(s) has/have read the decision in case number 5795, and terms and conditions imposed thereby. It shall be respondent's responsibility to ensure that her employer(s) and/or supervisor(s) submit timely acknowledgment(s) to the Board.

If respondent works for or is employed by or through a pharmacy employment service, respondent must notify her direct supervisor, pharmacist-in-charge, and owner at every entity licensed by the Board of the terms and conditions of the decision in case number 5795 in advance of respondent commencing work at each licensed entity. A record of this notification must be provided to the Board upon request.

Furthermore, within thirty (30) days of the effective date of this decision, and within fifteen (15) days of respondent undertaking any new employment by or through a pharmacy employment service, respondent shall cause her direct supervisor with the pharmacy employment service to report to the Board in writing acknowledging that he or she has read the decision in case number 5795 and the terms and conditions imposed thereby. It shall be respondent's responsibility to ensure that her employer(s) and/or supervisor(s) submit timely acknowledgment(s) to the Board.

Failure to timely notify present or prospective employer(s) or to cause that/those employer(s) to submit timely acknowledgments to the Board shall be considered a violation of probation.

"Employment" within the meaning of this provision shall include any full-time, part-time, temporary, relief or pharmacy management service as a pharmacist or any position for which a pharmacist license is a requirement or criterion for employment, whether respondent is an employee, independent contractor or volunteer.

8. No Supervision of Interns, Serving as Pharmacist-in-Charge (PIC), Serving as Designated Representative-in-Charge, or Serving as a Consultant. During the period of probation, respondent shall not supervise any intern pharmacist, be the pharmacist-in-charge or designated representative-in-charge of any entity licensed by the Board nor serve as a consultant unless otherwise specified in this order. Assumption of any such unauthorized supervision responsibilities shall be considered a violation of probation.

9. Reimbursement of Board Costs. As a condition precedent to successful completion of probation, respondent shall pay to the Board its costs of investigation and prosecution in the amount of \$14,071.50. Respondent shall make said payments in accordance with any installment payment plan worked out with the Board.

There shall be no deviation from this schedule absent prior written approval by the Board or its designee. Failure to pay costs by the deadline(s) as directed shall be considered a violation of probation.

The filing of bankruptcy by respondent shall not relieve respondent of her responsibility to reimburse the Board its costs of investigation and prosecution.

10. Probation Monitoring Costs. Respondent shall pay any costs associated with probation monitoring as determined by the Board each and every year of probation. Such costs shall be payable to the Board on a schedule as directed by the Board or its designee. Failure to pay such costs by the deadline(s) as directed shall be considered a violation of probation.

11. Status of License. Respondent shall, at all times while on probation, maintain an active, current license with the Board, including any period during which suspension or probation is tolled. Failure to maintain an active, current license shall be considered a violation of probation.

If respondent's license expires or is cancelled by operation of law or otherwise at any time during the period of probation, including any extensions thereof due to tolling or otherwise, upon renewal or reapplication respondent's license shall be subject to all terms and conditions of this probation not previously satisfied.

12. License Surrender While on Probation/Suspension. Following the effective date of this decision, should respondent cease practice due to retirement or health, or be otherwise unable to satisfy the terms and conditions of probation, respondent may tender her license to the Board for surrender. The Board or its designee shall have the discretion whether to grant the request for surrender or take any other action it deems appropriate and reasonable. Upon formal acceptance of the surrender of the license, respondent will no longer be subject to the terms and conditions of probation. This surrender constitutes a record of discipline and shall become a part of respondent's license history with the Board.

Upon acceptance of the surrender, respondent shall relinquish her pocket and wall license to the Board within ten (10) days of notification by the Board that the surrender is accepted. Respondent may not reapply for any license from the Board for three (3) years from the effective date of the surrender. Respondent shall meet all requirements applicable to the license sought as of the date the application for that license is submitted to the Board, including any outstanding costs.

13. Notification of a Change in Name, Residence Address, Mailing Address or Employment. Respondent shall notify the Board in writing within ten (10) days of any change of employment. Said notification shall include the reasons for leaving, the address of the new employer, the name of the supervisor and owner, and the work schedule if known. Respondent shall further notify the Board in writing within ten (10) days of a change in name, residence address, mailing address, or phone number.

Failure to timely notify the Board of any change in employer(s), name(s), address(es), or phone number(s) shall be considered a violation of probation.

14. Tolling of Probation. Except during periods of suspension, respondent shall, at all times while on probation, be employed as a pharmacist in California for the Board-determined minimum number of hours per calendar month. Any month during which this minimum is not met shall toll the period of probation, i.e., the period of probation shall be extended by one month for each month during which this minimum is not met. During any such period of tolling of probation, respondent must nonetheless comply with all terms and conditions of probation.

Should respondent, regardless of residency, for any reason (including vacation) cease practicing as a pharmacist for the Board-determined minimum number of hours per calendar month in California, respondent must notify the Board in writing within ten (10) days of the cessation of practice, and must further notify the Board in writing within ten (10) days of the resumption of practice. Any failure to provide such notification(s) shall be considered a violation of probation.

It is a violation of probation for respondent's probation to remain tolled pursuant to the provisions of this condition for a total period, counting consecutive and non-consecutive months, exceeding thirty-six (36) months.

"Cessation of practice" means any calendar month during which respondent is not practicing as a pharmacist for at least the minimum hours, as defined by Business and Professions Code section 4000 et seq. "Resumption of practice" means any calendar month during which respondent is practicing as a pharmacist for at least the minimum hours as a pharmacist as defined by Business and Professions Code section 4000 et seq.

15. Violation of Probation. If a respondent has not complied with any term or condition of probation, the Board shall have continuing jurisdiction over respondent, and probation shall automatically be extended, until all terms and conditions have been satisfied or the Board has taken other action as deemed appropriate to treat the failure to comply as a violation of probation, to terminate probation, and to impose the penalty that was stayed.

If respondent violates probation in any respect, the Board, after giving respondent notice and an opportunity to be heard, may revoke probation and carry out the

disciplinary order that was stayed. Notice and opportunity to be heard are not required for those provisions stating that a violation thereof may lead to automatic termination of the stay and/or revocation of the license. If a petition to revoke probation or an accusation is filed against respondent during probation, the Board shall have continuing jurisdiction and the period of probation shall be automatically extended until the petition to revoke probation or accusation is heard and decided.

16. Completion of Probation. Upon written notice by the Board or its designee indicating successful completion of probation, respondent's license will be fully restored.

DATED: June 9, 2017

DocuSigned by:
Ed Washington
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ED WASHINGTON
Administrative Law Judge
Office of Administrative Hearings

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7 *Attorneys for Complainant*

8 **BEFORE THE**
BOARD OF PHARMACY
9 **DEPARTMENT OF CONSUMER AFFAIRS**
10 **STATE OF CALIFORNIA**

11 In the Matter of the Accusation Against:

Case No. 5795

12 **DINA M. EL-SAYED**
P.O. Box 254615
13 Sacramento, CA 95865

A C C U S A T I O N

14 **Original Pharmacist License No. RPH 43830**

15 Respondent.

16
17 Virginia Herold ("Complainant") alleges:

18 **PARTIES**

19 1. Complainant brings this Accusation solely in her official capacity as the Executive
20 Officer of the Board of Pharmacy ("Board"), Department of Consumer Affairs.

21 2. On or about August 21, 1990, the Board issued Original Pharmacist License Number
22 RPH 43830 to Dina M. El-Sayed, also known as Dina Hallack ("Respondent"). The Original
23 Pharmacist License was in full force and effect at all times relevant to the charges brought herein
24 and will expire on September 30, 2016, unless renewed.

25 **JURISDICTION**

26 3. This Accusation is brought before the Board under the authority of the following
27 laws. All section references are to the Business and Professions Code ("Code") unless otherwise
28 indicated.

1 4. Code section 4011 provides, in pertinent part, that the Board shall administer and
2 enforce both the Pharmacy Law [Code, § 4000 et seq.] and the Uniform Controlled Substances
3 Act [Health & Safety Code, § 11000 et seq.].

4 5. Code section 4300 states, in pertinent part, that every license issued may be
5 suspended or revoked.

6 6. Code section 4300.1 states:

7 The expiration, cancellation, forfeiture, or suspension of a board-issued license
8 by operation of law or by order or decision of the board or a court of law, the
9 placement of a license on a retired status, or the voluntary surrender of a license by a
10 licensee shall not deprive the board of jurisdiction to commence or proceed with any
11 investigation of, or action or disciplinary proceeding against, the licensee or to
12 render a decision suspending or revoking the license.

13 STATUTORY PROVISIONS

14 7. Code section 4301 states, in pertinent part:

15 The board shall take action against any holder of a license who is guilty of
16 unprofessional conduct or whose license has been procured by fraud or
17 misrepresentation or issued by mistake. Unprofessional conduct shall include, but is
18 not limited to, any of the following:

19 (f) The commission of any act involving moral turpitude, dishonesty,
20 fraud, deceit, or corruption, whether the act is committed in the course of
21 relations as a licensee or otherwise, and whether the act is a felony or
22 misdemeanor or not.

23 (h) The administering to oneself, of any controlled substance, or the use
24 of any dangerous drug or of alcoholic beverages to the extent or in a manner
25 as to be dangerous or injurious to oneself, to a person holding a license under
26 this chapter, or to any other person or to the public, or to the extent that the
27 use impairs the ability of the person to conduct with safety to the public the
28 practice authorized by the license

 (j) The violation of any of the statutes of this state, or any other state, or of the
United States regulating controlled substances and dangerous drugs.

 (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

8. Code section 4021 states, "Controlled Substance' means any substance listed in
Chapter 2 (commencing with section 11053) of Division 10 of the Health and Safety Code."

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1 9. Code section 4022 states:

2 "Dangerous drug" or "dangerous device" means any drug or device unsafe for
3 self-use in humans or animals, and includes the following:

4 (a) Any drug that bears the legend: "Caution: federal law prohibits dispensing
5 without prescription," "Rx only," or words of similar import.

6 (b) Any device that bears the statement: "Caution: federal law restricts this
7 device to sale by or on the order of a _____," "Rx only," or words of similar import,
8 the blank to be filled in with the designation of the practitioner licensed to use or
9 order use of the device.

10 (c) Any other drug or device that by federal or state law can be lawfully
11 dispensed only on prescription or furnished pursuant to Section 4006.

12 10. Code section 4059(a) states, in pertinent part, that, "A person may not furnish any
13 dangerous drug, except upon the prescription of a physician, dentist, podiatrist, optometrist,
14 veterinarian, or naturopathic doctor pursuant to Section 3640.7."

15 11. Code section 4060 states, in pertinent part:

16 No person shall possess any controlled substance, except that furnished to a
17 person upon the prescription of a physician, dentist, podiatrist, optometrist,
18 veterinarian, or naturopathic doctor pursuant to Section 3640.7, or furnished pursuant
19 to a drug order issued by a certified nurse-midwife pursuant to Section 2746.51, a
20 nurse practitioner pursuant to Section 2836.1, or a physician assistant pursuant to
21 Section 3502.1, or naturopathic doctor pursuant to Section 3640.5, or a pharmacist
22 pursuant to Section 4052.1, 4052.2, or 4052.6.

23 12. Health and Safety Code section 11170 states, "no person shall prescribe,
24 administer, or furnish a controlled substance for himself."

25 13. Health and Safety Code section 11173(a), states:

26 No person shall obtain or attempt to obtain controlled substances, or procure or
27 attempt to procure the administration of or prescription for controlled substances,
28 (1) by fraud, deceit, misrepresentation, or subterfuge; or (2) by the concealment of a
material fact.

14. Health and Safety Code section 11350(a), states:

Except as otherwise provided in this division, every person who possesses
(1) any controlled substance specified in subdivision (b) or (c), or paragraph (1) of
subdivision (f) of Section 11054, specified in paragraph (14), (15), or (20) of
subdivision (d) of Section 11054, or specified in subdivision (b) or (c) of
Section 11055, or specified in subdivision (h) of Section 11056, or (2) any controlled
substance classified in Schedule III, IV, or V which is a narcotic drug, unless upon
the written prescription of a physician, dentist, podiatrist, or veterinarian licensed to
practice in this state, shall be punished by imprisonment pursuant to subdivision (h)
of Section 1170 of the Penal Code.

1 **COST RECOVERY**

2 15. Code section 125.3 provides, in pertinent part, that the Board may request the
3 administrative law judge to direct a licentiate found to have committed a violation or violations of
4 the licensing act to pay a sum not to exceed the reasonable costs of the investigation and
5 enforcement of the case, with failure of the licentiate to comply subjecting the license to not being
6 renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be
7 included in a stipulated settlement.

8 **DRUG**

9 16. *Hydrocodone bitartrate* and acetaminophen, is designated a Schedule II controlled
10 substance by Health and Safety Code section 11055(b)(1)(i), and is a dangerous drug pursuant to
11 Code section 4022. It is designated a Schedule II controlled substance by the Code of Federal
12 Regulations, Title 21, section 1308.12(b)(1)(vi).

13 **BACKGROUND**

14 17. Between on or about July 22, 2012, until her termination on or about March 23, 2014,
15 Respondent was employed as a licensed pharmacist for Costco Pharmacy No. 1043 ("Costco"),
16 located in West Sacramento, California. Respondent was responsible for confirming the accuracy
17 (by hand counting tablets) of electronically received prescriptions that were mechanically filled
18 and for entering her verification in a computer.

19 18. On or about March 23, 2014, while on duty at Costco, Respondent verified an order
20 for hydrocodone/acetaminophen 10/325. Respondent's work was checked and the order was
21 found to be short three tablets. Video surveillance footage revealed Respondent taking tablets
22 from the order. Costco management subsequently interviewed Respondent regarding the incident
23 and, after confronted with video surveillance footage, she admitted that she took three tablets
24 from the order, ingested one, and flushed the remaining tablets down the toilet.

25 19. On or about April 4, 2014, "P.Y.", the pharmacist in charge for Costco, notified the
26 Board that Respondent was terminated from Costco for her alleged theft of hydrocodone
27 including, but not limited to, March 23, 2014.

28 ///

20. On or about March 3, 2015, Respondent admitted to Board representatives that she stole hydrocodone tablets from Costco, one of which she self-administered that same day while at work. Respondent also admitted to stealing hydrocodone from Costco on one other occasion, admitted that she ingested hydrocodone prescribed to her husband, and that she became addicted to hydrocodone around 2006-2007. A review of Costco's video surveillance footage for the period on or about January 27, 2014, to March 23, 2014, revealed that Respondent stole tablets containing hydrocodone from Costco on multiple occasions.

FIRST CAUSE FOR DISCIPLINE

(Violation of State Laws Regulating Controlled Substances)

21. Respondent is subject to disciplinary action pursuant to Code section 4301(j), for unprofessional conduct, in that Respondent violated the following statutes, as more fully set forth in paragraphs 18 and 20, above:

a. Respondent possessed hydrocodone, a controlled substance and a dangerous drug, without a valid prescription from a physician, dentist, podiatrist, optometrist, veterinarian, or naturopathic doctor, a violation of Code section 4060 and Health and Safety Code Section 11350(a);

b. Respondent self-furnished hydrocodone, a dangerous drug, without a valid prescription from a physician, dentist, podiatrist, optometrist, veterinarian, or naturopathic doctor, a violation of Code section 4059(a).

c. Respondent self-administered hydrocodone, a controlled substance, a violation of Health and Safety Code Section 11170.

SECOND CAUSE FOR DISCIPLINE

(Self-Administration of a Controlled Substance in a Manner Dangerous or Injurious)

22. Respondent is subject to disciplinary action pursuant to Code section 4301(h), for unprofessional conduct, in that on or about March 23, 2014, Respondent self-administered hydrocodone in a manner dangerous or injurious to herself or others or to the extent that she could not practice as a pharmacist safely, in that she ingested hydrocodone, a narcotic known to impair

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1 a user's mental and/or physical abilities, while on duty as a pharmacist at Costco, as set forth
2 more fully in paragraphs 18 and 20, above.

3 **THIRD CAUSE FOR DISCIPLINE**

4 (Acts Involving Moral Turpitude, Dishonesty, Fraud, Deceit, or Corruption)

5 23. Respondent is subject to disciplinary action pursuant to Code section 4301(f), for
6 unprofessional conduct, in that while on duty as a pharmacist at Costco, she committed acts of
7 moral turpitude, dishonesty, fraud, or deceit, when:

8 a. Between on or about January 27, 2014, and March 23, 2014, Respondent stole
9 hydrocodone in violation of Health & Safety Code section 11173(a).

10 b. On or about March 23, 2014, while on duty as a pharmacist at Costco, Respondent
11 self-administered hydrocodone, a narcotic known to impair a user's mental and/or physical
12 abilities.

13 **FOURTH CAUSE FOR DISCIPLINE**

14 (Violation of the Pharmacy Law)

15 24. Respondent is subject to disciplinary action pursuant to Code section 4301(o), for
16 unprofessional conduct, in that she violated laws governing pharmacy, as set forth in
17 paragraphs 21 through 23, above.

18 **PRAYER**

19 **WHEREFORE**, Complainant requests that a hearing be held on the matters herein alleged,
20 and that following the hearing, the Board of Pharmacy issue a decision:

21 1. Revoking or suspending Original Pharmacist License Number RPH 43830, issued to
22 Dina M. El-Sayed, also known as Dina Hallack;

23 2. Ordering Dina M. El-Sayed, also known as Dina Hallack, to pay the Board of
24 Pharmacy the reasonable costs of the investigation and enforcement of this case, pursuant to
25 Business and Professions Code section 125.3; and,

26 ///

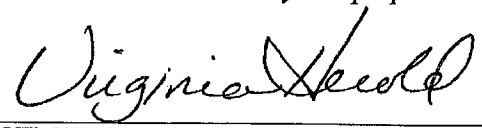
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3. Taking such other and further action as deemed necessary and proper.

DATED: 9/16/16



VIRGINIA HEROLD
Executive Officer
Board of Pharmacy
Department of Consumer Affairs
State of California
Complainant

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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: Danisha Middle: Michelle Last: Miller
Home Address: 14175 Mt. Charleston St. Apt #: _____
City: Reno State: NV Zip Code: 89506
Telephone: _____ Social Security Number: _____
Date of Birth: _____ Place of Birth: California 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 #: 719507 Date: 4/30/18

(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 type="checkbox"/>	<input checked="" 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 YES to any of the numbered questions (3-5) above, include the following information & <u>provide an explanation & documentation</u>:			
Board Administrative Action:	State	Date:	Case #:
		/ /	
Criminal Action:	State	Date:	Case #:
	CA	01/06/2012	12NFO124
		County	Court
		Orange	North Court
The Nevada Legislature requires that we include the following questions as part of all applications (NRS639.129)			
		Yes	No
Are you the subject of a court order for the support of a child?.....		<input type="checkbox"/>	<input checked="" type="checkbox"/>
IF you marked YES 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.

Danisha Miller Date: 4/19/18
Original Signature, no copies or stamps accepted

Board Use Only Date Processed: _____ Amount: \$40.00

106947

Nevada State Board of Pharmacy

Dear Board Members,

In life, we are dealt a certain hand, and we are forced to make hard decisions. Not all of these decisions are always the better decision and we all have to pay the consequences of our actions. In January of 2013, I made one of those bad decisions and it taught me a very important life-long lesson; one that I can apply to my everyday life. Sometimes I believe that this wasn't my first time facing this exact same decision, only difference is, I was able to recognize my actions and hold myself accountable.

I was convicted of grand theft, a felony offense in California, and consequently, I was ordered to serve 60 days in the county jail. Being in jail with all sorts of women, none of whom I would normally associate myself with, was very eye opening to a lot of things. My mother was in and out of jail during her time here on Earth, and I realized that I didn't want to be the person everyone said I would be. I was nineteen years old and lost in a world of lost souls. As I listened to the others stories while incarcerated, I quickly came to the conclusion that I did not want this to be my life. I knew I didn't belong. I am actively communicating with the courts and paralegals to get this charge expunged from my record.

Since then, I have been diligently working to trying to find a job, but with a felony on my background, I felt myself losing hope. I made sure I didn't end up back in jail by making more stupid decisions. For a few years, I went through college classes here and there and countless dead-end jobs that barely paid minimum wage while battling the struggle of homelessness. Still, I never gave up on myself. This last year, I decided to make the decision to come to Job Corps. I

was already twenty-four and the cut off age is twenty-four, and I went for it anyway. I took all the necessary steps I needed in order to attend Job Corps and I was accepted into Sierra Nevada Job Corps on October 31, 2017.

I have not had any contact with the police since they released me from jail in 2013. Since I have experienced so much defeat in the past due to my criminal background, I was originally interested in the Building Construction Technology program. However, my passion was with the Pharmacy Technician Program. I worked as a pharmacy clerk before and that is what originally piqued my interest in this career. I realized I had a natural liking to the pharmacy environment. I knew it was going to be tough but, after talking with my instructor and a few other staff members on campus, I soon became very hopeful for a career as a pharmacy technician. They helped me understand my obstacles and challenges, and I decided to persevere with my choice.

I have been on the Pharmacy Technicians class roster since January 16, 2018. Since then, I have worked very hard and dedicated myself to making sure I excel in this program and in life. Once my hope was restored, it became very easy for me to adapt to this new environment and soon I was soaring past other classmates. I am around 50% complete with my vocation and I am looking forward to being able to go on work- based learning so I can continue to advance my career as a pharmacy technician.

One of my instructors informed me of the "Trade Olympics" held here on center as a preliminary determining factor to send students to the Skills USA competition. I won 1st place as overall individual winner, 1st place in my vocation, and tied 2nd place in the written math test. From there, I received a silver medal from the Skills USA competition that was held April 10-13th. It was the most amazing experience in my life.

On center I have obtained a part-time job with MTC working in the cafeteria. I also am involved with several activities around campus. I am a leader on my dorm floor, which is considered a privilege. I am a student ambassador for my dorm and a peer inspector. I am one of the "hands-on" trainers for the new students interested in taking pharmacy tech as a vocation. I have participated in the advanced leadership class and developed a variety of leadership skills since my time here at job corps. Students around campus look up to me. And lastly, I just received the citizen of the month reward for my dorm.

I have been working hard to change my life around and think before I act. I made one dumb decision when I was nineteen that probably will haunt me for the rest of my life. I just hope that this isn't one of those times where one bad decision affects my future. I have a great passion for a career in the pharmacy field. I would love to be able to eventually become a pharmacist one day if possible. Although that is a huge leap of faith, I'm taking it day by day one step at a time. Hopefully, this will be my first step I will have successfully completed. I am ready to finally complete a positive challenge in my life.

Sincerely,

Danisha Miller



Case Summary

Case Number:		
OC Pay Number:	7006989	
Originating Court:	North	
Defendant:	Miller, Danisha Michelle	
Demographics:		
	Sex:	Female
	Eyes:	Brown
	Hair:	Brown
	Height(ft/in):	5'7"
	Weight (lbs):	210
	Race:	Black
	Address:	13834 Taft Street #4 Garden Grove, CA 92843
Identifiers:		
	Type	ID#
	CII	
	Driver's License	
	Social Security Number	

Names:					
	Last Name	First Name	Middle Name	Type	Date of Birth
	Miller	Danisha	Michelle	Real Name	11/13/1992

Case Status:	
Status:	Convicted
Case Stage:	
Release Status:	
Warrant:	N
DMV Hold:	N
Charging Document:	Complaint
Mandatory Appearance:	Y
Owner's Resp:	N
Amendment #:	0
DA Case #:	12F00301
DR #:	12-4681

Counts:									
	Seq	S/A	Violation Date	Section Statute	OL	Violation	Plea	Plea Date	Disposition
	1	D	01/06/2012	487(a)/508 PC	F	Grand theft by embezzlement clerk, agent, or servant	GUILTY	01/31/2013	Pled Guilty
									01/31/2013

Professionals:						
	Role	Badge	Agency	Name	Vacation Start	Vacation End
	Public Defender		OCPD	Laureles, Celia		
	Public Defender		OCPD	Pai, Irene		
	District Attorney		OCDA	Simmons, Christine		
	District Attorney		OCDA	Winter, Jeffrey L.		
	District Attorney		OCDA	Shute, Patricia		
	Public Defender		OCPD	Deputy Public Defender		
	District Attorney		OCDA	Kim, Lydia		
	District Attorney		OCDA	Buracchio, Nikk		
	Public Defender		OCPD	Vavakn, Laura Ruth		
	Public Defender		OCPD	Cardona, Tania		
	District Attorney		OCDA	Page, James Clifford III		
	Public Defender		OCPD	Snyder, Kevin		
	District Attorney		OCDA	Diaz, Raymond		
	District Attorney		OCDA	Hasan, Noorul		
	District Attorney		OCDA	Knight, Shannon		
	Public Defender		OCPD	Soto, Michael		

Hearings:					
	Date	Hearing Type - Reason	Courtroom	Hearing Status	Special Hearing Result

01/12/2012	Arraignment In Custody	CJ1	Heard	
01/23/2012	Pre Trial -	N12	Heard	60 calendar days
01/25/2012	Preliminary Hearing -	N12	Cancel	
02/29/2012	Pre Trial Disposition and Reset	N12	Heard	Reasonable Time Waiver
03/28/2012	Preliminary Hearing -	N12	Cancel	
04/13/2012	Pre Trial Disposition and Reset	N12	Heard	Reasonable Time Waiver
04/25/2012	Pre Trial Disposition and Reset	N12	Heard	
04/28/2012	Pre Trial Failure to Appear	N12	Heard	Reasonable Time Waiver
07/02/2012	Pre Trial Disposition and Reset	N12	Heard	Reasonable Time Waiver
09/24/2012	Pre Trial Disposition and Reset	N12	Heard	Reasonable Time Waiver
10/26/2012	Pre Trial Disposition and Reset	N12	Heard	Reasonable Time Waiver
11/05/2012	Preliminary Hearing -	N12	Cancel	
11/26/2012	Pre Trial Disposition and Reset	CCB1	Heard	
01/17/2013	Pre Trial -	CCB1	Heard	
01/28/2013	Pre Trial Collaborative Court Mental Health Court Eligibility	CCB1	Heard	10 court days
01/31/2013	Pre Trial -	N12	Heard	waives statutory time for
05/17/2013	Motion Transfer of Probation [PC1203.9]	C58	Heard	
08/28/2013	Motion Transfer of Probation [PC1203.9]	C58	Heard	

Warrants:								
	Status	Status Date	Judge	Warrant #	Issuing Court	Reason	Release Condition	Amount
	Recalled	01/17/2013	Lindley, Wendy S.	5489173	C	Bench	Mandatory Appearance	25000.0
	Withdrawn	04/26/2012		0	N	Bench	Mandatory Appearance	25000.0

Sentences:					
	Seq #	Sentence Date	Sentence	Disposition	
	1	01/31/2013	3 years Probation	Completed	01/30/2016
	2	01/31/2013	60 days Jail	Active	01/31/2013
	3	01/31/2013	Restitution	Active	01/31/2013
	4	01/31/2013	Victim Witness Emergency Fund	Active	01/31/2013

Jail:	
Credit Type	Credit
Actual time	21 Day(s)
Conduct time	21 Day(s)
Total time	42 Day(s)

Probation:			
Sent Seq #	Type	Term	End Date
1	FORMAL	3 years	01/30/2016

History:		
Status	Status Date	End Date
Active	01/31/2013	01/30/2016
Expired	01/30/2016	01/30/2016

Conditions:		
Cond #	Ordered Date	Condition
2	01/31/2013	Pay mandatory state restitution fine of \$240.00 pursuant to Penal Code 1202.4 or Penal Code 1202.4(b).
4	01/31/2013	Defendant to provide a state DNA sample and prints for the State DNA Database pursuant to PC 296 and PC 296.1 unless collection agency verifies in any available databases that the DNA sample has been previously collected.
5	01/31/2013	Provide a state DNA sample and prints for the State DNA Database pursuant to Penal Code 296 and Penal Code 296.1 and a buccal sample, prints and photograph to the Orange County District Attorney for permanent retention, analysis and search within any law enforcement database(s) for only law enforcement purposes immediately or, if in custody, within 72 hours of release.
6	01/31/2013	Use no unauthorized drugs, narcotics, or controlled substances and submit to drug or narcotic testing as directed by your probation or mandatory supervision officer, or any peace officer.
7	01/31/2013	Submit your person and property including any residence, premises, container, or vehicle under your control, to search and seizure at any time of the day or night by any law enforcement officer, probation officer, or mandatory supervision officer with or without a warrant, probable cause or reasonable suspicion.
8	01/31/2013	Cooperate with your probation or mandatory supervision officer in any plan for psychological, psychiatric, alcohol and/or drug treatment.
9	01/31/2013	Seek training, schooling, or employment and maintain residence as approved by your probation officer.
10	01/31/2013	Do not associate with persons known to you to be parolees, on post-release community supervision, convicted felons, users or sellers of illegal drugs, or otherwise disapproved of by probation or mandatory supervision.
11	01/31/2013	Do not own, use, or possess any type of dangerous or deadly weapon.

12	01/31/2013	Obey all orders, rules, and regulations, and directives of the Court, Jail, and Probation.
13	01/31/2013	Violate no law.
14	01/31/2013	Disclose terms and conditions of probation when asked by any law enforcement or probation officer.
16	01/31/2013	Pay cost of probation or mandatory supervision, according to ability to pay, as directed by your probation or mandatory supervision officer pursuant to Penal Code section 1203.1b.
17	01/31/2013	Defendant accepts terms and conditions of probation.
1	01/31/2013	Serve 60 Day(s) Orange County Jail as to count(s) 1.
3	01/31/2013	Pay restitution in the amount as determined and directed by Probation Officer as to count(s) 1..
15	01/31/2013	Pay \$250.00 to the Victim Witness Emergency Fund as to count(s) 1.

Register of Actions:

Date Action	Seq Nbr	Docket Code	Text
01/11/2012	1	FLDOC	Original Complaint filed on 01/11/2012 by Orange County District Attorney.
	2	FLNAM	Name filed: Miller, Danisha Michelle
	3	FLCNT	FELONY charge of 487(a)/508 PC filed as count 1. Date of violation: 01/08/2012.
	4	CLADD	Case calendared on 01/12/2012 at 10:00 AM in CJ1 for ARGN IC.
	5	F1959	Accusatory pleading filed by the prosecutor pursuant to Penal Code section 959.1.
	6	DFDNARC	Pursuant to Penal Code 298.1, defendant is required to provide DNA samples and thumb and palm prints.
01/12/2012	1	FITXT	Probable Cause Declaration filed.
	2	FIFCI	Booking Information Sheet filed.
	3	TXBKF	Request for booking fees received.
	4	DSTUP	Defendant's release status updated to reflect: In Custody.
	5	HHELD	Hearing held on 01/12/2012 at 10:00:00 AM in Department CJ1 for Arraignment in Custody.
	6	OFJUD	Judicial Officer: Donald Gaffney, Judge
	7	OFJA	Clerk: J. Gomez
	8	OFBAL	Balliff: Present
	9	OFREP	Court Reporter: Eric Throne
	10	APDDA	People represented by James Clifford Page III, Deputy District Attorney, present.
	11	APDPP	Defendant present in Court in propria persona.
	12	DFCSR2	Defendant provided a copy of the Advisement of Rights, form #1039, revision date October 2009, by the Court.
	13	APDPD	Court appoints Public Defender to represent Defendant.
	14	APDWP	Defendant present in Court with counsel Michael Soto, Public Defender.
	15	CPACK	Counsel acknowledges receipt of the charging document.
	16	WVRAA	Defendant waives reading and advisement of the Original Complaint.
	17	FLNGC	To the Original Complaint defendant pleads NOT GUILTY to count(s) 1.
	18	MORES	Defense reserves all motions.
	19	DFSFC	Defendant invokes his/her state, federal and constitutional rights.
	20	DFIRD	Informal request for discovery made by Defense.
	21	CLSET	Pre Trial set on 01/23/2012 at 08:30 AM in Department N12.
	22	CLSET	Preliminary Hearing set on 01/25/2012 at 08:30 AM in Department N12.
	23	DFOTR	Defendant ordered to appear.
	24	TEXT	The detention release officer recommends defendant released on her own recognizance.
	25	FIFPC	Fingerprint card is received and filed.
	26	DSROR	Court orders defendant released on own recognizance.
	27	FISOR	Agreement for Release on Own Recognizance signed and filed.
	28	NTRCO	Defendant released on this case only. Release issued.
	29	NTJAL	Notice to Sheriff issued.
	30	OFMEC	Minutes entered by RCoffey.
01/23/2012	1	HHELD	Hearing held on 01/23/2012 at 08:30:00 AM in Department N12 for Pre Trial.
	2	OFJUD	Judicial Officer: Jonathan Fish, Judge
	3	OFJA	Clerk: M. Estrada
	4	OFBAL	Balliff: M. Hewlett
	5	OFREP	Court Reporter: Nancy J. Bushman
	6	APDDA	People represented by Raymond Diaz, Deputy District Attorney, present.
	7	APDWP	Defendant present in Court with counsel Laura Ruth Schulz, Public Defender.
	8	CLSET2	Pre Trial re: Disposition and Reset set on 02/29/2012 at 08:30 AM in Department N12.
	9	CLSET	Preliminary Hearing set on 03/28/2012 at 08:30 AM in Department N12.
	10	DFOTR	Defendant ordered to appear.
	11	WVTPH	Court finds the defendant understandingly, knowingly, and voluntarily waives the right to a Preliminary Hearing within 60 calendar days of arraignment.
	12	DSROR	Court orders defendant released on own recognizance.

	13	OFMEC	Minutes entered by I. Rodriguez.
01/24/2012	1	CLCAN	PH set on 01/25/12 at 08:30 AM in N12 has been cancelled.
02/29/2012	1	HHELD	Hearing held on 02/29/2012 at 08:30:00 AM in Department N12 for Pre Trial Disposition and Reset.
	2	OFJUD	Judicial Officer: Jonathan Fish, Judge
	3	OFJA	Clerk: I. Rodriguez
	4	OFBAL	Balliff: M. Hewlett
	5	OFREP	Court Reporter: Emma Grant
	6	OFMEC	Minutes entered by A. Chiappone.
	7	APDDA	People represented by Raymund Diaz, Deputy District Attorney, present.
	8	APSPC	Olga Giller makes a special appearance for Laura Ruth Schulz, Public Defender. Defendant present.
	9	DFTNC	Defendant states true name and date of birth are correct as charged.
	10	ADLCR	Defendant advised of legal and constitutional rights.
	11	CLCON2	Pre Trial re: Disposition and Reset continued to 04/13/2012 at 08:30 AM in Department N12 at request of Defense.
	12	WVRTW	Defendant agrees to continue the preliminary hearing and have a preliminary hearing on that date or within a reasonable period of time from that date.
	13	DFOTR	Defendant ordered to appear.
	14	DSOCN	Defendant's release on own recognizance continued.
	15	CLVAC	Preliminary Hearing vacated for 03/28/2012 at 08:30 AM in N12.
04/13/2012	1	HHELD	Hearing held on 04/13/2012 at 08:30:00 AM in Department N12 for Pre Trial Disposition and Reset.
	2	OFJUD	Judicial Officer: Jonathan Fish, Judge
	3	OFJA	Clerk: M. Estrada
	4	OFBAL	Balliff: T. Malenofski
	5	OFREP	Court Reporter: Sonia Hauck
	6	APDDA	People represented by Nikki Buracchio, Deputy District Attorney, present.
	7	APTXT	Defendant present with counsel, Laura Vavakin, Public Defender.
	8	WVRTW	Defendant agrees to continue the preliminary hearing and have a preliminary hearing on that date or within a reasonable period of time from that date.
	9	PLCJN	Counsel joins in waivers.
	10	CLCON2	Pre Trial re: Disposition and Reset continued to 04/25/2012 at 08:30 AM in Department N12 at request of Defense.
	11	DFOTR	Defendant ordered to appear.
	12	DSOCN	Defendant's release on own recognizance continued.
04/25/2012	1	HHELD	Hearing held on 04/25/2012 at 08:30:00 AM in Department N12 for Pre Trial Disposition and Reset.
	2	OFJUD	Judicial Officer: Jonathan Fish, Judge
	3	OFJA	Clerk: M. Estrada
	4	OFBAL	Balliff: M. Hewlett
	5	OFREP	Court Reporter: Nancy J. Bushman
	6	OFMEC	Minutes entered by aChiappone.
	7	APDDA	People represented by Nikki Buracchio, Deputy District Attorney, present.
	8	APNDC	Defendant not present in Court represented by Laura Ruth Vavakin, Public Defender.
	9	WAIHD	Bench warrant ordered issued and held for the defendant to 04/26/2012, for Pre Trial re: Failed to Appear at 08:30 AM in Department N12. Bail set at \$25,000.00, Mandatory Appearance.
	10	DFOTR	Defendant ordered to appear.
04/26/2012	1	HHELD	Hearing held on 04/26/2012 at 08:30:00 AM in Department N12 for Pre Trial Failure to Appear.
	2	OFJUD	Judicial Officer: Jonathan Fish, Judge
	3	OFJA	Clerk: M. Estrada
	4	OFBAL	Balliff: M. Hewlett
	5	OFREP	Court Reporter: Debra Cadiz
	6	OFMEC	Minutes entered by C Valko.
	7	APDDA	People represented by Lydia Kim, Deputy District Attorney, present.
	8	APDOWPD	Defendant present in Court with counsel Laura Ruth Vavakin, Public Defender.
	9	WAWTH	Warrant issued on 04/25/2012 withdrawn for defendant.
	10	WVRTW	Defendant agrees to continue the preliminary hearing and have a preliminary hearing on that date or within a reasonable period of time from that date.
	11	CLSET2	Pre Trial re: Disposition and Reset set on 07/02/2012 at 08:00 AM in Department N12.
	12	DFOTR	Defendant ordered to appear.
	13	DSROR	Court orders defendant released on own recognizance.
07/02/2012	1	HHELD	Hearing held on 07/02/2012 at 08:00:00 AM in Department N12 for Pre Trial Disposition and Reset.
	2	OFJUD	Judicial Officer: Nicholas S Thompson, Judge
	3	OFJA	Clerk: M. Estrada
	4	OFBAL	Balliff: G. V. Lowe
	5	OFREP	Court Reporter: Shari Patton
	6	APDDA	People represented by Shannon Knight, Deputy District Attorney, present.

	7	APDWPD	Defendant present in Court with counsel Laura Ruth Vavakin, Public Defender.
	8	WVRTW	Defendant agrees to continue the preliminary hearing and have a preliminary hearing on that date or within a reasonable period of time from that date.
	9	PLCJN	Counsel joins in waivers.
	10	CLCON2	Pre Trial re: Disposition and Reset continued to 09/24/2012 at 08:30 AM in Department N12 at request of Defense.
	11	DFOTR	Defendant ordered to appear.
	12	DSOCN	Defendant's release on own recognizance continued.
09/24/2012	1	HHELD	Hearing held on 09/24/2012 at 08:30:00 AM in Department N12 for Pre Trial Disposition and Reset.
	2	OFJUD	Judicial Officer: Nicholas S Thompson, Judge
	3	OFJA	Clerk: E. Gardacano
	4	OFBAL	Balliff: D. Wiggs
	5	OFREP	Court Reporter: Debra Cadiz
	6	APDDA	People represented by Noorul Hasan, Deputy District Attorney, present.
	7	APSPC	Justin Glenn makes a special appearance for Irene Pal, Public Defender. Defendant present.
	8	CLSET2	Pre Trial re: Disposition and Reset set on 10/26/2012 at 08:00 AM in Department N12.
	9	CLSET	Preliminary Hearing set on 11/05/2012 at 08:00 AM in Department N12.
	10	WVRTW	Defendant agrees to continue the preliminary hearing and have a preliminary hearing on that date or within a reasonable period of time from that date.
	11	DFOTR	Defendant ordered to appear.
	12	DSOCN	Defendant's release on own recognizance continued.
10/26/2012	1	HHELD	Hearing held on 10/26/2012 at 08:00:00 AM in Department N12 for Pre Trial Disposition and Reset.
	2	OFJUD	Judicial Officer: Jonathan Fish, Judge
	3	OFJA	Clerk: M. Estrada
	4	OFBAL	Balliff: D. Wiggs
	5	OFREP	Court Reporter: Emma L. Grant
	6	OFMEC	Minutes entered by J. Catania.
	7	APDDA	People represented by Christine Simmons, Deputy District Attorney, present.
	8	APDWPD	Defendant present in Court with counsel Irene Pal, Public Defender.
	9	CLSET2	Pre Trial re: Disposition and Reset set on 11/26/2012 at 08:30 AM in Community Court Building 1.
	10	WVRTW	Defendant agrees to continue the preliminary hearing and have a preliminary hearing on that date or within a reasonable period of time from that date.
	11	DFOTR	Defendant ordered to appear.
	12	AD170C	The judge's election campaign contributions have been disclosed to parties pursuant to the Code of Civil Procedure section 170.1(a)(9)(C).
	13	DSOCN	Defendant's release on own recognizance continued.
11/02/2012	1	CLCAN	PH set on 11/05/12 at 08:00 AM in N12 has been cancelled.
11/26/2012	1	HHELD	Hearing held on 11/26/2012 at 08:30:00 AM in Community Court Building 1 for Pre Trial Disposition and Reset.
	2	OFJUD	Judicial Officer: Wendy S. Lindley, Judge
	3	OFJA	Clerk: S. Endicott
	4	OFBAL	Balliff: M. Walters
	5	OFREP	Court Reporter: Bobette Webb
	6	APDDA	People represented by Patricia Shute, Deputy District Attorney, present.
	7	APNDC	Defendant not present in Court represented by Kevin Snyder, Public Defender.
	8	WAISD	Bench warrant ordered issued for defendant. Bail set at \$25,000.00, Mandatory Appearance.
	9	WAUSD	Bench warrant signed by Wendy S. Lindley and issued for defendant. Bail set at \$25,000.00, Mandatory Appearance.
	10	DSORR	Defendant's own recognizance status is revoked.
	11	OFMEC	Minutes entered by LCline.
11/29/2012	1	WFNBR	Warrant File Number 03489173 sent from AWSS for Warrant # 2815597.
01/12/2013	1	WASVD	Warrant 03489173 for Danisha M. Miller: DEFENDANT served by Orange County Sheriff Department on 01/12/2013.
01/17/2013	1	CLCST	Pre Trial set on 01/17/2013 at 08:30 AM in Community Court Building 1.
	2	HHELD	Hearing held on 01/17/2013 at 08:30:00 AM in Community Court Building 1 for Pre Trial.
	3	OFJUD	Judicial Officer: Wendy S. Lindley, Judge
	4	OFJA	Clerk: L. Cline
	5	OFBAL	Balliff: A. Lindquist
	6	OFREP	Court Reporter: Alicia Dubois
	7	APDDA	People represented by Patricia Shute, Deputy District Attorney, present.
	8	APDWPD	Defendant present in Court with counsel Celia Laureles, Public Defender.
	9	WAREC	Warrant issued on 11/26/2012 ordered recalled for defendant.
	10	CLSET2	Pre Trial re: Collaborative Court Mental Health Court Eligibility set on 01/28/2013 at 09:00 AM in Community Court Building 1.
	11	CLTXT	W.I.T. Evaluation

	12	DFOTR	Defendant ordered to return.
	13	BLSET	Court orders bail set in the amount of \$25,000.00.
	14	DFREM	Defendant remanded to the custody of the Sheriff.
	15	NTJAL	Notice to Sheriff issued.
	16	OFMEC	Minutes entered by dsouthard.
01/25/2013	1	TXBKF	Request for booking fees received.
01/28/2013	1	HHELD	Hearing held on 01/28/2013 at 09:00:00 AM in Community Court Building 1 for Pre Trial Collaborative Court Mental Health Court Eligibility.
	2	OFJUD	Judicial Officer: Shari Sandeck, Judge Pro Tempore
	3	OFJA	Clerk: S. Endicott
	4	OFBAL	Balliff: M. Walters
	5	OFREP	Court Reporter: Bobette Webb
	6	APDDA	People represented by Patricia Shute, Deputy District Attorney, present.
	7	APDWD	Defendant present in Court with counsel Kevin Snyder, Public Defender.
	8	TEXT	Defendant is not eligible for Mental Health Court.
	9	WVTPH	Court finds the defendant understandingly, knowingly, and voluntarily waives the right to a Preliminary Hearing within 10 court days of arraignment.
	10	CLSET	Pre Trial set on 01/31/2013 at 08:30 AM in Department N12.
	11	BLSTR	Current bail set for Defendant to remain at \$25,000.00.
	12	DFREM	Defendant remanded to the custody of the Sheriff.
	13	DFOTR	Defendant ordered to return.
	14	NTJAL	Notice to Sheriff issued.
01/31/2013	1	HHELD	Hearing held on 01/31/2013 at 08:30:00 AM in Department N12 for Pre Trial.
	2	OFJUD	Judicial Officer: Nicholas S Thompson, Judge
	3	OFJA	Clerk: K. M. Lerma
	4	OFBAL	Balliff: D. Wiggs
	5	OFREP	Court Reporter: Shari Patton
	6	APDDA	People represented by Jeffrey L. Winter, Deputy District Attorney, present.
	7	APDWC	Defendant present in Court with counsel Tanla Cardona, Public Defender.
	8	DFTNC	Defendant states true name and date of birth are correct as charged.
	9	ADLCR	Defendant advised of legal and constitutional rights.
	10	ADMAX	Defendant advised of maximum possible sentence.
	11	ADCSQ	Defendant advised of consequences of violating probation and parole.
	12	ADCZS	Defendant advised of the possible consequences of plea affecting deportation and citizenship.
	13	ADCSQ	Defendant advised of consequences of violating post-release community supervision.
	14	ADCSQ	Defendant advised of consequences of violating mandatory supervision.
	15	PLNGG	Defendant's motion to withdraw plea of NOT GUILTY and enter plea of Guilty as to count(s) 1 of the Original Complaint granted.
	16	FIWWR	Defendant's written waiver of legal and constitutional rights for guilty plea received and ordered filed.
	17	PLCJN	Counsel joins in waivers and plea.
	18	PLFBA	Court finds factual basis and accepts plea.
	19	PLFWR	Court finds defendant intelligently and voluntarily waives legal and constitutional rights to jury trial, confront and examine witnesses, and to remain silent.
	20	WVAFS	Defendant waives arraignment for sentencing.
	21	WVTIM	Defendant waives statutory time for Sentencing.
	22	WVPBR	Probation report waived.
	23	FLRIS	Defendant requests immediate sentencing.
	24	PRISS	No legal cause why judgment should not be pronounced and defendant having Pled Guilty to count(s) 1, Imposition of sentence is suspended and defendant is placed on 3 Year(s) FORMAL PROBATION on the following terms and conditions:
	25	PRJAL	Serve 60 Day(s) Orange County Jail as to count(s) 1.
	26	JLCTS	Credit for time served: 21 actual, 21 conduct, totaling 42 days pursuant to Penal Code 4019(b) and (c), day-for-day.
	27	PRSRF	Pay mandatory state restitution fine of \$240.00 pursuant to Penal Code 1202.4 or Penal Code 1202.4(b).
	28	SESEC	Pay \$40.00 Court Operations Fee per convicted count pursuant to Penal Code 1465.8.
	29	SECCA	Pay Criminal Conviction Assessment Fee per convicted count of \$30.00 per misdemeanor/felony and \$35.00 per infraction pursuant to Government Code 70373(a)(1).
	30	PRFEP	All fees payable through the Probation Department.
	31	PRRES	Pay restitution in the amount as determined and directed by Probation Officer as to count(s) 1..
	32	PRDNA	Defendant to provide a state DNA sample and prints for the State DNA Database pursuant to PC 296 and PC 296.1 unless collection agency verifies in any available databases that the DNA sample has been previously collected.
	33	PRDNAC	Provide a state DNA sample and prints for the State DNA Database pursuant to Penal Code 296 and Penal Code 296.1 and a buccal sample, prints and photograph to the Orange County District Attorney for permanent retention, analysis and search within any law enforcement database(s) for only law enforcement purposes immediately or, if in custody, within 72 hours of release.

	34	PRNUD	Use no unauthorized drugs, narcotics, or controlled substances and submit to drug or narcotic testing as directed by your probation or mandatory supervision officer, or any peace officer.
	35	PRSAS	Submit your person and property including any residence, premises, container, or vehicle under your control, to search and seizure at any time of the day or night by any law enforcement officer, probation officer, or mandatory supervision officer with or without a warrant, probable cause or reasonable suspicion.
	36	PRPSY	Cooperate with your probation or mandatory supervision officer in any plan for psychological, psychiatric, alcohol and/or drug treatment.
	37	PRTSE	Seek training, schooling, or employment and maintain residence as approved by your probation officer.
	38	PRASA	Do not associate with persons known to you to be parolees, on post-release community supervision, convicted felons, users or sellers of illegal drugs, or otherwise disapproved of by probation or mandatory supervision.
	39	PRNWP	Do not own, use, or possess any type of dangerous or deadly weapon.
	40	PROBY	Obey all orders, rules, and regulations, and directives of the Court, Jail, and Probation.
	41	PRVNL	Violate no law.
	42	PRDTC	Disclose terms and conditions of probation when asked by any law enforcement or probation officer.
	43	PRTXT	Defendant can apply for 17(b) after full payment of restitution and 10% with no new law violations and successful completion of probation.
	44	PRVWF	Pay \$250.00 to the Victim Witness Emergency Fund as to count(s) 1.
	45	PRPCD	Pay cost of probation or mandatory supervision, according to ability to pay, as directed by your probation or mandatory supervision officer pursuant to Penal Code section 1203.1b.
	46	PRATC	Defendant accepts terms and conditions of probation.
	47	PRCTP	All terms and conditions to be directed and monitored through the Probation Department.
	48	PBRPT	Defendant to report to Probation Officer within 72 hours of release.
	49	DFCPP	Defendant provided a copy of "Prohibited Persons Notice Form and Power of Attorney for Firearms and Disposal" pursuant to Penal Code 12021(d)(2).
	50	SEFBK	Pay \$235.00 booking fees to Orange County Sheriffs Department.
	51	FDPFC	Court finds that the defendant has the ability to pay costs for counsel pursuant to Penal Code 987 in the amount of \$200.00 to the County Tax Collector within 90 days.
	52	SEFBK	Pay \$265.00 booking fees to Anaheim PD.
	53	DFREM	Defendant remanded to the custody of the Sheriff.
	54	NTJAL	Notice to Sheriff Issued.
	55	DOJABS	DOJ Initial Abstract sent.
04/09/2013	1	FIMTN	Probation Department motion re: Motion to Transfer Probation filed.
	2	FITXT	Affidavit of Service filed.
	3	FITXT	Transfer of Court Jurisdiction Waiver of Appearance filed.
	4	CLCST2	Motion re: Transfer of Probation [PC1203.9] set on 06/17/2013 at 08:30 AM in Department C58.
05/02/2013	1	FITXT	PC 1203.9 Denial Letter filed.
06/17/2013	1	HHELD	Hearing held on 06/17/2013 at 08:30:00 AM in Department C58 for Motion Transfer of Probation [PC1203.9].
	2	OFJUD	Judicial Officer: Vickie Hix, Commissioner
	3	OFJA	Clerk: L. Flores
	4	OFBAL	Balliff: A. Lindstrom
	5	OFREP	Court Reporter: Caryl Axton
	6	APTXT	No appearances
	7	CORAC	Court read and considered Motion for Penal Code section 1203.9 for Jurisdictional Transfer.
	8	MOTION	Motion denied.
	9	FIORD	Order DENYING Jurisdictional Transfer signed and filed.
	10	NTPDD	Probation Department to notify the defendant.
	11	OFMEC	Minutes entered by mrahn.
	12	CPGTO	Copy of minutes dated 6/17/13 mailed to defendant.
	13	CPGTO	Copy of minutes dated 6/17/13 mailed to Los Angeles County Superior Court.
	14	CPGTO	Copy of minutes dated 6/17/13 forwarded to Orange County Probation Department.
07/18/2013	1	FIMTN	Probation Department motion re: Motion to Transfer Probation filed.
	2	FITXT	Affidavit of Service filed.
	3	FITXT	Transfer of Court Jurisdiction Waiver of Appearance filed.
	4	CLCST2	Motion re: Transfer of Probation [PC1203.9] set on 08/28/2013 at 08:00 AM in Department C58.
08/06/2013	1	FITXT	PC 1203.9 Denial Letter (Judicial Comment Form) filed.
08/28/2013	1	HHELD	Hearing held on 08/28/2013 at 08:00:00 AM in Department C58 for Motion Transfer of Probation [PC1203.9].
	2	OFJUD	Judicial Officer: Vickie Hix, Commissioner
	3	OFJA	Clerk: L. Flores
	4	OFBAL	Balliff: A. Lindstrom
	5	OFREP	Court Reporter: Caryl Axton
	6	APTXT	No appearances
	7	CORAC	Court read and considered Motion for Penal Code section 1203.9 for Jurisdictional Transfer.
	8	MOTION	Motion granted.

	9	PBTRO	It is recommended that this case be transferred in its entirety to the Los Angeles Superior Court located at 210 W. Temple Street, Los Angeles, California 90012 in Los Angeles County pursuant to the provisions of Penal Code 1203.9; further that the probationer be committed to the care and custody of the Probation Officer of said County.
	10	FIORD	Order Pursuant to Penal Code section 1203.9 for Jurisdictional Transfer signed and filed.
	11	TEXT	The Court orders reimbursement of reasonable costs for processing the transfer to be paid to the sending county pursuant to Penal Code 1203.1b.
	12	NTPDD	Probation Department to notify the defendant.
	13	OFMEC	Minutes entered by mrahn.
08/29/2013	1	CSCLS	Case closed.
09/11/2013	1	TXFED	Case transferred via Federal Express, tracking number # 2591-7777-000-0142.
10/10/2013	1	FITPR	Receipt for Records on Transfer pursuant to Penal Code section 1203.9 from Los Angeles, Case # NA086886 filed.
01/30/2016	1	PBCMP	Case evaluated for expired probation(s). Probation updated for applicable grant(s) of probation.
09/28/2017	1	CPGTO	Copy of prior mailed to Personal Assistance Services Council of Los Angeles County CA.
	2	TEXT	Pasadena CA

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

INTERN PHARMACIST APPLICATION

Registration Fee: \$40.00 (non-refundable money order or cashier's check only, no cash)

Complete Name (no abbreviations):

First: Derek Middle: Lee Last: Durrett

Home Address: 12242 Las Mares Ln. Apt #: _____

City: Las Vegas State: NV Zip Code: 89138

Telephone: _____ Social Security Number: _____

Date of Birth: 08/27/1981 Place of Birth: Las Vegas, NV Sex: ☒ M ☐ F

E-mail Address: _____

Pharmacy School: Roseman University of Health Sciences

Attendance dates: 08/27/2018

Include a letter from Dean's office stating you are enrolled in pharmacy school.

If you are a foreign graduate, you must attach a copy of your FPGEC certificate to this application. You also need to complete the pharmacy school information.

Have you ever served in the military, either active, reserve or retired? Yes ☒ No ☐

Branch: Army Military Occupation/Specialty: 11B Dates of Service: 03/19/2012 – 07/08/2015

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 checked="" type="checkbox"/>	<input type="checkbox"/>
2. Been the subject of a board citation or an administrative action 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 YES to any of the numbered questions (1-3) above, include the following information & provide an explanation & documentation:

Board Administrative Action:	State	Date:	Case #:
		/ /	

Criminal Action:	State	Date:	Case #:	County	Court
		/ /			

In response to federally mandated requirements, the Nevada Legislature and Attorney General require that we include the following questions as part of all applications.

	Yes	No
Are you the subject of a court order for the support of a child?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
IF you marked YES to the question, above are you in compliance with the court order?.....	<input type="checkbox"/>	<input type="checkbox"/>

I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct. I further understand that I must be currently enrolled in pharmacy school to maintain my intern license and that if I am no longer enrolled in pharmacy school, my intern license is no longer valid. I understand that Nevada law requires a licensed intern 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.

Derek Durrett
Original Signature, no copies or stamps accepted.

05/01/2018
Date

Board Use Only Date Processed: _____	Amount: <u>\$40.00</u>
--------------------------------------	------------------------

106936

Respectfully requesting preapproval for intern license before program starts

Hello this is Derek Durrett, I am an incoming P1 student that has been accepted into Roseman University this upcoming cycle (2018) I have kept in touch with Dave Wuest, and Paul Edwards regarding a recent DUI arrest. I have attached a statement with evidence regarding this whole matter.

Name: Derek Lee Durrett

SSN:

Home address: 12242 Los Mares Lane

City: Las Vegas

State: Nevada

Zip Code: 89138

School: Roseman University of Health Sciences

School Start date: 08/27/2018

Email:

Military Service: Yes

Branch: Army

Occupation: 11B

Service dates: 03/19/2012-07/08/2015

Statement for intern license with conditions

This is Derek Durrett and I am an incoming P1 student. Recently on February 26, 2018, a police officer arrested me for suspicion of a DUI (non-alcohol related). I was driving to pick my wife up from work in the morning when I missed my turn. I tried driving through some small neighborhoods to get onto N Hualapai Way, so I could arrive at Summerlin Hospital. The neighborhoods were wavy, and I didn't know which street I was on until I got onto a street I knew: Alta Drive. When I turned on Alta I knew I had to turn left and do a U-turn to pick up my wife, so I stayed in the left most lane. My wife called for a final time and when I looked down to locate the call button on the steering wheel I hit the pole in the center media. The pole I hit was in the center median where the street path turns sharp to the right. I should have pulled over and either answered the phone or turned it off. The continuous ringing and the back to back calls distracted me and played a significant factor in the accident but it is still my fault for hitting the pole. I should have pulled over and either turned my phone off or answered it. After I hit the pole I was knocked unconscious for a short period of time. The man in the car behind me came and helped me regain consciousness and got me out of the car.

Eventually a police officer arrived and asked if I needed to go to the hospital. My adrenaline was pumping from the accident and I was worried about my car, the insurance, the damaged pole, and my wife. At that moment I wasn't even thinking about my health, so I told the officer no. The officer suspected me of drinking alcohol and I did a sobriety test, but I couldn't squat and stand on one leg, so I was arrested. The officer did not witness the accident and didn't know I was unconscious. If he had known, I would have been sent to the hospital to see a doctor for a medical evaluation and I would have then been diagnosed with a concussion and a sprained knee sooner. I also would have gotten my blood tested with the results and never have been arrested. At the police station they wanted to record my alcohol content and I blew 0.00 in the breathalyzer. The police then said it must be drugs, but nothing was found in my car. About ninety minutes after the accident my head started hurting really bad. I asked if I could go to the hospital or see a doctor, but I was told by one of the officers, "you already said no". They let me see a nurse, but all they did was draw my blood. When I was released I asked my sister to take me to the hospital. The doctor diagnosed me with a brain concussion and a sprained knee. I was prescribed Fioricet, Ondansetron, a knee stabilizer, and crutches.

My prescription drug Ambien may show up as a trace amount in my system, but maybe not because I took it before I went to sleep that night. My medication guide and the pharmacist said to wait at least 7 hours to drive and to only drive if you don't feel sleepy. I waited 7 hours after taking Ambien and didn't feel sleepy, which is what I'm supposed to do. I also have been taking Ambien every day for over three years so I know it did not affect my motor skills or I would have got in an accident a long time ago. There is still no criminal charges filed against me and the City of Las Vegas only has up to 1 year from the date of the accident (February 26,

2018) to file charges. Since no criminal charges have been filed, there is not a police report or blood test results, proving that I was taking illegal drugs or abusing drugs. No alcohol was found in my system because the pharmacist told me to never drink alcohol while taking this medication. The next court hearing is on July 30, 2018, to see if the City of Las Vegas files DUI charges or not. The initial arraignment was on March 29, 2018, and no criminal charges were filed yet.

I respectfully request that my intern pharmacy license application not be denied due to the above. Rather, I will send the Nevada State Board Of Pharmacy my blood test results and all other documentation the Board requests when that information becomes available (if ever). I also agree to willfully surrender my future intern license if any illegal drugs were in my system that I do not have a doctor's prescription for or if the board believes any suspicion is present in the blood test results.

I have been working so hard my whole life and making great sacrifices to get where I am now. I want to set a good example for my one-year old daughter so when she gets older she can follow my path, be successful in school, and have dreams of achieving her goals without seeing her father lose his dreams of becoming a pharmacist. Please consider granting me a pharmacy intern license when I submit my official letter of enrollment from the Dean at Roseman University. If I am declined an intern license it will be devastating to my family, wife, and daughter. My seat at Roseman will automatically be lost and I will get dropped from my program. I am confident that nothing illegal was in my blood and I hope the results arrive as soon as possible. IPPE usually does not start for P1 students at Roseman until the end of October. There is a good chance my blood results will be available by then and, if any illegal drugs are present or if prescription drugs were abused, I will surrender my intern license. If the board requests my presence for a hearing I would like one as soon possible whether it be in Reno or Las Vegas. Thank you

Derek Durrett

2 Case(s) Found

Sorted Column (A-Z)

<u>Violation Date</u>	<u>Case #</u>	<u>Citation #</u>	<u>Description</u>	<u>Court Date</u>	<u>Plea</u>	<u>Warrant Yes/No</u>	<u>Actions</u>
2/26/2018 9:20 AM		4	DUI DRUGS CHEMICALS ORGANIC SOLVENT	7/30/2018 8:00 AM		No	Details Appear In Court
2/26/2018 9:20 AM		3	FAILURE TO DRIVE IN TRAVEL LANE	7/30/2018 8:00 AM		No	Details Appear In Court

[Open Case List](#) >

Charge: DUI DRUGS CHEMICALS ORGANIC SOLVENT
Plea: You have not entered a plea.
Court Date: 7/30/2018 8:00 AM
Warrant Status: None
Department Number: 3
Balance Due: \$0.00
Bail due: \$0.00

Vehicle Information:

Color:
Make:
Model:
Year:
License Plate Number:
License Plate State: NV
HENDRICKS

Attorney:

Your Next Step: Appear In Court

Court Date: 7/30/2018 8:00 AM
Location: Department 3
Room 5C
200 Lewis Avenue
Las Vegas, NV ([Map](#))

You have been ordered to appear in court on **7/30/2018 8:00 AM**.

If you fail to appear in court at the above date and time, you may be subject to the issuance of a warrant and to arrest.

[Open Case List](#) > C

Charge:	FAILURE TO DRIVE IN TRAVEL LANE	Vehicle Information:
Plea:	You have not entered a plea.	Color:
Court Date:	7/30/2018 8:00 AM	Make:
Warrant Status:	None	Model:
Department Number:	3	Year:
Balance Due:	\$0.00	License Plate Number:
Bail due:	\$0.00	License Plate State:
	Attorney:	HENDRICKS

Your Next Step: Appear In Court

Court Date: 7/30/2018 8:00 AM
Location: Department 3
Room 5C
200 Lewis Avenue
Las Vegas, NV ([Map](#))

You have been ordered to appear in court on **7/30/2018 8:00 AM**.

If you fail to appear in court at the above date and time, you may be subject to the issuance of a warrant and to arrest.

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: Coram Alternate Site Services, Inc., dba Coram CVS/specialty infusion service #48090

Physical Address: 12450 East Arapahoe Road, Suite A1, Centennial, CO 80112

Mailing Address: One CVS Drive, MC #1160

City: Woonsocket State: RI Zip Code: 02895

Telephone: 303-799-0093 Fax: 303-790-0633

Toll Free Number: 800-934-0093 (Required per NAC 639.708)

E-mail: statereply@cvscaemark.com

Website: _____

Managing Pharmacist: Sherry Heinrichs License Number: 16902

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,**

99665

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

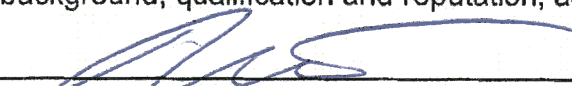
Within the last five (5) years:

- 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

Thomas S. Moffatt, Vice President/Secretary

Print Name of Authorized Person

Date

1-18-2018

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: Delaware

Parent Company if any: _____

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 (Coram Alternate Site Services, Inc., owns 100% of membership interest)

Name

Address

b)

Name

Address

c)

Name

Address

d)

Name

Address

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

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

List any physician shareholders and percentage of ownership.

Name: N/A

%: _____

Name: _____

%: _____

Hours of Operation for the pharmacy:

Monday thru Friday 8 am 5 pm

Saturday _____ am _____ pm

Sunday _____ am _____ pm

24 Hours ONCALL

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

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Thomas S. Moffatt

Responsible Person of Coram Alternate Site Services, Inc., dba Coram CVS/specialty infusion service #48090
hereby acknowledge and understand that in addition to the corporation's, any owner(s),
shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law
that may occur in a pharmacy owned or operated by said corporation.

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

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



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

Thomas S. Moffatt, Vice President/Secretary

Print Name of Authorized Person

1-18-2018
Date

AFFIDAVIT for Out-of-State Pharmacy License

N/A

STATE OF Colorado)
) ss.
Arapahoe COUNTY)

I, Sherry Heinrichs, 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 Coram CVS/specialty infusion service #48090 (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, Sherry Heinrichs, 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
____ day of _____, 20____.

NOTARY PUBLIC

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: FARMAKEIO

Physical Address: 1736 N. GREENVILLE AVE.

Mailing Address: SAME AS PHYSICAL ADDRESS

City: RICHARDSON State: TX Zip Code: 75081

Telephone: 888-501-0233 Fax: 214-432-8922

Toll Free Number: 888-501-0233 (Required per NAC 639.708)

E-mail: JUSTIN.GRAVES@FARMAKEIO.COM Website: FARMAKEIO.COM

Managing Pharmacist: JUSTIN K. GRAVES License Number: 38797 TX

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

100783

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

JUSTIN GRAVES RPh.
Print Name of Authorized Person

3-27-18
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

(LLC)

State of Incorporation: TEXAS
Parent Company if any: NORTH AMERICAN CUSTOM LABORATORIES LLC.
Mailing Address: 1736 N. GREENVILLE AVE
City: RICHARDSON State: TX Zip: 75081
Telephone: 888-501-0233 Fax: 214-432-8922
Contact Person: JUSTIN GRAVES

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>DAN DENEVI</u>	<u>4505 BOWMAN DR. COLLEYVILLE TX 76034</u>
Name	Address
b) <u>MICHAEL COLE</u>	<u>1025 SOUTHVIEW TRAIL SOUTHLAKE, TX 76092</u>
Name	Address
c) <u>JUSTIN GRAVES</u>	<u>1664 RABBIT RIDGE RD. HEATH, TX 75032</u>
Name	Address
d) <u>CODY BOATMAN</u>	<u>4522 BUCKNELL DR. GARLAND, TX 75042</u>
Name	Address

2) Provide the number of shares issued by the corporation. 1000

3) What was the price paid per share? \$10

4) What date did the corporation actually receive the cash assets? 2-18-15

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

List any physician shareholders and percentage of ownership.

Name: NONE %: NA

Name: NA %: NA

Hours of Operation for the pharmacy:

Monday thru Friday 8 am 5 pm Saturday ON CALL am _____ pm
Sunday ON CALL am _____ pm 24 Hours _____

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

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, JUSTIN KEITH GRAVES

Responsible Person of FARMACEIO

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.



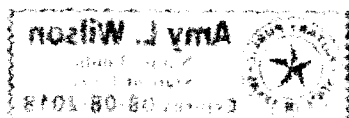
Original Signature of Person Authorized to Submit Application, no copies or stamps

JUSTIN GRAVES

Print Name of Authorized Person

3-27-18

Date





TEXAS STATE BOARD OF PHARMACY

Re: Farmakeio

Address: 1736 North Greenville Avenue
Richardson, Texas 75081

License No.: 29943

Date Issued: April 16, 2015

Licensure Status: Active

Expiration Date: April 30, 2019

Type of Pharmacy: Community Sterile Compounding

Prior Disciplinary Orders: No

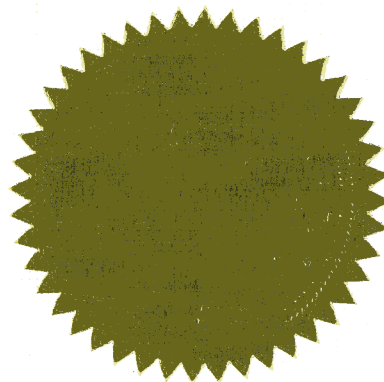
The Texas State Board of Pharmacy maintains records regarding licensure and disciplinary action against a licensee. Farmakeio (Texas Pharmacy License #29943) has not been subject to disciplinary action by the Texas State Board of Pharmacy.

Form Completed by:

Megan G. Holloway

Megan G. Holloway
Assistant General Counsel
Texas State Board of Pharmacy

April 26, 2018
Date



The Texas Department of State Health Services, Drugs and Medical Devices Division, Wholesaler Registration, 1100 W. 49th Street, Austin, TX 78756, is responsible for issuing registrations to wholesale drug distributors and drug manufacturers in Texas.

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: LYNCHBURG DRUG STORE

Physical Address: 47 MECHANIC ST

Mailing Address: PO BOX 174

City: LYNCHBURG

State: TN

Zip Code: 37352

Telephone: 931-759-7329

Fax: 931-208-1159

Toll Free Number: 866-323-7966

(Required per NAC 639.708)

E-mail: LYNCHBURGDRUGS@GMAIL.COM

Website: _____

Managing Pharmacist: PATRICIA LEE STEELE

License Number: 9805

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

☒ ☐ Retail

☐ ☒ Hospital (# beds _____)

☐ ☒ Internet

☐ ☒ Nuclear

☐ ☒ Ambulatory Surgery Center

☒ ☐ Community

☐ ☒ Other: _____

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: _____

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,

100217

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

LAURENCE WEISS

Print Name of Authorized Person

1/29/2015
Date

Page 2

Board Use Only

Date Processed: _____

Amount: \$500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

Owner's Name: LAURENCE WEISS

Business Name: LYNCHBURG DRUG STORE

Current Business Address: 47 MECHANIC ST (PO BOX 174)

City: LYNCHBURG State: TN Zip Code: 37352

Telephone: 931-759-7329 Fax: 931-208-1159

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 5 pm

Saturday _____ 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: _____

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

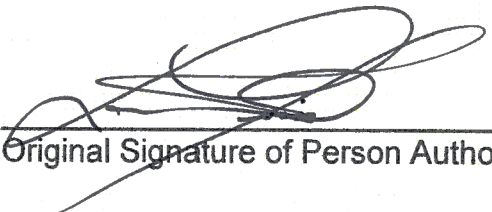
I, LAURENCE WEISS

Responsible Person of LYNCHBURG DRUG STORE

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

LAURENCE WEISS

Print Name of Authorized Person

1/29/2018
Date



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
DIVISION OF HEALTH LICENSURE AND REGULATION
OFFICE OF HEALTH RELATED BOARDS
665 Mainstream Drive, Second Floor
Nashville, TN 37243
<http://tn.gov/health>

Tennessee Board of Pharmacy
Pharmacy
1-800-778-4123 or

January 17, 2018

Lynchburg Drug Store
47 Mechanic Street
P.O. Box 174
Lynchburg, TN 37352-0174

TO WHOM IT MAY CONCERN:

This verification can be considered primary source. To expedite the verification process, this is the standard format used by the Tennessee Board of Pharmacy. We are pleased to furnish the following information from our files:

PROFESSION: Pharmacy
NAME: Lynchburg Drug Store
ADDRESS: 47 Mechanic Street
P.O. Box 174
Lynchburg, TN 37352-0174
LICENSE NUMBER: 633
ISSUE DATE: January 01, 1993
EXPIRATION DATE: January 31, 2018
CURRENT STATUS: Licensed
STATUS DATE: January 01, 1993
SPECIAL ENDORSEMENT: Controlled Substance Registration

COMMENTS: There is no derogatory information in our files concerning this facility.

Sincerely,

Donna Ivanson

Tennessee Board of Pharmacy

Division of Health Licensure and Regulation • Office of Health Related Boards
665 Mainstream Drive • Nashville, Tennessee 37243 • tn.gov/health



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. (LLC)
☐ 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: CARE RX LLC DBA PHARMACY CARE CONCEPTS

Physical Address: 7720 LORRAINE AVE #102/103, STOCKTON, CA 95210

Mailing Address: 7720 LORRAINE AVE #102/103

City: STOCKTON State: CA Zip Code: 95210

Telephone: (209) 957-8787 Fax: (844) 261-1294

Toll Free Number: (888) 836-8444 (Required per NAC 639.708)

E-mail: dtran@pharmacycareconcepts.com Website: N/A

Managing Pharmacist: VAN THI DUONG License Number: 72803

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail
☐ ☒ Hospital (# beds _____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☐ ☒ Community
☒ ☐ Other: LONG TERM CARE 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 ** NOT YET.

☒ ☐ Non Sterile Compounding SEE EXPLANATION

☐ ☒ 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,

100462



March 26th, 2018

VIA UPS

Nevada Board of Pharmacy
431 W Plumb Ln
Reno, NV 89509

Re: Out of State Pharmacy Application for Care RX LLC dba Pharmacy Care Concepts,
License No. 54574, 7720 Lorraine Avenue #102/103, Stockton, CA 95210

To Whom It May Concern:

Please see the enclosed the Nevada State Board of Pharmacy Out-of-State Pharmacy Application for Care RX LLC dba Pharmacy Care Concepts, located at 7720 Lorraine Avenue #102/103, Stockton, CA 95210. Enclosed with this Pharmacy License Application is a check in the amount of \$500.00 representing the applicable fee.

In this application, we have checked "cognitive service." We intend on providing the full array of Consultant Pharmacist duties in a skilled nursing facility: pharmacist consultation, chart review, and medication therapy management recommendations. Our Nevada-licensed pharmacist is Chris Pak (LIC 14077), whose status is "active."

Secondly, we would like to disclose our intention of providing sterile compounding to our patients in Nevada in the future. We are currently working on our California Sterile Compounding Pharmacy License and look forward to submission by summer 2018. We hope to be licensed by the end of 2018 or early part of 2019. When we obtain this licensure, we will notify the Nevada Board of Pharmacy and take appropriate & necessary steps to provide the service in Nevada.

We thank you for processing this application. Please contact me at your earliest convenience at 805-300-3584 or dtran@pharmacycareconcepts.com if any additional information or clarification is required. You may also reach Van Duong (PIC LIC 72803) at 209-957-8787.

Sincerely,

Davis Tran, Pharm.D.
LIC 64531
Director of Operations
Pharmacy Care Concepts
7720 Lorraine Avenue #102/103
Stockton, Ca 95210

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

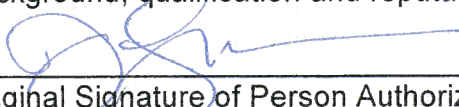
Within the last five (5) years:

- 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

DAVIS TRAN
Print Name of Authorized Person

3/26/18
Date

Page 2

Board Use Only

Date Processed: _____

Amount: \$ 500.00

Exhibit A

Statement of Explanation

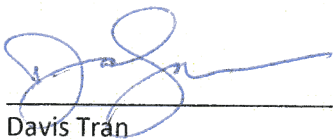
Response to question 3:

On March 14, 2001, Pharmacy Care Concepts was first licensed by the California Board of Pharmacy, under Permit Number PHY 45169 issued to Stephen L. Stange as PIC and President/Treasurer. Davis Thanh Tran was hired as an Intern Pharmacist in January 2008. Davis became a Staff Pharmacist in September 2010. Van Thi Duong was hired as an Intern Pharmacist in August 2012.

In 2013, PCC Ventures, LLC ("PCC") purchased Pharmacy Care Concepts from PIC Stange. PIC Stange remained on in his capacity as PIC only, not as an owner. On or about June 27, 2013, the Board issued a new license (PHY 51484) to PCC. In November 2013, PIC Stange reported to the Board that an individual unlicensed staff member had improperly obtained controlled substances between January and October 2013 - conduct that originated before PCC's purchase of the pharmacy and did not involve Davis or Van or any individuals under their supervision. This was also reported to the DEA and local police, and corrective actions were taken, including termination of employee involved. Following the discovery of the reported issues under PIC Stange, Robert Dacanay (RPH 64154) replaced Stange as the PIC for PCC in May of 2015. In September 2015, the Board commenced a disciplinary action based on this conduct against Stange, as well as against PCC and its owners Harold Delamarter, Gregory Vislocky, Rick Delamarter, MD, Scott Hancock, Tracy Zarling, and Paul Haffner. (Accusation, Case No. 5294.)

On February 19, 2016, the Board and PCC reached a settlement, and executed the Stipulated Settlement and Disciplinary Order. By this point, over two years had passed since the conduct was discovered and reported, and the pharmacy had demonstrated compliance during that period under PCC ownership. In March 2016, Van replaced Robert Dacanay as PIC. The Board reached a separate resolution with Stange, and his relationship with PCC terminated.

PCC was subsequently acquired by Care RX. PCC merged into Care RX, and all of its assets, including Pharmacy Care Concepts, became the assets of the Care RX. The owners/members of PCC became minority equity holders of Care RX. As part of the Board's issuance of a new permit to Pharmacy Care Concepts pursuant to the change of ownership, the Board required Care RX to agree to the Stipulation for ongoing jurisdiction, although Care RX had no involvement in the conduct at issue. A Temporary Pharmacy Permit was issued on September 30, 2016, and the full Pharmacy Permit (PHY 54574) was issued on February 15, 2017. Care RX has operated Pharmacy Care Concepts without incident and in compliance with all applicable statutes and regulations.



Davis Tran

3/26/18

Date

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PARTNERSHIP

General _____

Limited ☒ LLC

Partnership Name: CARE RX LLC

Mailing Address: 18110 SE 34th STREET, BUILDING 2, SUITE 270

City: VANCOUVER State: WA Zip Code: 98683

Telephone Number: (503) 626-9436 Fax Number: (503) 372-1792

Contact Person: SCOTT HANCOCK

List each partner and identify whether (G)eneral or (L)imited partner and percentage of ownership
Use separate sheet if necessary

Name	G or L	Percentage
See attached "EXHIBIT B" for LLC owners, managers, members	N/A	N/A

List names of 4 largest partners and percentage of ownership:

Name: <u>PAYLESS DRUG PHARMACY GROUP LLC</u>	%: <u>65.86%</u>
Name: <u>DD AND F</u>	%: <u>21.89%</u>
Name: <u>HAROLD DELAMARTER</u>	%: <u>3.30%</u>
Name: <u>GREG VISLOCKY</u>	%: <u>3.30%</u>

List any physician shareholders and percentage of ownership.

Name: <u>RICK DELAMARTER</u>	%: <u>0.87%</u>
Name: _____	%: _____
Name: _____	%: _____

Hours of Operation for the pharmacy:

Monday thru Friday	<u>8</u> am <u>9</u> pm	Saturday	<u>9</u> am <u>7</u> pm
Sunday	<u>9</u> am <u>7</u> pm	24 Hours	<u>ON-CALL PHARMACIST</u> <u>24/7</u>

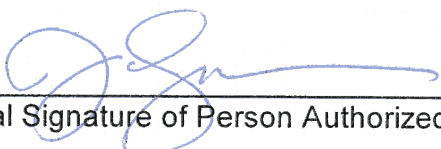
A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: _____

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, DAVIS TRAN
Responsible Person of CARE RX LLC DBA PHARMACY CARE CONCEPTS
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

DAVIS TRAN
Print Name of Authorized Person

3/26/18
Date

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

Case No. 5294

In the Matter of the Accusation
Against:

**STIPULATION FOR
CONTINUING JURISDICTION**

PCC VENTURES LLC
dba Pharmacy Care Concepts
7720 Lorraine Ave, Suite 102/103
Stockton, CA 95210
Pharmacy Permit No. PHY 51484,

Respondent.

IT IS HEREBY STIPULATED AND AGREED by and between the undersigned parties
that the following is true:

1. The parties to this agreement are **Virginia Herold**, acting in her official capacity as the Executive Officer of the Board of Pharmacy (Board), Department of Consumer Affairs, and **John Mack**, President and Chief Executive Officer authorized representative of Care RX, LLC, 16100 SW 72nd Avenue, Portland, Oregon 97222.

2. On or about June 13, 2016, Care Rx, LLC, 16100 SW 72nd Avenue, Portland, Oregon 97222 (hereinafter "applicant") submitted an application to the Board for change of ownership of Pharmacy Care Concepts, 7720 Lorraine Avenue, Suite 102/103, Stockton, CA 95210 (Original Permit No. PHY 51484). The granting of the application would require the cancellation of Original Permit No. PHY 51484 issued to PCC Ventures, LLC, 7700 NE Parkway Drive, Suite 300, Vancouver, Washington 98662, and the issuance of a new original permit number to applicant pursuant to Business and Professions Code section 4201(f).

3. The existing permit (Original Permit No. PHY 51484) is currently the subject of a disciplinary order issued effective May 5, 2016, by the Board in the disciplinary matter entitled *In*

1 *The Matter of Accusation Against PCC Ventures, LLC, et al., Board of Pharmacy Case No. 5294.*

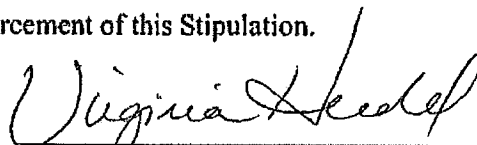
2 A true and correct copy of the decision and order in this matter is attached hereto as **Exhibit A**
3 and incorporated by this reference.

4 4. In exchange for expedited processing and issuance of the new permit pursuant to the
5 change in ownership, applicant understands and agrees that the Board shall have continuing
6 jurisdiction over the new permit issued to applicant such that the disciplinary order issued by the
7 Board in Case No. 5294, including any terms and conditions and remaining tenure of probation,
8 shall carry forward and be applicable to the new permit issued to applicant. The Board hereby
9 waives any right it may have had to deny issuance of the new permit.

10 5. A portable document format (PDF) or facsimile signature on this document shall be
11 binding as an original signature. Parties agree to use of PDF or facsimile signatures in lieu of
12 original signatures for all purposes relevant to enforcement of this Stipulation.

13
14 Dated:

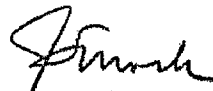
8/24/2016



VIRGINIA HEROLD
Executive Officer
California Board of Pharmacy

15
16
17
18 Dated:

8/24/2016



JOHN MACK
President and Chief Executive Officer
Authorized Representative
Care RX, LLC

Exhibit A

**Final Decision and Order
Pharmacy Board Disciplinary Case No. 5294**

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

In the Matter of the Accusation Against:

**PCC VENTURES LLC,
dba PHARMACY CARE CONCEPTS
STEPHEN L. STANGE, PIC
HAROLD G. DELAMARTER, MEMBER
GREGORY JOHN VISLOCKY, MEMBER
RICK B. DELAMARTER, MD, MEMBER
SCOTT BRADLEY HANCOCK,
MEMBER
TRACY WILLIAM ZARLING, MEMBER
PAUL ERNEST HAFFNER, MEMBER
7720 Lorraine Avenue, Suite 102/103
Stockton, CA 95210**

Original Pharmacy Permit No. PHY 51484

and

**STEPHEN L. STANGE
4230 Heron Lakes Drive
Stockton, CA 95219**

Pharmacist License No. RPH 28242

Respondents.

Case No. 5294

OAH No. 2015110440

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER AS TO PCC
VENTURES, LLC, ET AL, ONLY**

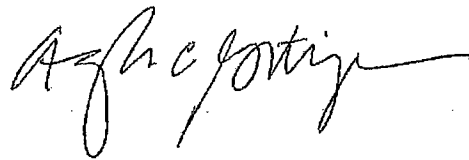
DECISION AND ORDER

The attached Stipulated Settlement and Disciplinary Order is hereby adopted by the Board of Pharmacy, Department of Consumer Affairs, as its Decision in this matter.

This Decision shall become effective at 5:00 p.m. on June 6, 2016.

It is so ORDERED on May 5, 2016.

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



By

Amy Gutierrez, Pharm.D.
Board President

1 KAMALA D. HARRIS
Attorney General of California
2 JANICE K. LACHMAN
Supervising Deputy Attorney General
3 KRISTINA T. JARVIS
Deputy Attorney General
4 State Bar No. 258229
1300 I Street, Suite 125
5 P.O. Box 944255
Sacramento, CA 94244-2550
6 Telephone: (916) 324-5403
Facsimile: (916) 327-8643
7 *Attorneys for Complainant*

8
9 **BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

10
11 In the Matter of the Accusation Against:

Case No. 5294

12 **PCC VENTURES LLC,
dba PHARMACY CARE CONCEPTS
13 STEPHEN L. STANGE, PIC
HAROLD G. DELAMARTER, MEMBER
14 GREGORY JOHN VISLOCKY, MEMBER
RICK B. DELAMARTER, MD, MEMBER
15 SCOTT BRADLEY HANCOCK,
MEMBER
16 TRACY WILLIAM ZARLING, MEMBER
PAUL ERNEST HAFFNER, MEMBER
17 7720 Lorraine Avenue, Suite 102/103
Stockton, CA 95210**

OAH No. 2015110440

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER AS TO PCC
VENTURES, LLC, ET AL, ONLY**

18 **Original Pharmacy Permit No. PHY 51484**

19
20 and

21 **STEPHEN L. STANGE
4230 Heron Lakes Drive
Stockton, CA 95219**

22 **Pharmacist License No. RPH 28242**

23
24 Respondents.

25
26 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-
27 entitled proceedings that the following matters are true:

28 ///

1 PARTIES

2 1. Virginia Herold ("Complainant") is the Executive Officer of the Board of Pharmacy.
3 She brought this action solely in her official capacity and is represented in this matter by Kamala
4 D. Harris, Attorney General of the State of California, by Kristina T. Jarvis, Deputy Attorney
5 General.

6 2. On or about March 14, 2001, the Board issued Original Pharmacy Permit Number
7 PHY 45169 to Pharmacy Care Concepts, Inc., with Stephen L. Stange ("Respondent Stange") as
8 pharmacist-in-charge ("PIC") and president/treasurer. The pharmacy permit was canceled on
9 July 2, 2013, due to a change in ownership of the pharmacy, as set forth in paragraph 3 below.

10 3. On or about July 1, 2013, the Board issued Original Pharmacy Permit Number PHY
11 51484 to PCC Ventures LLC ("Respondent PCC" or "PCC"), doing business as Pharmacy Care
12 Concepts, with Respondent Stange as PIC and Harold G. Delamarter, Gregory John Vislocky,
13 Rick B. Delamarter, MD, Scott Bradley Hancock, Tracy William Zarling, and Paul Ernest
14 Haffner as members. The pharmacy permit was in full force and effect at all times relevant to the
15 charges brought herein and will expire on July 1, 2016, unless renewed.

16 4. On or about April 24, 1973, the Board issued Pharmacist License Number RPH
17 28242 Respondent Stange. The pharmacist license was in full force and effect at all times
18 relevant to the charges brought herein and will expire on August 31, 2017, unless renewed.

19 5. Respondent PCC is represented in this proceeding by attorney Ivan Petrzelka, whose
20 address is: 2855 Michelle Drive, Suite 180. Irvine, CA 92606.

21 6. Respondent Stange is represented in this proceeding by attorney Gregory P. Matzen,
22 whose address is: 2104 Big Sandy Court, Gold River, CA 95670.

23 JURISDICTION

24 7. Accusation No. 5294 was filed before the Board of Pharmacy (Board), Department of
25 Consumer Affairs, and is currently pending against Respondent. The Accusation and all other
26 statutorily required documents were properly served on Respondents on September 24, 2015.
27 Respondents timely filed their Notices of Defense contesting the Accusation.

28 ///

1 8. A copy of Accusation No. 5294 is attached as exhibit A and incorporated herein by
2 reference.

3 ADVISEMENT AND WAIVERS

4 9. Respondent PCC has carefully read, fully discussed with counsel, and understands the
5 charges and allegations in Accusation No. 5294. Respondent PCC has also carefully read, fully
6 discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary
7 Order.

8 10. Respondent PCC is fully aware of its legal rights in this matter, including the right to
9 a hearing on the charges and allegations in the Accusation; the right to be represented by counsel
10 at its own expense; the right to confront and cross-examine the witnesses against them; the right
11 to present evidence and to testify on its own behalf; the right to the issuance of subpoenas to
12 compel the attendance of witnesses and the production of documents; the right to reconsideration
13 and court review of an adverse decision; and all other rights accorded by the California
14 Administrative Procedure Act and other applicable laws.

15 11. Respondent PCC voluntarily, knowingly, and intelligently waives and gives up each
16 and every right set forth above.

17 CULPABILITY

18 12. Respondent PCC understands that the charges and allegations in Accusation No.
19 5294, if proven at hearing constitute cause for imposing discipline upon the Pharmacy Permit.

20 13. For the purposes of resolving the Accusation without the expense and uncertainty of
21 further proceedings, Respondent PCC agrees that, at a hearing, Complainant could establish a
22 factual basis for the charges in the Accusation and that those charges constitute cause for
23 discipline. Respondent PCC hereby gives up their right to contest that cause for discipline exists
24 based on those charges and agrees to be bound by the Board's Decision and Order.

25 14. Respondent PCC understands that by signing this stipulation they enable the Board to
26 issue an order revoking its Pharmacy Permit and placing it on probation subject to the terms and
27 conditions set forth in the Disciplinary Order below.

28 ///

CONTINGENCY

15. This stipulation shall be subject to approval by the Board of Pharmacy. Respondent PCC understands and agrees that counsel for Complainant and the staff of the Board of Pharmacy may communicate directly with the Board regarding this stipulation and settlement, without notice to or participation by Respondent PCC or its counsel. By signing the stipulation, Respondent PCC understands and agrees that they may not withdraw its agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

16. The parties understand and agree that Portable Document Format (PDF) and facsimile copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile signatures thereto, shall have the same force and effect as the originals.

17. This Stipulated Settlement and Disciplinary Order is intended by the parties to be an integrated writing representing the complete, final, and exclusive embodiment of their agreement. It supersedes any and all prior or contemporaneous agreements, understandings, discussions, negotiations, and commitments (written or oral). This Stipulated Settlement and Disciplinary Order may not be altered, amended, modified, supplemented, or otherwise changed except by a writing executed by an authorized representative of each of the parties.

~~18. The Board agrees that Respondent PCC Ventures and all of its owners and/or~~
managers are not prohibited from filing future or additional applications for ownership of other licensed premises.

19. The Board also agrees to expedite the processing of any application for transfer of ownership of Pharmacy Care Concepts if an application for a temporary permit is received by a new prospective owner of Respondent PCC. Any such change shall contain a stipulation for continued jurisdiction for probation by the Board for the new license should it be issued.

///

20. If there is any violation of probation for which a petition to revoke probation is filed by the Board, then all of the charges and allegations in Accusation No. 5294 shall be deemed to be true, correct, and admitted for the purpose of that proceeding.

21. If Respondent PCC or any owners or managers should ever apply for a new or additional license or permit by the Board or any other health care licensing agency in the State of California, all of the charges and allegations in Accusation No. 5294 shall be deemed to be true, correct, and admitted for the purpose of any Statement of Issues or any other proceeding seeking to deny the license.

22. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Pharmacy Permit No. PHY 51484 issued to Respondent PCC Ventures, LLC dba Pharmacy Care Concepts; et. al. is revoked. However, the revocation is stayed and Respondent is placed on probation for three (3) years on the following terms and conditions.

1. Obey All Laws

Respondent PCC shall obey all state and federal laws and regulations.

Respondent PCC shall report any of the following occurrences to the board, in writing, within seventy-two (72) hours of such occurrence:

- ☐ an arrest of any owner or employee, or issuance of a criminal complaint against any owner or employee for violation of any provision of the Pharmacy Law, state and federal food and drug laws, or state and federal controlled substances laws
- ☐ a plea of guilty or nolo contendere by any owner or employee in any state or federal criminal proceeding to any criminal complaint, information or indictment
- ☐ a conviction of any crime for any owner or employee
- ☐ discipline, citation, or other administrative action filed by any state or federal agency which involves respondent's Pharmacy license or which is related to the practice of

pharmacy or the manufacturing, obtaining, handling or distributing, billing, or charging for any drug, device or controlled substance.

Failure to timely report any such occurrence shall be considered a violation of probation.

2. Report to the Board

Respondent PCC shall report to the board quarterly, on a schedule as directed by the board or its designee. The report shall be made either in person or in writing, as directed. Among other requirements, Respondent PCC shall state in each report under penalty of perjury whether there has been compliance with all the terms and conditions of probation. Failure to submit timely reports in a form as directed shall be considered a violation of probation. Any period(s) of delinquency in submission of reports as directed may be added to the total period of probation. Moreover, if the final probation report is not made as directed, probation shall be automatically extended until such time as the final report is made and accepted by the board.

3. Interview with the Board

Upon receipt of reasonable prior notice, Respondent PCC's owner(s) shall appear in person for interviews with the board or its designee, at such intervals and locations as are determined by the board or its designee. Failure to appear for any scheduled interview without prior notification to board staff, or failure to appear for two (2) or more scheduled interviews with the board or its designee during the period of probation, shall be considered a violation of probation.

4. Cooperate with Board Staff

Respondent PCC shall cooperate with the board's inspection program and with the board's monitoring and investigation of respondent's compliance with the terms and conditions of their probation. Failure to cooperate shall be considered a violation of probation.

5. Reimbursement of Board Costs

As a condition precedent to successful completion of probation, Respondent PCC shall pay to the board its costs of investigation and prosecution in the amount of \$5,368.25. Respondent's owners are all jointly and severally liable for this debt. Respondent shall be permitted to make said payments in a payment plan approved in writing by the Board or its designee. There shall be no deviation from this schedule absent prior written approval by the board or its designee. Failure

1 to pay costs by the deadline(s) as directed shall be considered a violation of probation.

2 The filing of bankruptcy by Respondent or any owners of Respondent shall not relieve
3 Respondent of their responsibility to reimburse the board its costs of investigation and
4 prosecution.

5 **6. Probation Monitoring Costs**

6 Respondent PCC shall pay any costs associated with probation monitoring as determined by
7 the board each and every year of probation. Such costs shall be payable to the board on a
8 schedule as directed by the board or its designee. Failure to pay such costs by the deadline(s) as
9 directed shall be considered a violation of probation.

10 **7. Status of License**

11 Respondent PCC shall, at all times while on probation, maintain current licensure with the
12 board. If Respondent PCC submits an application to the board, and the application is approved,
13 for a change of location, change of permit or change of ownership, the board shall retain
14 continuing jurisdiction over the license, and the respondent shall remain on probation as
15 determined by the board. Failure to maintain current licensure shall be considered a violation of
16 probation.

17 If Respondent PCC's license expires or is cancelled by operation of law or otherwise at any
18 time during the period of probation, including any extensions thereof or otherwise, upon renewal
19 or reapplication respondent's license shall be subject to all terms and conditions of this probation
20 not previously satisfied.

21 **8. License Surrender While on Probation/Suspension**

22 Following the effective date of this decision, should Respondent PCC discontinue business,
23 respondent may tender the premises license to the board for surrender. The board or its designee
24 shall have the discretion whether to grant the request for surrender or take any other action it
25 deems appropriate and reasonable. Upon formal acceptance of the surrender of the license,
26 respondent will no longer be subject to the terms and conditions of probation.

27 Upon acceptance of the surrender, Respondent PCC shall relinquish the premises wall and
28 renewal license to the board within ten (10) days of notification by the board that the surrender is

1 accepted. Respondent PCC shall further submit a completed Discontinuance of Business form
2 according to board guidelines and shall notify the board of the records inventory transfer.

3 Respondent PCC shall also, by the effective date of this decision, arrange for the
4 continuation of care for ongoing patients of the pharmacy by, at minimum, providing a written
5 notice to ongoing patients that specifies the anticipated closing date of the pharmacy and that
6 identifies one or more area pharmacies capable of taking up the patients' care, and by cooperating
7 as may be necessary in the transfer of records or prescriptions for ongoing patients. Within five
8 days of its provision to the pharmacy's ongoing patients, Respondent PCC shall provide a copy of
9 the written notice to the board. For the purposes of this provision, "ongoing patients" means
10 those patients for whom the pharmacy has on file a prescription with one or more refills
11 outstanding, or for whom the pharmacy has filled a prescription within the preceding sixty (60)
12 days.

13 Respondent PCC and each of its owners may not apply for any new licensure from the
14 board for three (3) years from the effective date of the surrender. Respondent PCC's owner(s)
15 shall meet all requirements applicable to the license sought as of the date the application for that
16 license is submitted to the board.

17 Respondent PCC's owner(s) further stipulate(s) that he or she shall reimburse the board for
18 its costs of investigation and prosecution prior to the acceptance of the surrender.

19 **9. Notice to Employees**

20 Respondent PCC shall, upon or before the effective date of this decision, ensure that all
21 employees involved in permit operations are made aware of all the terms and conditions of
22 probation, either by posting a notice of the terms and conditions, circulating such notice, or both.
23 If the notice required by this provision is posted, it shall be posted in a prominent place and shall
24 remain posted throughout the probation period. Respondent PCC shall ensure that any employees
25 hired or used after the effective date of this decision are made aware of the terms and conditions
26 of probation by posting a notice, circulating a notice, or both. Additionally, respondent shall
27 submit written notification to the board, within fifteen (15) days of the effective date of this
28 decision, that this term has been satisfied. Failure to submit such notification to the board shall be

1 considered a violation of probation.

2 "Employees" as used in this provision includes all full-time, part-time,
3 volunteer, temporary and relief employees and independent contractors employed or
4 hired at any time during probation.

5 **10. Owners and Officers: Knowledge of the Law**

6 Respondent PCC shall provide, within thirty (30) days after the effective date of this
7 decision, signed and dated statements from its owners, including any owner or holder of ten
8 percent (10%) or more of the interest in respondent or respondent's stock, and any officer, stating
9 under penalty of perjury that said individuals have read and are familiar with state and federal
10 laws and regulations governing the practice of pharmacy. The failure to timely provide said
11 statements under penalty of perjury shall be considered a violation of probation.

12 **11. Posted Notice of Probation**

13 Respondent PCC shall prominently post a probation notice provided by the board in a place
14 conspicuous and readable to the public. The probation notice shall remain posted during the
15 entire period of probation.

16 Respondent PCC shall not, directly or indirectly, engage in any conduct or make any
17 statement which is intended to mislead or is likely to have the effect of misleading any patient,
18 customer, member of the public, or other person(s) as to the nature of and reason for the probation
19 of the licensed entity.

20 Failure to post such notice shall be considered a violation of probation.

21 **12. Violation of Probation**

22 If Respondent PCC has not complied with any term or condition of probation, the board
23 shall have continuing jurisdiction over respondent license, and probation shall be automatically
24 extended until all terms and conditions have been satisfied or the board has taken other action as
25 deemed appropriate to treat the failure to comply as a violation of probation, to terminate
26 probation, and to impose the penalty that was stayed.

27 If Respondent PCC or its owner(s) violates probation in any respect, the board, after giving
28 respondent and its owner(s) notice and an opportunity to be heard, may revoke probation and

1 carry out the disciplinary order that was stayed. Notice and opportunity to be heard are not
2 required for those provisions stating that a violation thereof may lead to automatic termination of
3 the stay and/or revocation of the license. If a petition to revoke probation or an accusation is filed
4 against respondent during probation, the board shall have continuing jurisdiction and the period
5 of probation shall be automatically extended until the petition to revoke probation or accusation is
6 heard and decided.

7 **13. Completion of Probation**

8 Upon written notice by the board or its designee indicating successful completion of
9 probation, respondent license will be fully restored.

10 **14. Community Services Program**

11 Within sixty (60) days of the effective date of this decision, Respondent PCC shall submit
12 to the board or its designee, for prior approval, a community service program in which respondent
13 shall provide free health-care related services to a community or charitable facility or agency
14 consisting of drug buy-back programs, or sharps disposal programs at an amount of \$45,000.00
15 over the three (3) years or probation.

16 Within thirty (30) days of board approval thereof, Respondent PCC shall submit
17 documentation to the board demonstrating commencement of the community service program.
18 Respondent PCC shall report on progress with the community service program in the quarterly
19 reports.

20 Failure to timely submit, commence, or comply with the program shall be considered a
21 violation of probation.

22
23
24
25
26
27 ///

28 ///

1 ACCEPTANCE

2 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
3 discussed it with my attorney, Ivan Petrzelka. I understand the stipulation and the effect it will
4 have on my Pharmacy Permit. I enter into this Stipulated Settlement and Disciplinary Order
5 voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the
6 Board of Pharmacy.

7 DATED: 2/19/16


PCC VENTURES, LLC

8 DBA PHARMACY CARE CONCEPTS

9 Respondent

10 Scott Hancock
Print Name of Representative for PCC Ventures, LLC.

11 APPROVAL AS TO FORM AND CONTENT

12 I have read and fully discussed with Respondent PCC Ventures, LLC dba Pharmacy Care
13 Concepts; et. al. the terms and conditions and other matters contained in the above Stipulated
14 Settlement and Disciplinary Order. I approve its form and content.

15 DATED: 2-19-2016

16 
Ivan Petrzelka

17 Attorney for Respondent

18 ENDORSEMENT

19 The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully
20 submitted for consideration by the Board of Pharmacy.

21 Dated: 2-19-2016

22 Respectfully submitted,

23 KAMALA D. HARRIS

24 Attorney General of California

25 JANICE K. LACHMAN

26 Supervising Deputy Attorney General


KRISTINA T. JARVIS

27 Deputy Attorney General

28 Attorneys for Complainant

SA2014117593
PCC 3 years.docx

Exhibit A

Accusation No. 5294 -

1 KAMALA D. HARRIS
Attorney General of California
2 JANICE K. LACHMAN
Supervising Deputy Attorney General
3 KRISTINA T. JARVIS
Deputy Attorney General
4 State Bar No. 258229
1300 I Street, Suite 125
5 P.O. Box 944255
Sacramento, CA 94244-2550
6 Telephone: (916) 324-5403
Facsimile: (916) 327-8643
7 *Attorneys for Complainant*

8 **BEFORE THE**
9 **BOARD OF PHARMACY**
10 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

11 In the Matter of the Accusation Against:

Case No. 5294

12 **PCC VENTURES LLC,**
13 **dba PHARMACY CARE CONCEPTS**
14 **STEPHEN L. STANGE, PIC**
15 **HAROLD G. DELAMARTER, MEMBER**
16 **GREGORY JOHN VISLOCKY, MEMBER**
17 **RICK B. DELAMARTER, MD, MEMBER**
18 **SCOTT BRADLEY HANCOCK, MEMBER**
19 **TRACY WILLIAM ZARLING, MEMBER**
20 **PAUL ERNEST HAFFNER, MEMBER**
21 **7720 Lorraine Avenue, Suite 102/103**
Stockton, CA 95210

A C C U S A T I O N

18 **Original Pharmacy Permit No. PHY 51484**

19 **and**

20 **STEPHEN L. STANGE**
21 **4230 Heron Lakes Drive**
Stockton, CA 95219

22 **Pharmacist License No. RPH 28242**

23 **Respondents.**

24
25 **Complainant alleges:**

26 **PARTIES/LICENSE INFORMATION**

27 1. Virginia Herold ("Complainant") brings this Accusation solely in her official capacity
28 as the Executive Officer of the Board of Pharmacy ("Board"), Department of Consumer Affairs.

1 2. On or about March 14, 2001, the Board issued Original Pharmacy Permit Number
2 PHY 45169 to Pharmacy Care Concepts, Inc., with Stephen L. Stange ("Respondent Stange") as
3 pharmacist-in-charge ("PIC") and president/treasurer. The pharmacy permit was canceled on
4 July 2, 2013, due to a change in ownership of the pharmacy, as set forth in paragraph 3 below.

5 3. On or about July 1, 2013, the Board issued Original Pharmacy Permit Number PHY
6 51484 to PCC Ventures LLC ("Respondent PCC" or "PCC"), doing business as Pharmacy Care
7 Concepts, with Respondent Stange as PIC and Harold G. Delamarter, Gregory John Vislocky,
8 Rick B. Delamarter, MD, Scott Bradley Hancock, Tracy William Zarling, and Paul Ernest
9 Haffner as members. The pharmacy permit was in full force and effect at all times relevant to the
10 charges brought herein and will expire on July 1, 2016, unless renewed.

11 4. On or about April 24, 1973, the Board issued Pharmacist License Number RPH
12 28242 Respondent Stange. The pharmacist license was in full force and effect at all times
13 relevant to the charges brought herein and will expire on August 31, 2017, unless renewed.

14 JURISDICTION

15 5. This Accusation is brought before the Board under the authority of the following
16 laws. All section references are to the Business and Professions Code unless otherwise indicated.

17 STATUTORY AND REGULATORY PROVISIONS

18 6. Code section 4300 states, in pertinent part:

19 (a) Every license issued may be suspended or revoked.

20 (b) The board shall discipline the holder of any license issued by the
21 board, whose default has been entered or whose case has been heard by the board and
found guilty, by any of the following methods:

22 (1) Suspending judgment.

23 (2) Placing him or her upon probation.

24 (3) Suspending his or her right to practice for a period not exceeding one
25 year.

26 (4) Revoking his or her license.

27 (5) Taking any other action in relation to disciplining him or her as the
board in its discretion may deem proper ...

28 ///

1 7. Code section 4300.1 states:

2 The expiration, cancellation, forfeiture, or suspension of a board-issued
3 license by operation of law or by order or decision of the board or a court of law, the
4 placement of a license on a retired status, or the voluntary surrender of a license by a
5 licensee shall not deprive the board of jurisdiction to commence or proceed with any
6 investigation of, or action or disciplinary proceeding against, the licensee or to render
7 a decision suspending or revoking the license.

8 8. Code section 4301 states, in pertinent part:

9 The board shall take action against any holder of a license who is guilty
10 of unprofessional conduct or whose license has been procured by fraud or
11 misrepresentation or issued by mistake. Unprofessional conduct shall include, but is
12 not limited to, any of the following:

13

14 (o) Violating or attempting to violate, directly or indirectly, or assisting in
15 or abetting the violation of or conspiring to violate any provision or term of this
16 chapter or of the applicable federal and state laws and regulations governing
17 pharmacy, including regulations established by the board or by any other state or
18 federal regulatory agency

19 9. Code section 4032 states that "[l]icense means and includes any license, permit,
20 registration, certificate, or exemption issued by the board and includes the process of applying for
21 and renewing the same."

22 10. Code section 4022 states:

23 "Dangerous drug" or "dangerous device" means any drug or device
24 unsafe for self-use in humans or animals, and includes the following:

25 (a) Any drug that bears the legend: "Caution: federal law prohibits
26 dispensing without prescription," "Rx only," or words of similar import.

27 (b) Any device that bears the statement: "Caution: federal law restricts
28 this device to sale by or on the order of a -----," "Rx only," or words of similar
29 import, the blank to be filled in with the designation of the practitioner licensed to use
30 or order use of the device.

31 (c) Any other drug or device that by federal or state law can be lawfully
32 dispensed only on prescription or furnished pursuant to Section 4006.

33 11. Code section 4063 states, in pertinent part, that "[n]o prescription for any dangerous
34 drug or dangerous device may be refilled except upon authorization of the prescriber. The
35 authorization may be given orally or at the time of giving the original prescription . . ."

36 ///

1 12. Code section 4105, subdivision (a), states that "[a]ll records or other documentation
2 of the acquisition and disposition of dangerous drugs and dangerous devices by any entity
3 licensed by the board shall be retained on the licensed premises in a readily retrievable form."

4 13. Code section 4113, subdivision (c), states that "[t]he pharmacist-in-charge shall be
5 responsible for a pharmacy's compliance with all state and federal laws and regulations pertaining
6 to the practice of pharmacy.

7 14. California Code of Regulations, title 16, section ("Regulation") 1714, subdivision (d),
8 states:

9 Each pharmacist while on duty shall be responsible for the security of the
10 prescription department, including provisions for effective control against theft or
11 diversion of dangerous drugs and devices, and records for such drugs and devices.
12 Possession of a key to the pharmacy where dangerous drugs and controlled
13 substances are stored shall be restricted to a pharmacist.

12 COST RECOVERY

13 15. Code section 125.3 provides, in pertinent part, that a Board may request the
14 administrative law judge to direct a licensee found to have committed a violation or violations of
15 the licensing act to pay a sum not to exceed the reasonable costs of the investigation and
16 enforcement of the case.

17 CONTROLLED SUBSTANCES/DANGEROUS DRUGS

18 16. "Norco", "Lortab", and "Vicodin ES" are compounds consisting of varying quantities
19 of acetaminophen and hydrocodone bitartrate, also known as dihydrocodeinone, and are Schedule
20 III controlled substances as designated by Health and Safety Code section 11056, subdivision
21 (e)(4). Norco, Lortab, and Vicodin ES are used to relieve moderate to severe pain.

22 17. "Percocet" is a compound consisting of oxycodone and acetaminophen, and is a
23 Schedule II controlled substance as designated by Health and Safety Code section 11055,
24 subdivision (b)(1)(M). Percocet is used to relieve moderate to severe pain.

25 18. "Methadose", a brand of methadone hydrochloride, is a Schedule II controlled
26 substance as designated by Health and Safety Code section 11055, subdivision (c)(14).
27 Methadose is used to treat opioid addiction as well as relieve severe pain.

28 ///

1 19. "Concerta", a brand of methylphenidate, is a Schedule II controlled substance as
2 designated by Health and Safety Code section 11055, subdivision (d)(6). Concerta is used to treat
3 attention deficit hyperactivity disorder (ADHD).

4 20. "Fentanyl" is a Schedule II controlled substance as designated by Health and Safety
5 Code section 11055, subdivision (c)(8). Fentanyl is used as part of anesthesia to help prevent
6 pain after surgery or other medical procedure.

7 21. "Adderall XR" is a compound consisting of mixed salts of dextroamphetamine and/or
8 amphetamine, and is a Schedule II controlled substance as designated by Health and Safety Code
9 section 11055, subdivision (d)(1). Adderall XR is indicated for the treatment of ADHD.

10 22. The above controlled substances are dangerous drugs within the meaning of Code
11 section 4022 in that they require a prescription under federal law.

12 BACKGROUND

13 23. On or about November 6, 2013, the Board received a report from PIC Stange,
14 notifying them that an unlicensed staff member, M. M., may have obtained 960 tablets of Norco
15 10/325 mg from the pharmacy without a valid prescription. PIC Stange stated that on or about
16 June 10, 2013, a legal prescription was obtained from a physician's assistant for M. M.'s
17 husband, J. M., for 240 tablets of Norco 10/325 mg, *with zero refills*. On August 2, 2013, M. M.
18 presented a photocopy of the prescription to the billing technician, who processed it, and the
19 prescription was then filled by pharmacy technician C. L. M. M. took the prescription before it
20 was reviewed by a pharmacist.

21 24. PIC Stange also stated that on August 29, 2013, September 14, 2013, and October 2,
22 2013, M. M. presented C. L. with prescription labels "from the initial dispensing date (August 2,
23 2013)." C. L. filled the prescriptions (240 tablets of Norco 10/325 mg in each instance) after
24 M. M. "promised" that she had a valid refill for each label. It appeared that M. M. took each of
25 the prescriptions before final review by a pharmacist.

26 25. PIC Stange listed various corrective actions the pharmacy had taken since the
27 incident, including filing a police report with the Stockton Police Department and suspending
28 ///

1 M. M. from her employment on October 12, 2013 (M. M. subsequently resigned on October 14,
2 2013).

3 26. On or about November 14, 2013, the Board sent a letter to PIC Stange, requesting
4 certain information and documents pertaining to the reported theft/loss of controlled substances.

5 27. On or about December 19, 2013, the Board received various documents from PIC
6 Stange, including a Drug Enforcement Agency (DEA) Form 106 dated October 16, 2013. PCC
7 reported a loss of controlled substances valued at \$2,000, including 14,706 tablets of
8 hydrocodone/acetaminophen 10/325; the type of theft/loss was listed as "Employee Pilferage".
9 PIC Stange also provided the Board with a statement, indicating that the business was sold to
10 PCC on June 27, 2013, and that he and the new owner, pharmacist Scott Hancock ("Hancock"),
11 conducted an inventory or audit of Schedule 2 medications and hydrocodone-related products,
12 which "reflected a much larger problem than previously discovered." PIC Stange submitted a
13 copy of the audit; it was conducted for the time period from June 28, 2013 to November 26, 2013.
14 PIC Stange indicated in an additional statement that the audit was based on an inventory from
15 June 27, 2013 to November 26, 2013, purchase records from various wholesalers, including
16 Valley Wholesale and HD Smith (Smart Source), prescription utilization reports, and reverse
17 distributor reports.

18 28. On or about January 17, 2014, PIC Stange submitted additional documents to the
19 Board, including a letter dated January 10, 2014. PIC Stange stated that since the reported loss of
20 controlled substances following the sale of PCC was significant, he and Hancock conducted
21 another audit for a time period prior to the sale, specifically, from January 18, 2013 (the date the
22 last biennial inventory was completed at PPC prior to the sale) to June 27, 2013 (the date of sale).
23 This audit revealed significant losses as well, as set forth below. PIC Stange also provided DEA
24 Form 106 dated January 14, 2014, showing that the losses applied to Pharmacy Care Concepts,

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1 Inc. PIC Stange stated in an additional statement to the Board that the audit was based on
2 inventory records from January 18, 2013 to June 26, 2013, purchase records from wholesalers
3 Valley Wholesale and HD Smith, prescription utilization reports, and reverse distributor reports.

4 Drug and Strength	Quantity Reported Loss (Units) for Audit Period from 01/18/2013 – 11/26/2013
5 hydrocodone/acetaminophen 10/325 mg	20,601
6 hydrocodone/acetaminophen 10/500 mg	489
7 hydrocodone/acetaminophen 7.5/325 mg	2,230
8 hydrocodone/acetaminophen 7.5/500 mg	705
9 hydrocodone/acetaminophen 7.5/750 mg	3,604
10 hydrocodone/acetaminophen 5/325 mg	850
hydrocodone/acetaminophen 5/500 mg	1,192
Fentanyl 12 mcg patch	17
Mixed amphetamine salts ER 20 mg	90

11 29. On or about March 4, 2014, Board Inspector C. H. conducted an inspection and
12 investigation at the pharmacy.

13 30. C. H. asked PIC Stange if they ever found the original prescription. PIC Stange told
14 C. H. that they only had a copy. C. H. asked PIC Stange why the prescription was filled when
15 only a copy of the original prescription was presented. PIC Stange stated that he thought M. M.
16 may have exploited the normal workflow for long-term care facilities.

17 31. PIC Stange explained that for some controlled substance prescriptions, the board and
18 care facility had the original order from the patient or the patient's family. The care facility
19 normally faxed a copy of the original prescription to PCC so the order could be prepared for the
20 patient and delivered the same day. The fax copy of the prescription was sent through the
21 workflow in order to get it filled, and the medication was then placed in a bin for delivery the
22 same day. Once the medication was delivered, the original prescription was picked up and
23 brought to the pharmacy that day. The pharmacist would sign the original prescription as well as
24 the faxed copy, indicating final review of the prescription. The clerk or technician would keep a
25 second copy of the prescription at their workstation as a reminder to follow up with the
26 pharmacist and driver to ensure the original prescription was brought to the pharmacy. The only
27 copy the pharmacy had of the prescription was the one found next to clerk S. The copy had not
28 ///

1 been signed by a pharmacist. PIC Stange told C. H. he verified with the physician's assistant that
2 the prescription was valid and that there were no refills authorized.

3 32. C. H. obtained various documents from the pharmacy, including a copy of the
4 original prescription and copies of pharmacy labels confirming that the prescription was
5 processed as RX# 1326725 on August 2, 2013, with no refills. C. H. also obtained a controlled
6 substances inventory log, purchase records from June 28, 2013 to November 26, 2013, from
7 Smart Source, Cardinal, and Valley Wholesale, and drug usage reports from June 28, 2013 to
8 November 26, 2013, for each controlled substance included in the audit.

9 33. On or about May 30, 2014, C. H. sent HD Smith and Valley Wholesaler requests for
10 copies of records of purchases, sales, returns, and credits for certain products sold to or purchased
11 from PCC for the time period from June 28, 2013 through November 26, 2013.

12 34. On or about June 2, 2014, C. H. received copies of purchase records from HD Smith.
13 C. H. found that the purchase record data corresponded to the data from PCC's audit.

14 35. On or about June 5, 2014, C. H. received copies of purchase records from Valley
15 Wholesaler. C. H. reviewed the purchase data twice for accuracy and compared it to the purchase
16 data reported in PCC's audit. C. H. found no discrepancies.

17 36. On or about June 20, 2014, C. H. used the documents she received from PCC,
18 including the inventory records, purchase records, and dispensing records, to verify their audit
19 results for all drugs which showed a significant loss, as well as oxycodone IR (all strengths),
20 methadone 5 mg, methylphenidate 36 mg, and oxycodone/acetaminophen 5/325 mg and 10/325.
21 C. H. found no discrepancies. C. H. then used the purchase records she received from HD Smith

22 and Valley Wholesaler to independently verify selected PCC audit entries for the

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1 hydrocodone/acetaminophen products with a significant loss. C. H. found no discrepancies. The
2 audit conducted by PCC revealed the following losses as verified by C. H.:

3 Drug and Strength	Reported Loss (Units) for Audit Period from 06/28/2013 – 11/26/2013	% of Acquisition
4 hydrocodone/acetaminophen 10/325 mg	14,706	34.2
5 hydrocodone/acetaminophen 10/500 mg	204	40.8
6 hydrocodone/acetaminophen 7.5/325 mg	911	13.6
7 hydrocodone/acetaminophen 7.5/500 mg	614.5	61.4
8 hydrocodone/acetaminophen 7.5/750 mg	751	150
9 oxycodone/acetaminophen 10/325 mg	141	3.8
methadone 5 mg	100	8.3
methylphenidate 36 mg	30	33

10 **CAUSE FOR DISCIPLINE**

11 **(Violations of the Pharmacy Law and State**

12 **Laws and Regulations Governing Pharmacy)**

13 37. Respondents PCC and Stange are subject to disciplinary action pursuant to Code
14 section 4301, subdivision (o), for unprofessional conduct, in that Respondents violated or
15 attempted to violate, directly or indirectly, assisted in or abetted the violation of, or conspired to
16 violate provisions or terms of the Pharmacy Law (Bus. & Prof. Code § 4300, et seq.) and state
17 laws and regulations governing pharmacy, as follows:

18 a. On or about August 29, 2013, September 14, 2013, and October 2, 2013, Respondents
19 PCC and Stange authorized or permitted pharmacy technician C. L. to dispense refills of RX#
20 1326725, for 240 tablets of the controlled substance hydrocodone/acetaminophen 10/325 mg, for
21 patient J. M. when, in fact, the physician's assistant who issued the original prescription had not
22 authorized any refills, in violation of Code section 4063.

23 b. Respondents PCC and Stange failed to maintain on their premises and/or have
24 available for inspection by Board inspector C. H. the original prescription for RX# 1326725
25 issued for patient J. M., as set forth in paragraphs 30 and 31 above, in violation of Code section
26 4105.

27 c. On and between June 28, 2013 and November 26, 2013, Respondents PCC and
28 Stange failed to maintain or ensure the security of the prescription department and/or include

1 provisions for effective control against theft or diversion of dangerous drugs and devices,
2 resulting in a significant loss of controlled substances, as set forth in paragraph 36 above, in
3 violation of Regulation 1714, subdivision (d).

4 d. On and between January 18, 2013 and June 27, 2013, Respondent Stange failed to
5 maintain or ensure the security of the prescription department and/or include provisions for
6 effective control against theft or diversion of dangerous drugs and devices, resulting in a
7 significant loss of controlled substances, as set forth in paragraph 28 above, in violation of
8 Regulation 1714, subdivision (d).

9 **PRAYER**

10 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,
11 and that following the hearing, the Board of Pharmacy issue a decision:

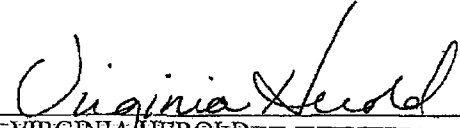
12 1. Revoking or suspending Pharmacy Permit Number PHY 51484, issued to PCC
13 Ventures LLC, doing business as Pharmacy Care Concepts;

14 2. Revoking or suspending Pharmacist License Number RPH 28242, issued to Stephen
15 L. Stange;

16 3. Ordering PCC Ventures LLC, doing business as Pharmacy Care Concepts, and
17 Stephen L. Stange to pay the Board of Pharmacy the reasonable costs of the investigation and
18 enforcement of this case, pursuant to Business and Professions Code section 125.3;

19 4. Taking such other and further action as deemed necessary and proper.

20
21 DATED: 9/12/15


22 VIRGINIA HEROLD
23 Executive Officer
24 Board of Pharmacy
25 Department of Consumer Affairs
26 State of California
27 Complainant

28 SA2014117593

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

In the Matter of the Accusation Against:

**PCC VENTURES LLC,
dba PHARMACY CARE CONCEPTS
STEPHEN L. STANGE, PIC
HAROLD G. DELAMARTER, MEMBER
GREGORY JOHN VISLOCKY, MEMBER
RICK B. DELAMARTER, MD, MEMBER
SCOTT BRADLEY HANCOCK,
MEMBER
TRACY WILLIAM ZARLING, MEMBER
PAUL ERNEST HAFFNER, MEMBER
7720 Lorraine Avenue, Suite 102/103
Stockton, CA 95210**

Original Pharmacy Permit No. PHY 51484

and

**STEPHEN L. STANGE
4230 Heron Lakes Drive
Stockton, CA 95219**

Pharmacist License No. RPH 28242

Respondents.

Case No. 5294

OAH No. 2015110440

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER AS TO PCC
VENTURES, LLC, ET AL, ONLY**

DECISION AND ORDER

The attached Stipulated Settlement and Disciplinary Order is hereby adopted by the Board of Pharmacy, Department of Consumer Affairs, as its Decision in this matter.

This Decision shall become effective at 5:00 p.m. on June 6, 2016.

It is so ORDERED on May 5, 2016.

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



By

Amy Gutierrez, Pharm.D.
Board President

1 KAMALA D. HARRIS
Attorney General of California
2 JANICE K. LACHMAN
Supervising Deputy Attorney General
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6 Telephone: (916) 324-5403
Facsimile: (916) 327-8643
7 Attorneys for Complainant

8 **BEFORE THE**
9 **BOARD OF PHARMACY**
10 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

11 In the Matter of the Accusation Against:

Case No. 5294

12 **PCC VENTURES LLC,**
13 **dba PHARMACY CARE CONCEPTS**
14 **STEPHEN L. STANGE, PIC**
15 **HAROLD G. DELAMARTER, MEMBER**
16 **GREGORY JOHN VISLOCKY, MEMBER**
17 **RICK B. DELAMARTER, MD, MEMBER**
18 **SCOTT BRADLEY HANCOCK,**
19 **MEMBER**
20 **TRACY WILLIAM ZARLING, MEMBER**
21 **PAUL ERNEST HAFFNER, MEMBER**
22 **7720 Lorraine Avenue, Suite 102/103**
23 **Stockton, CA 95210**

OAH No. 2015110440

STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER AS TO PCC
VENTURES, LLC, ET AL, ONLY

Original Pharmacy Permit No. PHY 51484

and

21 **STEPHEN L. STANGE**
22 **4230 Heron Lakes Drive**
23 **Stockton, CA 95219**

Pharmacist License No. RPH 28242

Respondents.

26 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-
27 entitled proceedings that the following matters are true:

28 ///

1 PARTIES

2 1. Virginia Herold ("Complainant") is the Executive Officer of the Board of Pharmacy.
3 She brought this action solely in her official capacity and is represented in this matter by Kamala
4 D. Harris, Attorney General of the State of California, by Kristina T. Jarvis, Deputy Attorney
5 General.

6 2. On or about March 14, 2001, the Board issued Original Pharmacy Permit Number
7 PHY 45169 to Pharmacy Care Concepts, Inc., with Stephen L. Stange ("Respondent Stange") as
8 pharmacist-in-charge ("PIC") and president/treasurer. The pharmacy permit was canceled on
9 July 2, 2013, due to a change in ownership of the pharmacy, as set forth in paragraph 3 below.

10 3. On or about July 1, 2013, the Board issued Original Pharmacy Permit Number PHY
11 51484 to PCC Ventures LLC ("Respondent PCC" or "PCC"), doing business as Pharmacy Care
12 Concepts, with Respondent Stange as PIC and Harold G. Delamarter, Gregory John Vislocky,
13 Rick B. Delamarter, MD, Scott Bradley Hancock, Tracy William Zarling, and Paul Ernest
14 Haffner as members. The pharmacy permit was in full force and effect at all times relevant to the
15 charges brought herein and will expire on July 1, 2016, unless renewed.

16 4. On or about April 24, 1973, the Board issued Pharmacist License Number RPH
17 28242 Respondent Stange. The pharmacist license was in full force and effect at all times
18 relevant to the charges brought herein and will expire on August 31, 2017, unless renewed.

19 5. Respondent PCC is represented in this proceeding by attorney Ivan Petrzelka, whose
20 address is: 2855 Michelle Drive, Suite 180, Irvine, CA 92606.

21 6. Respondent Stange is represented in this proceeding by attorney Gregory P. Matzen,
22 whose address is: 2104 Big Sandy Court, Gold River, CA 95670.

23 JURISDICTION

24 7. Accusation No. 5294 was filed before the Board of Pharmacy (Board), Department of
25 Consumer Affairs, and is currently pending against Respondent. The Accusation and all other
26 statutorily required documents were properly served on Respondents on September 24, 2015.
27 Respondents timely filed their Notices of Defense contesting the Accusation.

28 ///

1 8. A copy of Accusation No. 5294 is attached as exhibit A and incorporated herein by
2 reference.

3 **ADVISEMENT AND WAIVERS**

4 9. Respondent PCC has carefully read, fully discussed with counsel, and understands the
5 charges and allegations in Accusation No. 5294. Respondent PCC has also carefully read, fully
6 discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary
7 Order.

8 10. Respondent PCC is fully aware of its legal rights in this matter, including the right to
9 a hearing on the charges and allegations in the Accusation; the right to be represented by counsel
10 at its own expense; the right to confront and cross-examine the witnesses against them; the right
11 to present evidence and to testify on its own behalf; the right to the issuance of subpoenas to
12 compel the attendance of witnesses and the production of documents; the right to reconsideration
13 and court review of an adverse decision; and all other rights accorded by the California
14 Administrative Procedure Act and other applicable laws.

15 11. Respondent PCC voluntarily, knowingly, and intelligently waives and gives up each
16 and every right set forth above.

17 **CULPABILITY**

18 12. Respondent PCC understands that the charges and allegations in Accusation No.
19 5294, if proven at hearing constitute cause for imposing discipline upon the Pharmacy Permit.

20 13. For the purposes of resolving the Accusation without the expense and uncertainty of
21 further proceedings, Respondent PCC agrees that, at a hearing, Complainant could establish a
22 factual basis for the charges in the Accusation and that those charges constitute cause for
23 discipline. Respondent PCC hereby gives up their right to contest that cause for discipline exists
24 based on those charges and agrees to be bound by the Board's Decision and Order.

25 14. Respondent PCC understands that by signing this stipulation they enable the Board to
26 issue an order revoking its Pharmacy Permit and placing it on probation subject to the terms and
27 conditions set forth in the Disciplinary Order below.

28 ///

CONTINGENCY

15. This stipulation shall be subject to approval by the Board of Pharmacy. Respondent PCC understands and agrees that counsel for Complainant and the staff of the Board of Pharmacy may communicate directly with the Board regarding this stipulation and settlement, without notice to or participation by Respondent PCC or its counsel. By signing the stipulation, Respondent PCC understands and agrees that they may not withdraw its agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

16. The parties understand and agree that Portable Document Format (PDF) and facsimile copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile signatures thereto, shall have the same force and effect as the originals.

17. This Stipulated Settlement and Disciplinary Order is intended by the parties to be an integrated writing representing the complete, final, and exclusive embodiment of their agreement. It supersedes any and all prior or contemporaneous agreements, understandings, discussions, negotiations, and commitments (written or oral). This Stipulated Settlement and Disciplinary Order may not be altered, amended, modified, supplemented, or otherwise changed except by a writing executed by an authorized representative of each of the parties.

18. The Board agrees that Respondent PCC Ventures and all of its owners and/or managers are not prohibited from filing future or additional applications for ownership of other licensed premises.

19. The Board also agrees to expedite the processing of any application for transfer of ownership of Pharmacy Care Concepts if an application for a temporary permit is received by a new prospective owner of Respondent PCC. Any such change shall contain a stipulation for continued jurisdiction for probation by the Board for the new license should it be issued.

///

20. If there is any violation of probation for which a petition to revoke probation is filed by the Board, then all of the charges and allegations in Accusation No. 5294 shall be deemed to be true, correct, and admitted for the purpose of that proceeding.

21. If Respondent PCC or any owners or managers should ever apply for a new or additional license or permit by the Board or any other health care licensing agency in the State of California, all of the charges and allegations in Accusation No. 5294 shall be deemed to be true, correct, and admitted for the purpose of any Statement of Issues or any other proceeding seeking to deny the license.

22. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Pharmacy Permit No. PHY 51484 issued to Respondent PCC Ventures, LLC dba Pharmacy Care Concepts; et. al. is revoked. However, the revocation is stayed and Respondent is placed on probation for three (3) years on the following terms and conditions.

1. Obey All Laws

Respondent PCC shall obey all state and federal laws and regulations.

Respondent PCC shall report any of the following occurrences to the board, in writing, within seventy-two (72) hours of such occurrence:

- ☐ an arrest of any owner or employee, or issuance of a criminal complaint against any owner or employee for violation of any provision of the Pharmacy Law, state and federal food and drug laws, or state and federal controlled substances laws
- ☐ a plea of guilty or nolo contendere by any owner or employee in any state or federal criminal proceeding to any criminal complaint, information or indictment
- ☐ a conviction of any crime for any owner or employee
- ☐ discipline, citation, or other administrative action filed by any state or federal agency which involves respondent's Pharmacy license or which is related to the practice of

1 pharmacy or the manufacturing, obtaining, handling or distributing, billing, or
2 charging for any drug, device or controlled substance.

3 Failure to timely report any such occurrence shall be considered a violation of probation.

4 **2. Report to the Board**

5 Respondent PCC shall report to the board quarterly, on a schedule as directed by the board
6 or its designee. The report shall be made either in person or in writing, as directed. Among other
7 requirements, Respondent PCC shall state in each report under penalty of perjury whether there
8 has been compliance with all the terms and conditions of probation. Failure to submit timely
9 reports in a form as directed shall be considered a violation of probation. Any period(s) of
10 delinquency in submission of reports as directed may be added to the total period of probation.
11 Moreover, if the final probation report is not made as directed, probation shall be automatically
12 extended until such time as the final report is made and accepted by the board.

13 **3. Interview with the Board**

14 Upon receipt of reasonable prior notice, Respondent PCC's owner(s) shall appear in person
15 for interviews with the board or its designee, at such intervals and locations as are determined by
16 the board or its designee. Failure to appear for any scheduled interview without prior notification
17 to board staff, or failure to appear for two (2) or more scheduled interviews with the board or its
18 designee during the period of probation, shall be considered a violation of probation.

19 **4. Cooperate with Board Staff**

20 Respondent PCC shall cooperate with the board's inspection program and with the board's
21 monitoring and investigation of respondent's compliance with the terms and conditions of their
22 probation. Failure to cooperate shall be considered a violation of probation.

23 **5. Reimbursement of Board Costs**

24 As a condition precedent to successful completion of probation, Respondent PCC shall pay
25 to the board its costs of investigation and prosecution in the amount of \$5,368.25. Respondent's
26 owners are all jointly and severally liable for this debt. Respondent shall be permitted to make
27 said payments in a payment plan approved in writing by the Board or its designee. There shall be
28 no deviation from this schedule absent prior written approval by the board or its designee. Failure

1 to pay costs by the deadline(s) as directed shall be considered a violation of probation.

2 The filing of bankruptcy by Respondent or any owners of Respondent shall not relieve
3 Respondent of their responsibility to reimburse the board its costs of investigation and
4 prosecution.

5 **6. Probation Monitoring Costs**

6 Respondent PCC shall pay any costs associated with probation monitoring as determined by
7 the board each and every year of probation. Such costs shall be payable to the board on a
8 schedule as directed by the board or its designee. Failure to pay such costs by the deadline(s) as
9 directed shall be considered a violation of probation.

10 **7. Status of License**

11 Respondent PCC shall, at all times while on probation, maintain current licensure with the
12 board. If Respondent PCC submits an application to the board, and the application is approved,
13 for a change of location, change of permit or change of ownership, the board shall retain
14 continuing jurisdiction over the license, and the respondent shall remain on probation as
15 determined by the board. Failure to maintain current licensure shall be considered a violation of
16 probation.

17 If Respondent PCC's license expires or is cancelled by operation of law or otherwise at any
18 time during the period of probation, including any extensions thereof or otherwise, upon renewal
19 or reapplication respondent's license shall be subject to all terms and conditions of this probation
20 not previously satisfied.

21 **8. License Surrender While on Probation/Suspension**

22 Following the effective date of this decision, should Respondent PCC discontinue business,
23 respondent may tender the premises license to the board for surrender. The board or its designee
24 shall have the discretion whether to grant the request for surrender or take any other action it
25 deems appropriate and reasonable. Upon formal acceptance of the surrender of the license,
26 respondent will no longer be subject to the terms and conditions of probation.

27 Upon acceptance of the surrender, Respondent PCC shall relinquish the premises wall and
28 renewal license to the board within ten (10) days of notification by the board that the surrender is

1 accepted. Respondent PCC shall further submit a completed Discontinuance of Business form
2 according to board guidelines and shall notify the board of the records inventory transfer.

3 Respondent PCC shall also, by the effective date of this decision, arrange for the
4 continuation of care for ongoing patients of the pharmacy by, at minimum, providing a written
5 notice to ongoing patients that specifies the anticipated closing date of the pharmacy and that
6 identifies one or more area pharmacies capable of taking up the patients' care, and by cooperating
7 as may be necessary in the transfer of records or prescriptions for ongoing patients. Within five
8 days of its provision to the pharmacy's ongoing patients, Respondent PCC shall provide a copy of
9 the written notice to the board. For the purposes of this provision, "ongoing patients" means
10 those patients for whom the pharmacy has on file a prescription with one or more refills
11 outstanding, or for whom the pharmacy has filled a prescription within the preceding sixty (60)
12 days.

13 Respondent PCC and each of its owners may not apply for any new licensure from the
14 board for three (3) years from the effective date of the surrender. Respondent PCC's owner(s)
15 shall meet all requirements applicable to the license sought as of the date the application for that
16 license is submitted to the board.

17 Respondent PCC's owner(s) further stipulate(s) that he or she shall reimburse the board for
18 its costs of investigation and prosecution prior to the acceptance of the surrender.

19 9. Notice to Employees

20 Respondent PCC shall, upon or before the effective date of this decision, ensure that all
21 employees involved in permit operations are made aware of all the terms and conditions of
22 probation, either by posting a notice of the terms and conditions, circulating such notice, or both.
23 If the notice required by this provision is posted, it shall be posted in a prominent place and shall
24 remain posted throughout the probation period. Respondent PCC shall ensure that any employees
25 hired or used after the effective date of this decision are made aware of the terms and conditions
26 of probation by posting a notice, circulating a notice, or both. Additionally, respondent shall
27 submit written notification to the board, within fifteen (15) days of the effective date of this
28 decision, that this term has been satisfied. Failure to submit such notification to the board shall be

1 considered a violation of probation.

2 "Employees" as used in this provision includes all full-time, part-time,
3 volunteer, temporary and relief employees and independent contractors employed or
4 hired at any time during probation.

5 **10. Owners and Officers: Knowledge of the Law**

6 Respondent PCC shall provide, within thirty (30) days after the effective date of this
7 decision, signed and dated statements from its owners, including any owner or holder of ten
8 percent (10%) or more of the interest in respondent or respondent's stock, and any officer, stating
9 under penalty of perjury that said individuals have read and are familiar with state and federal
10 laws and regulations governing the practice of pharmacy. The failure to timely provide said
11 statements under penalty of perjury shall be considered a violation of probation.

12 **11. Posted Notice of Probation**

13 Respondent PCC shall prominently post a probation notice provided by the board in a place
14 conspicuous and readable to the public. The probation notice shall remain posted during the
15 entire period of probation.

16 Respondent PCC shall not, directly or indirectly, engage in any conduct or make any
17 statement which is intended to mislead or is likely to have the effect of misleading any patient,
18 customer, member of the public, or other person(s) as to the nature of and reason for the probation
19 of the licensed entity.

20 Failure to post such notice shall be considered a violation of probation.

21 **12. Violation of Probation**

22 If Respondent PCC has not complied with any term or condition of probation, the board
23 shall have continuing jurisdiction over respondent license, and probation shall be automatically
24 extended until all terms and conditions have been satisfied or the board has taken other action as
25 deemed appropriate to treat the failure to comply as a violation of probation, to terminate
26 probation, and to impose the penalty that was stayed.

27 If Respondent PCC or its owner(s) violates probation in any respect, the board, after giving
28 respondent and its owner(s) notice and an opportunity to be heard, may revoke probation and

1 carry out the disciplinary order that was stayed. Notice and opportunity to be heard are not
2 required for those provisions stating that a violation thereof may lead to automatic termination of
3 the stay and/or revocation of the license. If a petition to revoke probation or an accusation is filed
4 against respondent during probation, the board shall have continuing jurisdiction and the period
5 of probation shall be automatically extended until the petition to revoke probation or accusation is
6 heard and decided.

7 **13. Completion of Probation**

8 Upon written notice by the board or its designee indicating successful completion of
9 probation, respondent license will be fully restored.

10 **14. Community Services Program**

11 Within sixty (60) days of the effective date of this decision, Respondent PCC shall submit
12 to the board or its designee, for prior approval, a community service program in which respondent
13 shall provide free health-care related services to a community or charitable facility or agency
14 consisting of drug buy-back programs, or sharps disposal programs at an amount of \$45,000.00
15 over the three (3) years or probation.

16 Within thirty (30) days of board approval thereof, Respondent PCC shall submit
17 documentation to the board demonstrating commencement of the community service program.
18 Respondent PCC shall report on progress with the community service program in the quarterly
19 reports.

20 Failure to timely submit, commence, or comply with the program shall be considered a
21 violation of probation.

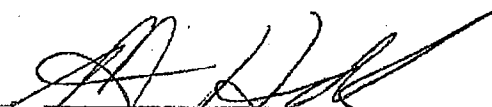
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1 ACCEPTANCE

2 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
3 discussed it with my attorney, Ivan Petrzelka. I understand the stipulation and the effect it will
4 have on my Pharmacy Permit. I enter into this Stipulated Settlement and Disciplinary Order
5 voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the
6 Board of Pharmacy.

7 DATED: 2/19/16


PCC VENTURES, LLC

DBA PHARMACY CARE CONCEPTS

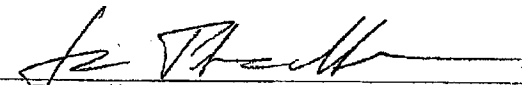
Respondent

Scott Hancock
Print Name of Representative for PCC Ventures, LLC.

12 APPROVAL AS TO FORM AND CONTENT

13 I have read and fully discussed with Respondent PCC Ventures, LLC dba Pharmacy Care
14 Concepts; et. al. the terms and conditions and other matters contained in the above Stipulated
15 Settlement and Disciplinary Order. I approve its form and content.

16 DATED: 2-19-2016


Ivan Petrzelka

Attorney for Respondent

19 ENDORSEMENT

20 The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully
21 submitted for consideration by the Board of Pharmacy.

22 Dated: 2-19-2016

Respectfully submitted,

KAMALA D. HARRIS

Attorney General of California

JANICE K. LACHMAN

Supervising Deputy Attorney General


KRISTINA T. JARVIS

Deputy Attorney General

Attorneys for Complainant

28 SA2014117593
PCC 3 years.docx

Exhibit A

Accusation No. 5294 -

1 KAMALA D. HARRIS
Attorney General of California
2 JANICE K. LACHMAN
Supervising Deputy Attorney General
3 KRISTINA T. JARVIS
Deputy Attorney General
4 State Bar No. 258229
1300 I Street, Suite 125
5 P.O. Box 944255
Sacramento, CA 94244-2550
6 Telephone: (916) 324-5403
Facsimile: (916) 327-8643
7 *Attorneys for Complainant*

8 **BEFORE THE**
BOARD OF PHARMACY
9 **DEPARTMENT OF CONSUMER AFFAIRS**
10 **STATE OF CALIFORNIA**

11 In the Matter of the Accusation Against:

Case No. 5294

12 **PCC VENTURES LLC,**
dba PHARMACY CARE CONCEPTS
13 **STEPHEN L. STANGE, PIC**
14 **HAROLD G. DELAMARTER, MEMBER**
GREGORY JOHN VISLOCKY, MEMBER
15 **RICK B. DELAMARTER, MD, MEMBER**
SCOTT BRADLEY HANCOCK, MEMBER
16 **TRACY WILLIAM ZARLING, MEMBER**
PAUL ERNEST HAFFNER, MEMBER
17 **7720 Lorraine Avenue, Suite 102/103**
Stockton, CA 95210

ACCUSATION

18 **Original Pharmacy Permit No. PHY 51484**

19 **and**

20 **STEPHEN L. STANGE**
4230 Heron Lakes Drive
21 **Stockton, CA 95219**

22 **Pharmacist License No. RPH 28242**

23 Respondents.

24
25 Complainant alleges:

26 **PARTIES/LICENSE INFORMATION**

27 1. Virginia Herold ("Complainant") brings this Accusation solely in her official capacity
28 as the Executive Officer of the Board of Pharmacy ("Board"), Department of Consumer Affairs.

1 2. On or about March 14, 2001, the Board issued Original Pharmacy Permit Number
2 PHY 45169 to Pharmacy Care Concepts, Inc., with Stephen L. Stange ("Respondent Stange") as
3 pharmacist-in-charge ("PIC") and president/treasurer. The pharmacy permit was canceled on
4 July 2, 2013, due to a change in ownership of the pharmacy, as set forth in paragraph 3 below.

5 3. On or about July 1, 2013, the Board issued Original Pharmacy Permit Number PHY
6 51484 to PCC Ventures LLC ("Respondent PCC" or "PCC"), doing business as Pharmacy Care
7 Concepts, with Respondent Stange as PIC and Harold G. Delamarter, Gregory John Vislocky,
8 Rick B. Delamarter, MD, Scott Bradley Hancock, Tracy William Zarling, and Paul Ernest
9 Haffner as members. The pharmacy permit was in full force and effect at all times relevant to the
10 charges brought herein and will expire on July 1, 2016, unless renewed.

11 4. On or about April 24, 1973, the Board issued Pharmacist License Number RPH
12 28242 Respondent Stange. The pharmacist license was in full force and effect at all times
13 relevant to the charges brought herein and will expire on August 31, 2017, unless renewed.

14 JURISDICTION

15 5. This Accusation is brought before the Board under the authority of the following
16 laws. All section references are to the Business and Professions Code unless otherwise indicated.

17 STATUTORY AND REGULATORY PROVISIONS

18 6. Code section 4300 states, in pertinent part:

19 (a) Every license issued may be suspended or revoked.

20 (b) The board shall discipline the holder of any license issued by the
21 board, whose default has been entered or whose case has been heard by the board and
found guilty, by any of the following methods:

22 (1) Suspending judgment.

23 (2) Placing him or her upon probation.

24 (3) Suspending his or her right to practice for a period not exceeding one
25 year.

26 (4) Revoking his or her license.

27 (5) Taking any other action in relation to disciplining him or her as the
board in its discretion may deem proper . . .

28 ///

1 7. Code section 4300.1 states:

2 The expiration, cancellation, forfeiture, or suspension of a board-issued
3 license by operation of law or by order or decision of the board or a court of law, the
4 placement of a license on a retired status, or the voluntary surrender of a license by a
5 licensee shall not deprive the board of jurisdiction to commence or proceed with any
6 investigation of, or action or disciplinary proceeding against, the licensee or to render
7 a decision suspending or revoking the license.

8 8. Code section 4301 states, in pertinent part:

9 The board shall take action against any holder of a license who is guilty
10 of unprofessional conduct or whose license has been procured by fraud or
11 misrepresentation or issued by mistake. Unprofessional conduct shall include, but is
12 not limited to, any of the following:

13

14 (c) Violating or attempting to violate, directly or indirectly, or assisting in
15 or abetting the violation of or conspiring to violate any provision or term of this
16 chapter or of the applicable federal and state laws and regulations governing
17 pharmacy, including regulations established by the board or by any other state or
18 federal regulatory agency

19 9. Code section 4032 states that "[l]icense means and includes any license, permit,
20 registration, certificate, or exemption issued by the board and includes the process of applying for
21 and renewing the same."

22 10. Code section 4022 states:

23 "Dangerous drug" or "dangerous device" means any drug or device
24 unsafe for self-use in humans or animals, and includes the following:

25 (a) Any drug that bears the legend: "Caution: federal law prohibits
26 dispensing without prescription," "Rx only," or words of similar import.

27 (b) Any device that bears the statement: "Caution: federal law restricts
28 this device to sale by or on the order of a -----," "Rx only," or words of similar
import, the blank to be filled in with the designation of the practitioner licensed to use
or order use of the device.

 (c) Any other drug or device that by federal or state law can be lawfully
dispensed only on prescription or furnished pursuant to Section 4006.

11. Code section 4063 states, in pertinent part, that "[n]o prescription for any dangerous
drug or dangerous device may be refilled except upon authorization of the prescriber. The
authorization may be given orally or at the time of giving the original prescription . . ."

///

1 12. Code section 4105, subdivision (a), states that "[a]ll records or other documentation
2 of the acquisition and disposition of dangerous drugs and dangerous devices by any entity
3 licensed by the board shall be retained on the licensed premises in a readily retrievable form."

4 13. Code section 4113, subdivision (c), states that "[t]he pharmacist-in-charge shall be
5 responsible for a pharmacy's compliance with all state and federal laws and regulations pertaining
6 to the practice of pharmacy.

7 14. California Code of Regulations, title 16, section ("Regulation") 1714, subdivision (d),
8 states:

9 Each pharmacist while on duty shall be responsible for the security of the
10 prescription department, including provisions for effective control against theft or
11 diversion of dangerous drugs and devices, and records for such drugs and devices.
12 Possession of a key to the pharmacy where dangerous drugs and controlled
13 substances are stored shall be restricted to a pharmacist.

12 COST RECOVERY

13 15. Code section 125.3 provides, in pertinent part, that a Board may request the
14 administrative law judge to direct a licentiate found to have committed a violation or violations of
15 the licensing act to pay a sum not to exceed the reasonable costs of the investigation and
16 enforcement of the case.

17 CONTROLLED SUBSTANCES/DANGEROUS DRUGS

18 16. "Norco", "Lortab", and "Vicodin ES" are compounds consisting of varying quantities
19 of acetaminophen and hydrocodone bitartrate, also known as dihydrocodeinone, and are Schedule
20 III controlled substances as designated by Health and Safety Code section 11056, subdivision
21 (e)(4). Norco, Lortab, and Vicodin ES are used to relieve moderate to severe pain.

22 17. "Percocet" is a compound consisting of oxycodone and acetaminophen, and is a
23 Schedule II controlled substance as designated by Health and Safety Code section 11055,
24 subdivision (b)(1)(M). Percocet is used to relieve moderate to severe pain.

25 18. "Methadose", a brand of methadone hydrochloride, is a Schedule II controlled
26 substance as designated by Health and Safety Code section 11055, subdivision (c)(14).
27 Methadose is used to treat opioid addiction as well as relieve severe pain.

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1 19. "Concerta", a brand of methylphenidate, is a Schedule II controlled substance as
2 designated by Health and Safety Code section 11055, subdivision (d)(6). Concerta is used to treat
3 attention deficit hyperactivity disorder (ADHD).

4 20. "Fentanyl" is a Schedule II controlled substance as designated by Health and Safety
5 Code section 11055, subdivision (c)(8). Fentanyl is used as part of anesthesia to help prevent
6 pain after surgery or other medical procedure.

7 21. "Adderall XR" is a compound consisting of mixed salts of dextroamphetamine and/or
8 amphetamine, and is a Schedule II controlled substance as designated by Health and Safety Code
9 section 11055, subdivision (d)(1). Adderall XR is indicated for the treatment of ADHD.

10 22. The above controlled substances are dangerous drugs within the meaning of Code
11 section 4022 in that they require a prescription under federal law.

12 BACKGROUND

13 23. On or about November 6, 2013, the Board received a report from PIC Stange,
14 notifying them that an unlicensed staff member, M. M., may have obtained 960 tablets of Norco
15 10/325 mg from the pharmacy without a valid prescription. PIC Stange stated that on or about
16 June 10, 2013, a legal prescription was obtained from a physician's assistant for M. M.'s
17 husband, J. M., for 240 tablets of Norco 10/325 mg, *with zero refills*. On August 2, 2013, M. M.
18 presented a photocopy of the prescription to the billing technician, who processed it, and the
19 prescription was then filled by pharmacy technician C. L. M. M. took the prescription before it
20 was reviewed by a pharmacist.

21 24. PIC Stange also stated that on August 29, 2013, September 14, 2013, and October 2,
22 2013, M. M. presented C. L. with prescription labels "from the initial dispensing date (August 2,
23 2013)." C. L. filled the prescriptions (240 tablets of Norco 10/325 mg in each instance) after
24 M. M. "promised" that she had a valid refill for each label. It appeared that M. M. took each of
25 the prescriptions before final review by a pharmacist.

26 25. PIC Stange listed various corrective actions the pharmacy had taken since the
27 incident, including filing a police report with the Stockton Police Department and suspending
28 ///

1 M. M. from her employment on October 12, 2013 (M. M. subsequently resigned on October 14,
2 2013).

3 26. On or about November 14, 2013, the Board sent a letter to PIC Stange, requesting
4 certain information and documents pertaining to the reported theft/loss of controlled substances.

5 27. On or about December 19, 2013, the Board received various documents from PIC
6 Stange, including a Drug Enforcement Agency (DEA) Form 106 dated October 16, 2013. PCC
7 reported a loss of controlled substances valued at \$2,000, including 14,706 tablets of
8 hydrocodone/acetaminophen 10/325; the type of theft/loss was listed as "Employee Pilferage".
9 PIC Stange also provided the Board with a statement, indicating that the business was sold to
10 PCC on June 27, 2013, and that he and the new owner, pharmacist Scott Hancock ("Hancock"),
11 conducted an inventory or audit of Schedule 2 medications and hydrocodone-related products,
12 which "reflected a much larger problem than previously discovered." PIC Stange submitted a
13 copy of the audit; it was conducted for the time period from June 28, 2013 to November 26, 2013.
14 PIC Stange indicated in an additional statement that the audit was based on an inventory from
15 June 27, 2013 to November 26, 2013, purchase records from various wholesalers, including
16 Valley Wholesale and HD Smith (Smart Source), prescription utilization reports, and reverse
17 distributor reports.

18 28. On or about January 17, 2014, PIC Stange submitted additional documents to the
19 Board, including a letter dated January 10, 2014. PIC Stange stated that since the reported loss of
20 controlled substances following the sale of PCC was significant, he and Hancock conducted
21 another audit for a time period prior to the sale, specifically, from January 18, 2013 (the date the
22 last biennial inventory was completed at PPC prior to the sale) to June 27, 2013 (the date of sale).
23 This audit revealed significant losses as well, as set forth below. PIC Stange also provided DEA
24 Form 106 dated January 14, 2014, showing that the losses applied to Pharmacy Care Concepts,

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1 Inc. PIC Stange stated in an additional statement to the Board that the audit was based on
2 inventory records from January 18, 2013 to June 26, 2013, purchase records from wholesalers
3 Valley Wholesale and HD Smith, prescription utilization reports, and reverse distributor reports.

4 Drug and Strength	Quantity Reported Loss (Units) for Audit Period from 01/18/2013 – 11/26/2013
5 hydrocodone/acetaminophen 10/325 mg	20,601
6 hydrocodone/acetaminophen 10/500 mg	489
7 hydrocodone/acetaminophen 7.5/325 mg	2,230
8 hydrocodone/acetaminophen 7.5/500 mg	705
9 hydrocodone/acetaminophen 7.5/750 mg	3,604
10 hydrocodone/acetaminophen 5/325 mg	850
hydrocodone/acetaminophen 5/500 mg	1,192
Fentanyl 12 mcg patch	17
Mixed amphetamine salts ER 20 mg	90

11 29. On or about March 4, 2014, Board Inspector C. H. conducted an inspection and
12 investigation at the pharmacy.

13 30. C. H. asked PIC Stange if they ever found the original prescription. PIC Stange told
14 C. H. that they only had a copy. C. H. asked PIC Stange why the prescription was filled when
15 only a copy of the original prescription was presented. PIC Stange stated that he thought M. M.
16 may have exploited the normal workflow for long-term care facilities.

17 31. PIC Stange explained that for some controlled substance prescriptions, the board and
18 care facility had the original order from the patient or the patient's family. The care facility
19 normally faxed a copy of the original prescription to PCC so the order could be prepared for the
20 patient and delivered the same day. The fax copy of the prescription was sent through the
21 workflow in order to get it filled, and the medication was then placed in a bin for delivery the
22 same day. Once the medication was delivered, the original prescription was picked up and
23 brought to the pharmacy that day. The pharmacist would sign the original prescription as well as
24 the faxed copy, indicating final review of the prescription. The clerk or technician would keep a
25 second copy of the prescription at their workstation as a reminder to follow up with the
26 pharmacist and driver to ensure the original prescription was brought to the pharmacy. The only
27 copy the pharmacy had of the prescription was the one found next to clerk S. The copy had not
28 ///

1 been signed by a pharmacist. PIC Stange told C. H. he verified with the physician's assistant that
2 the prescription was valid and that there were no refills authorized.

3 32. C. H. obtained various documents from the pharmacy, including a copy of the
4 original prescription and copies of pharmacy labels confirming that the prescription was
5 processed as RX# 1326725 on August 2, 2013, with no refills. C. H. also obtained a controlled
6 substances inventory log, purchase records from June 28, 2013 to November 26, 2013, from
7 Smart Source, Cardinal, and Valley Wholesale, and drug usage reports from June 28, 2013 to
8 November 26, 2013, for each controlled substance included in the audit.

9 33. On or about May 30, 2014, C. H. sent HD Smith and Valley Wholesaler requests for
10 copies of records of purchases, sales, returns, and credits for certain products sold to or purchased
11 from PCC for the time period from June 28, 2013 through November 26, 2013.

12 34. On or about June 2, 2014, C. H. received copies of purchase records from HD Smith.
13 C. H. found that the purchase record data corresponded to the data from PCC's audit.

14 35. On or about June 5, 2014, C. H. received copies of purchase records from Valley
15 Wholesaler. C. H. reviewed the purchase data twice for accuracy and compared it to the purchase
16 data reported in PCC's audit. C. H. found no discrepancies.

17 36. On or about June 20, 2014, C. H. used the documents she received from PCC,
18 including the inventory records, purchase records, and dispensing records, to verify their audit
19 results for all drugs which showed a significant loss, as well as oxycodone IR (all strengths),
20 methadone 5 mg, methylphenidate 36 mg, and oxycodone/acetaminophen 5/325 mg and 10/325.
21 C. H. found no discrepancies. C. H. then used the purchase records she received from HD Smith

22 and Valley Wholesaler to independently verify selected PCC audit entries for the

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1 hydrocodone/acetaminophen products with a significant loss. C. H. found no discrepancies. The
2 audit conducted by PCC revealed the following losses as verified by C. H.:

3 Drug and Strength	4 Reported Loss (Units) for Audit Period from 06/28/2013 – 11/26/2013	% of Acquisition
5 hydrocodone/acetaminophen 10/325 mg	14,706	34.2
6 hydrocodone/acetaminophen 10/500 mg	204	40.8
7 hydrocodone/acetaminophen 7.5/325 mg	911	13.6
8 hydrocodone/acetaminophen 7.5/500 mg	614.5	61.4
9 hydrocodone/acetaminophen 7.5/750 mg	751	150
oxycodone/acetaminophen 10/325 mg	141	3.8
methadone 5 mg	100	8.3
methylphenidate 36 mg	30	33

10 CAUSE FOR DISCIPLINE

11 (Violations of the Pharmacy Law and State

12 Laws and Regulations Governing Pharmacy)

13 37. Respondents PCC and Stange are subject to disciplinary action pursuant to Code
14 section 4301, subdivision (o), for unprofessional conduct, in that Respondents violated or
15 attempted to violate, directly or indirectly, assisted in or abetted the violation of, or conspired to
16 violate provisions or terms of the Pharmacy Law (Bus. & Prof. Code § 4300, et seq.) and state
17 laws and regulations governing pharmacy, as follows:

18 a. On or about August 29, 2013, September 14, 2013, and October 2, 2013, Respondents
19 PCC and Stange authorized or permitted pharmacy technician C. L. to dispense refills of RX#
20 1326725, for 240 tablets of the controlled substance hydrocodone/acetaminophen 10/325 mg, for
21 patient J. M. when, in fact, the physician's assistant who issued the original prescription had not
22 authorized any refills, in violation of Code section 4063.

23 b. Respondents PCC and Stange failed to maintain on their premises and/or have
24 available for inspection by Board inspector C. H. the original prescription for RX# 1326725
25 issued for patient J. M., as set forth in paragraphs 30 and 31 above, in violation of Code section
26 4105.

27 c. On and between June 28, 2013 and November 26, 2013, Respondents PCC and
28 Stange failed to maintain or ensure the security of the prescription department and/or include

1 provisions for effective control against theft or diversion of dangerous drugs and devices,
2 resulting in a significant loss of controlled substances, as set forth in paragraph 36 above, in
3 violation of Regulation 1714, subdivision (d).

4 d. On and between January 18, 2013 and June 27, 2013, Respondent Stange failed to
5 maintain or ensure the security of the prescription department and/or include provisions for
6 effective control against theft or diversion of dangerous drugs and devices, resulting in a
7 significant loss of controlled substances, as set forth in paragraph 28 above, in violation of
8 Regulation 1714, subdivision (d).

9 PRAYER

10 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,
11 and that following the hearing, the Board of Pharmacy issue a decision:

12 1. Revoking or suspending Pharmacy Permit Number PHY 51484, issued to PCC
13 Ventures LLC, doing business as Pharmacy Care Concepts;

14 2. Revoking or suspending Pharmacist License Number RPH 28242, issued to Stephen
15 L. Stange;

16 3. Ordering PCC Ventures LLC, doing business as Pharmacy Care Concepts, and
17 Stephen L. Stange to pay the Board of Pharmacy the reasonable costs of the investigation and
18 enforcement of this case, pursuant to Business and Professions Code section 125.3;

19 4. Taking such other and further action as deemed necessary and proper.

20
21 DATED: 9/12/15

Virginia Herold
VIRGINIA HEROLD
Executive Officer
Board of Pharmacy
Department of Consumer Affairs
State of California
Complainant

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27
28 SA2014117593



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

Retail Pharmacy Permit

LICENSE NO. PHY 54574
RECEIPT NO. 00140193

VALID UNTIL SEPTEMBER 01, 2018

CARE RX LLC DBA PHARMACY CARE CONCEPTS
7720 LORRAINE AVE SUITE 102/103
STOCKTON CA 95210

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.

08/30/17

08/30/17 The official status of this license can be verified at www.pharmacy.ca.gov

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

FORM WPHPHY (12/31/05) PHY

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: Pentec Health, Inc.

Physical Address: 9 Creek Parkway

City: Boothwyn State: PA Zip Code: 19061

Telephone: 866-956-4376 Fax: 844-876-0017

Toll Free Number: 866-956-4376 (Required per NAC 639.708)

E-mail: jbickel@pentechealth.com Website: www.pentechealth.com

Supervising Pharmacist: Jean Bickel Nevada License #: 19764 ✓

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

Page 1

100810

APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY

Page 2

FEI Number (From FDA application): 3012746140

Please provide the name of the facility as registered with the FDA and the registration number:

Pentec Health

Please provide a list of all DBA's used by outsourcing facility. A separate sheet is acceptable.

Pentec Health, Inc. is the only name used.

Please provide the name and Nevada license number of the supervising pharmacist:

Name: Jean Bickel Nevada License Number: 19764

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. (attached)

APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY - Page 3

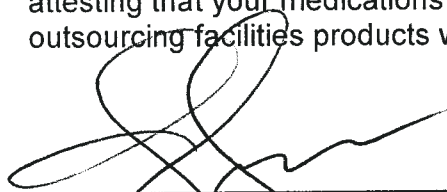
I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized Outsourcing Facility may be grounds for the revocation of this permit.

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

JOSEPH COSGROVE

Print Name of Authorized Person

04/03/2018
Date

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Pennsylvania
Parent Company if any: Pentech Holdings, Inc.
Address: 2711 Centerville Road, Suite 400
City: Wilmington State: DE Zip: 19808
Telephone: 800-922-9801 Fax: 302-636-5454
Contact Person: _____

For any corporation non publicly traded, disclose the following:

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

100% a) Pentech Holdings, Inc. 2711 Centerville Rd, Wilmington, DE 19808
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. 167

3) What was the price paid per share? \$55,000

4) What date did the corporation actually receive the cash assets? 05/04/2006

5) Provide a copy of the corporation's stock register evidencing the above information
(please see attached)

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

Nevada application for Outsourcing Facility Permit

Question 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?"

We are answering yes to this question, but also including explanation to avoid confusion. We think that the answer should be no, but because the question is so broad, we are including this information to avoid issues.

Pentec Health, as the applicant, was fined on their Colorado pharmacy license (OSP5533) \$5500 in 2010 for failure to report to the PDMP of Colorado for a short period of time. This was rectified immediately, and Pentec Health has been 100% compliant with PDMP reporting in all states since then.

The above was for Pentec Health's pharmacy located at 4 Creek Parkway, **NOT** Pentec Health's outsourcing facility located at 9 Creek Parkway.

This attached application is for Pentec Health's new outsourcing facility at 9 Creek Parkway, and is completely unrelated to the pharmacy facility at 4 Creek Parkway.

The 9 Creek Parkway outsourcing facility is just starting up and has no sanctions or disciplinary actions on any licenses.

D. B. Smith

ADVERSE ACTION REPORT

STATE LICENSURE ACTION

Report Number: 5500000065613630

This report is maintained under the provisions of:

☐ Title IV (NPDB)

☐ Section 1921 (NPDB)

☒ Section 1128E (HIPDB)

The information contained in this report is maintained by the Healthcare Integrity and Protection Data Bank for restricted use under the provisions of Section 1128E of the Social Security Act, and 45 CFR Part 61. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of Federal law. For additional information or clarification, contact the reporting entity identified in Section A.

A. REPORTING ENTITY

Entity Name: COLORADO STATE BOARD OF PHARMACY

Address: 1560 BROADWAY, STE. 1300

City, State, Zip: DENVER, CO 80202-0546

Country:

Name of Office: COLORADO STATE BOARD OF PHARMACY

Title or Department: DORA/PROGRAM ASSISTANT

Telephone: (303) 894-7754

Entity Internal Report Reference:

Type of Report: INITIAL

B. SUBJECT IDENTIFICATION INFORMATION (ORGANIZATION)

Organization Name: PENTEC HEALTH, INC

Other Organization Name(s) Used:

Business Address: 4 CREEK PKWY STE. A

City, State, ZIP: BOOTHWYN, PA 19061

Organization Type: PHARMACY (345)

Names and Titles of Principal Officers and Owners (POO):

Federal Employer Identification Numbers (FEIN): 999999999

Social Security Numbers (SSN):

Individual Taxpayer Identification Numbers (ITIN):

State License Number, State of Licensure: OSP 5533, CO

Is the Subject a health care entity that provides health care services and engages in a formal peer review process for the purpose of furthering quality health care?: NO

Drug Enforcement Administration (DEA) Numbers:

Clinical Laboratory Act (CLIA) Numbers:

Food and Drug Administration (FDA) Numbers:

National Provider Identifiers (NPI):

Medicare Provider/Supplier Numbers:

Name(s) of Health Care Entity (Entities) With Which Subject Is Affiliated or Associated (Inclusion Does Not Imply Complicity in the Reported Action.):

Business Address of Affiliate:

City, State, ZIP:

Nature of Relationship(s):

C. INFORMATION REPORTED

Type of Adverse Action: STATE LICENSURE

Basis for Action: VIOLATION OF FEDERAL OR STATE STATUTES, REGULATIONS OR RULES (A6)

Name of Agency or Program That Took the Adverse Action

Specified in This Report: COLORADO STATE BOARD OF PHARMACY

Adverse Action

Classification Code(s): PUBLICLY AVAILABLE FINE/MONETARY PENALTY (3233)

://www.npdb-hipdb.hrsa.gov

Date Action Was Taken: 03/24/2010

Date Action Became Effective: 03/24/2010

Total Amount of Monetary Penalty,
Assessment and/or Restitution: \$ 5,500.00

Is Subject Automatically Reinstated After
Adverse Action Period Is Completed?: YES

Description of Subject's Act(s) or Omission(s) or Other
Reasons for Action(s) Taken and Description of Action(s) Taken
by Reporting Entity:

STIPULATION AND FINAL AGENCY ORDER, EFFECTIVE 03/24/10,
CASE 2010-2886, FOR FAILURE TO COMPLY WITH DATA
SUBMISSION REQUIREMENTS OF COLORADO'S PRESCRIPTION DRUG
MONITORING PROGRAM. PHARMACY PAID THE FINE, AND THE
ACTION WAS COMPLETED ON 03/24/10

☐ Subject identified in Section B has appealed the reported adverse action.

**D. SUBJECT
STATEMENT**

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless one or more boxes below are checked, the subject of this report identified in Section B has not contested this report.

☐ If box is checked, this report has been disputed by the subject identified in Section B.

☐ If box is checked, at the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.

☐ If box is checked, at the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 11/29/2010

Date of Most Recent Change: 11/29/2010

END OF REPORT



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BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2010-002886

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION OF PENTEC HEALTH, INC., REGISTRATION NO. OSP 5533,

RESPONDENT PHARMACY.

IT IS HEREBY STIPULATED by and between the Colorado State Board of Pharmacy ("Board") and Pentec Health, Inc. ("Respondent Pharmacy"), to resolve all matters pertaining to Board Case Number 2010-002886 as follows:

1. The Board has jurisdiction over Respondent Pharmacy, its registration as a non-resident prescription drug outlet, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of title 12, article 22, C.R.S. (2009), otherwise known as the Pharmaceuticals and Pharmacists Act.
2. Respondent Pharmacy has been registered by the Board as a non-resident prescription drug outlet in the State of Colorado at all times relevant to this disciplinary action.
3. Respondent Pharmacy's address of record with the Board and current location is 4 Creek Pkwy, Ste. A, Boothwyn, PA 19061.
4. Respondent Pharmacy does not contest these findings and hereby waives any further proof in this proceeding before the Board regarding the following facts.
5. Respondent failed to submit required data into Colorado's Prescription Drug Monitoring Program (PDMP) for the January 18, 2010, through January 25, 2010, reporting period.
6. On January 28, 2010, the Board initiated a complaint against Respondent Pharmacy because Respondent Pharmacy failed to comply with the data submission requirements of the PDMP.
7. Respondent Pharmacy does not contest that the conduct described above constitutes a violation of section 12-22-125(1)(c)(I), (II) and (III) and 12-22-708, C.R.S., and that such conduct provides grounds for disciplinary action against Respondent Pharmacy's non-resident prescription drug outlet registration.



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DISPOSITION**\$5,000.00 Fine with Surcharge and Terms**

8. **Fine with Surcharge.** Pursuant to section 12-22-125.2(5), C.R.S., Respondent Pharmacy shall pay a fine of Five Thousand Dollars and No Cents (\$5,000.00). Respondent Pharmacy understands and acknowledges that, pursuant to section 24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent Pharmacy shall therefore pay a total amount of Five Thousand, Five Hundred Dollars and No Cents (\$5,500.00). The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board.

9. **Compliance.** Respondent Pharmacy shall at all times comply with the data submission requirements of the PDMP.

10. **Advisements and Waivers.** Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, whether or not Respondent Pharmacy has consulted with legal counsel. Respondent Pharmacy acknowledges its understanding that it has the following rights:

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

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

11. **Acknowledgments.** The undersigned authorized agent of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, whether or not Respondent Pharmacy has consulted with legal counsel, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein are unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.

12. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under

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section 12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.

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

14. Public Record. Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

15. Effective Date. This Final Agency Order shall become effective upon signature of a Board member or representative.

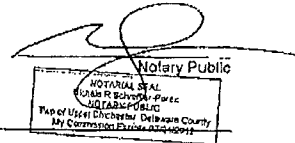
ACCEPTED AND AGREED BY

Joseph L. Marinelli
Authorized Agent of Respondent Pharmacy

Dated: 03/16/2010

Subscribed and sworn to before me in the County of DELAWARE, State of PENNSYLVANIA, this 16 day of MARCH, 2010 by JOSEPH MARINELLI, in his/her capacity as an authorized agent of Pentec Health, Inc.

My commission expires:



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FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved,
accepted, and hereby made an Order of the Board.DONE AND EFFECTIVE THIS 24th DAY OF March, 2010.

State Board of Pharmacy

BY: Wendy Anderson
Wendy Anderson
Program Director

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Last Modified: November 13th, 2008

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

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

LICENSE VERIFICATION

Name: Pentec Health, Inc.
Address: 9 Creek Parkway
City: Boothwyn State: PA Zip: 19061
I hereby authorize the Pennsylvania Board of Health to furnish to the Nevada State Board of Pharmacy, the information requested below.
Signature of Applicant [Signature]

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

License Number	License Status	Date License Issued	Date License Expires
1000003778	active	11/9/16	11/30/18

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

USE REVERSE SIDE OF THIS FORM FOR EXPLANATIONS IF NECESSARY

Has the applicant been convicted of any federal, state or local laws relating to drug samples, wholesale or retail drug distribution, or distribution of controlled substances? (If yes, please explain) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Has the applicant furnished any false or fraudulent material in any applications made in connection with drug manufacturing or distribution? (if yes, please explain) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Have any inspections of the applicant resulted in deficient ratings? (If yes, please explain) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Has applicant met all licensing requirements of your state? (If no, please explain) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Signature of State Official	Title	State	Date	State Seal
<u>[Signature]</u>	Drug Program Specialist	PA	3/9/18	

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

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

LICENSE VERIFICATION

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Address: 9 Creek Parkway
City: Boothwyn State: PA Zip: 19061
I hereby authorize the Pennsylvania Board of Health to furnish to the Nevada State Board of Pharmacy, the information requested below.
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THIS FORM MUST BE FORWARDED TO THE HOME STATE
LICENSING AGENCY FOR COMPLETION. DO NOT WRITE BELOW THIS LINE

License Number	License Status	Date License Issued	Date License Expires
8000001736	active	5/17/06	6/30/18

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

USE REVERSE SIDE OF THIS FORM FOR EXPLANATIONS IF NECESSARY

Has the applicant been convicted of any federal, state or local laws relating to drug samples, wholesale or retail drug distribution, or distribution of controlled substances? (If yes, please explain) ☐ Yes ☒ No
Has the applicant furnished any false or fraudulent material in any applications made in connection with drug manufacturing or distribution? (if yes, please explain) ☐ Yes ☒ No
Have any inspections of the applicant resulted in deficient ratings? (If yes, please explain) ☐ Yes ☒ No
Has applicant met all licensing requirements of your state? (If no, please explain) ☒ Yes ☐ No

Signature of State Official	Title	State	Date	State Seal
<u>[Signature]</u>	Drug Program Specialist	PA	3/9/18	

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: PharMEDium Services, LLC

Physical Address: 913 North Davis Avenue

City: Cleveland State: MS Zip Code: 38732

Telephone: (662) 846-5969 Fax: (662) 846-2614

Toll Free Number: (800) 523-7749 (Required per NAC 639.708)

E-mail: Bwomack@pharmedium.com Website: http://pharmedium.com

Supervising Pharmacist: Barrett Karl Manning Nevada License #: pending

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): 961740623Please provide the name of the facility as registered with the FDA and the registration number:
PharMEDium Services, LLCPlease provide a list of all DBA's used by outsourcing facility. A separate sheet is acceptable.
PharMEDium Services, LLCPlease provide the name and Nevada license number of the supervising pharmacist:
Name: Barrett Karl Manning Nevada License Number: pendingA Nevada business license is not required, however if the Outsourcing Facility has a Nevada business license please provide the number: N/AThis 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

Brenda Womack, General Manager

Print Name of Authorized Person

4-6-18

Date

OWNERSHIP IS A PUBLICLY TRADED COMPANYState of Incorporation: DelawareParent Company if any: AmerisourceBergen Corporation is the Parent Company of PharMEDium Services, LLCCorporation Name: AmerisourceBergen CorporationAddress: 1300 Morris DriveCity: Chesterbrook State: PA Zip: 19087Telephone: 610-727-7000 Fax: (610) 647-0141

Contact Person: _____

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: 3/16/2001Registration number issued: 3368747Stock Exchange: NYSE (Ticker is ABC)**Include 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.

- Steven H. Collis, Chairman, President and Chief Executive Officer
- John G. Chou, Executive Vice President and Chief Legal & Business Officer
- Gina K. Clark, Executive Vice President and Chief Communications & Administration Officer
- James F. Cleary, Jr., Executive Vice President and Group President, Global Commercialization Services & Animal Health
- Dale Danilewitz, Executive Vice President and Chief Information Officer
- Kathy H. Gaddes, Executive Vice President and Chief Human Resources Officer
- Tim G. Guttman, Executive Vice President and Chief Financial Officer
- Peyton R. Howell, Executive Vice President and President, Health Systems & Specialty Care Solutions
- Robert P. Mauch, Executive Vice President and Group President, Pharmaceutical Distribution & Strategic Global Sourcing
- Sun Park, Executive Vice President, Strategy and Development

MISSISSIPPI BOARD OF PHARMACY

6360 I 55 North, Suite, 400, Jackson, Mississippi 39211
Phone 601-899-8880: Fax 601-899-8891



December 12, 2017

To Whom It May Concern:

The Mississippi Board of Pharmacy issued a Sterile Product Outsourcer Permit (Permit Number 13625/13.5) to Pharmedium Services, LLC, 913 North Davis Avenue, Cleveland, Mississippi, on August 18, 2014. This permit is current and in good standing and expires on December 31, 2019. There are no records of complaints or disciplinary action taken against this permit.

The Sterile Product Outsourcer Facilities are subject to the jurisdiction of the Food and Drug Administration and Drug Enforcement Administration.

If you have questions concerning this matter, please contact me at 601-899-8880.

Sincerely,

Cheri Atwood
Director of Compliance
Mississippi Board of Pharmacy

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: PharMEDium Services, LLC

Physical Address: 36 Stults Road

City: Dayton State: NJ Zip Code: 08810

Telephone: (609) 819-4100 Fax: (609) 655-7628

Toll Free Number: 800-523-7749 (Required per NAC 639.708)

E-mail: Wkelso@pharmedium.com Website: www.pharmedium.com

Supervising Pharmacist: Walter Kelso Nevada License #: pending

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): 079939389Please provide the name of the facility as registered with the FDA and the registration number:
PharMEDium Services, LLCPlease provide a list of all DBA's used by outsourcing facility. A separate sheet is acceptable.
PharMEDium Services, LLCPlease provide the name and Nevada license number of the supervising pharmacist:
Name: Walter Kelso Nevada License Number: pendindA Nevada business license is not required, however if the Outsourcing Facility has a Nevada business license please provide the number: N/AThis 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.

Walter Kelso RPh.
Original Signature of Person Authorized to Submit Application, no copies or stamps

Walter Kelso, General Manager

Print Name of Authorized Person

9/5/18
Date

OWNERSHIP IS A PUBLICLY TRADED COMPANYState of Incorporation: DelawareParent Company if any: AmerisourceBergen Corporation is the Parent Company of PharMEDium Services, LLCCorporation Name: PharMEDium Services, LLCAddress: 1300 Morris DriveCity: ChesterbrookState: PAZip: 19087Telephone: (610) 727-7000Fax: (610) 647-0141

Contact Person: _____

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: 3/16/2001Registration number issued: 3368747Stock Exchange: NYSE (Ticker is ABC)**Include 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.

- Steven H. Collis, Chairman, President and Chief Executive Officer
- John G. Chou, Executive Vice President and Chief Legal & Business Officer
- Gina K. Clark, Executive Vice President and Chief Communications & Administration Officer
- James F. Cleary, Jr., Executive Vice President and Group President, Global Commercialization Services & Animal Health
- Dale Danilewitz, Executive Vice President and Chief Information Officer
- Kathy H. Gaddes, Executive Vice President and Chief Human Resources Officer
- Tim G. Guttman, Executive Vice President and Chief Financial Officer
- Peyton R. Howell, Executive Vice President and President, Health Systems & Specialty Care Solutions
- Robert P. Mauch, Executive Vice President and Group President, Pharmaceutical Distribution & Strategic Global Sourcing
- Sun Park, Executive Vice President, Strategy and Development

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: PharMEDium Services, LLC

Physical Address: 6100 Global Drive

City: Memphis State: TN Zip Code: 38141

Telephone: (901) 547-3900 Fax: (901) 367-6896

Toll Free Number: 800-523-7749 (Required per NAC 639.708)

E-mail: Emack@pharmedium.com Website: http://pharmedium.com

Supervising Pharmacist: Erica Mack Nevada License #: pending

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): 961740649Please provide the name of the facility as registered with the FDA and the registration number:
PharMEDium Services, LLCPlease provide a list of all DBA's used by outsourcing facility. A separate sheet is acceptable.
PharMEDium Services, LLCPlease provide the name and Nevada license number of the supervising pharmacist:
Name: Erica Mack Nevada License Number: pendingA Nevada business license is not required, however if the Outsourcing Facility has a Nevada business license please provide the number: n/aThis 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

Bruce Bagley, Interim General Manager

Print Name of Authorized Person

6 APR 2015
Date

OWNERSHIP IS A PUBLICLY TRADED COMPANY

State of Incorporation: Delaware
Parent Company if any: AmerisourceBergen Corporation is the Parent Company of PharMEDium Services, LLC
Corporation Name: AmerisourceBergen Corporation
Address: 1300 Morris Drive
City: Chesterbrook State: PA Zip: 19087
Telephone: (610) 727-7000 Fax: (610) 647-0141
Contact Person: _____

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: 3/16/2001
Registration number issued: 3368747
Stock Exchange: NYSE (Ticker is ABC)

Include 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.

- Steven H. Collis, Chairman, President and Chief Executive Officer
- John G. Chou, Executive Vice President and Chief Legal & Business Officer
- Gina K. Clark, Executive Vice President and Chief Communications & Administration Officer
- James F. Cleary, Jr., Executive Vice President and Group President, Global Commercialization Services & Animal Health
- Dale Danilewitz, Executive Vice President and Chief Information Officer
- Kathy H. Gaddes, Executive Vice President and Chief Human Resources Officer
- Tim G. Guttman, Executive Vice President and Chief Financial Officer
- Peyton R. Howell, Executive Vice President and President, Health Systems & Specialty Care Solutions
- Robert P. Mauch, Executive Vice President and Group President, Pharmaceutical Distribution & Strategic Global Sourcing
- Sun Park, Executive Vice President, Strategy and Development

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: PharMEDium Services, LLC

Physical Address: 12620 W. Airport Boulevard, Suite 130

City: Sugar Land State: TX Zip Code: 77478

Telephone: (281) 491-1900 Fax: (281) 491-1902

Toll Free Number: (800) 523-7749 (Required per NAC 639.708)

E-mail: Bbagley@pharmedium.com Website: www.pharmedium.com

Supervising Pharmacist: Bamidele Dauda Abdullahi Nevada License #: ~~N/A~~ pending

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): 961740664Please provide the name of the facility as registered with the FDA and the registration number:
PharMEDium Services, LLCPlease provide a list of all DBA's used by outsourcing facility. A separate sheet is acceptable.
PharMEDium Services, LLC

Please provide the name and Nevada license number of the supervising pharmacist:

Name: Bamidele Dauda Abdullahi Nevada License Number: **A Nevada business license is not required, however if the Outsourcing Facility has a Nevada business license please provide the number: N/AThis 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 by Reciprocity as a Pharmacist is being completed. Pharmacist license number in the state of TX is 54260.

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

Bruce Bagley, General Manager

Print Name of Authorized Person

LE 11/12/2010

Date

OWNERSHIP IS A PUBLICLY TRADED COMPANYState of Incorporation: DelawareParent Company if any: AmerisourceBergen Corporation is the Parent Company of PharMEDium Services, LLCCorporation Name: AmerisourceBergen CorporationAddress: 227 Washington StreetCity: ConshohockenState: PAZip: 19428Telephone: (610) 727-7000Fax: (800) 640-5221

Contact Person: _____

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: 3/16/2001Registration number issued: 3368747Stock Exchange: NYSE (Ticker is ABC)**Include 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.

- Steven H. Collis, Chairman, President and Chief Executive Officer
- John G. Chou, Executive Vice President and Chief Legal & Business Officer
- Gina K. Clark, Executive Vice President and Chief Communications & Administration Officer
- James F. Cleary, Jr., Executive Vice President and Group President, Global Commercialization Services & Animal Health
- Dale Danilewitz, Executive Vice President and Chief Information Officer
- Kathy H. Gaddes, Executive Vice President and Chief Human Resources Officer
- Tim G. Guttman, Executive Vice President and Chief Financial Officer
- Peyton R. Howell, Executive Vice President and President, Health Systems & Specialty Care Solutions
- Robert P. Mauch, Executive Vice President and Group President, Pharmaceutical Distribution & Strategic Global Sourcing
- Sun Park, Executive Vice President, Strategy and Development

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: SCA Pharmaceuticals LLC

Physical Address: 8821 Knoedl Court

City: Little Rock State: AR Zip Code: 72205

Telephone: 877-550-5059 Fax: 860-831-1101

Toll Free Number: 877-550-5059 (Required per NAC 639.708)

E-mail: ldenton@scausa.net Website: www.scausa.net

Supervising Pharmacist: Matthew L. White Nevada License #: 19818 ✓

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): 90-0622763

Please provide the name of the facility as registered with the FDA and the registration number:

SCA Pharmaceuticals LLC #037559301

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: Matthew L. White Nevada License Number: 19818A Nevada business license is not required, however if the Outsourcing Facility has a Nevada business license please provide the number: N/AThis 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

James Milton Boyer, CEO

Print Name of Authorized Person

12/1/2017
Date

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: DelawareParent Company if any: SCA Pharmaceuticals Holdings LLCAddress: 601 Lexington Avenue, 55th FloorCity: New York State: NY Zip: 10022Telephone: 877-550-5059 Fax: 860-831-1101Contact Person: Matthew L. White

For any corporation non publicly traded, disclose the following:

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

a) EHP-SCA, LLC 601 Lexington Ave, 55th Floor, New York, NY 10022

Name

Address

b) EHP-SCA CO-INVEST, LLC 601 Lexington Ave, 55th Floor, New York, NY 10022

Name

Address

c) EHP CO-INVEST, LLC 601 Lexington Ave, 55th Floor, New York, NY 10022

Name

Address

d) SCA HOLDINGS, LLC 8821 Knoedl Court, Little Rock, Arkansas 72205

Name

Address

2) Provide the number of shares issued by the corporation. 17,952,5003) What was the price paid per share? \$1.004) What date did the corporation actually receive the cash assets? 10/20/2016

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 ✓

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: Stokes Healthcare Inc.

Physical Address: 8000 Commerce Parkway, Suite 600

City: Mt. Laurel State: NJ Zip Code: 08054

Telephone: 800-754-5222 Fax: 856-505-5899

Toll Free Number: 800-754-5222 (Required per NAC 639.708)

E-mail: licensing@stokespharmacy.com Website: www.stokespharmacy.com

Supervising Pharmacist: Emmett McVey Nevada License #: 19796 ✓

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): 3002815949

Please provide the name of the facility as registered with the FDA and the registration number:
Stokes Healthcare Inc. 3002815949

Please provide a list of all DBA's used by outsourcing facility. A separate sheet is acceptable.
Stokes Pharmacy

Please provide the name and Nevada license number of the supervising pharmacist:

Name: Emmett McVey Nevada License Number: 19796

A Nevada business license is not required, however if the Outsourcing Facility has a Nevada business license please provide the number: NA

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 Tursi

Print Name of Authorized Person

1-30-18

Date

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: New Jersey

Parent Company if any: _____

Address: 8000 Commerce Parkway, Suite 600City: Mt. Laurel State: NJ Zip: 08054Telephone: 800-754-5222 Fax: 856-505-5899Contact Person: Michael Tursi

For any corporation non publicly traded, disclose the following:

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

a) See attached.
Name Addressb) _____
Name Addressc) _____
Name Addressd) _____
Name Address

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

3) What was the price paid per share? _____

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



8000 Commerce Parkway, Suite 600, Mount Laurel, NJ 08054
p: 800-754-5222 f: 800-440-5899

Stokes Healthcare Inc. Corporate Officers are as follows:

Emmett McVey, RPh – 50%

T: 609-471-1326

E. Monterey Ave., #601

Wildwood Crest, NJ 08260

Vice President/Owner

Pharmacist – In – Charge

Michael Tursi – 50%

T: 609-471-1295

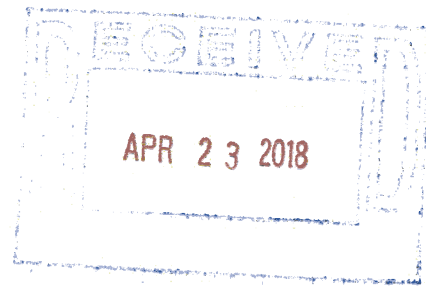
Union Mill Road

Mt. Laurel, NJ 08054

President/Owner



8000 Commerce Parkway, Suite 600, Mount Laurel, NJ 08054
p: 800-754-5222 f: 800-440-5899



April 13, 2018

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

Re: Stokes Pharmacy, Nevada Pharmacy License # PH02713 - Notice of Disciplinary Action

To Whom It May Concern:

This letter and the attached documentation is to provide notice of a disciplinary action taken against Stokes Healthcare Inc. d/b/a Stokes Pharmacy, Nevada Pharmacy License #PH02713.

On April 5, 2016 the Colorado Board of Pharmacy issued a Letter of Admonition against our Non Resident Pharmacy License for failing to disclose a 2012 disciplinary action from the North Carolina Board of Pharmacy. Attached is the Letter of Admonition from the Colorado Board which serves as the final version. There was no penalty assessed other than the letter, however Colorado does consider it a reportable disciplinary action.

As a result of the Colorado disciplinary action it has also come to our attention that the disciplinary action from the North Carolina Board that resulted in the above mentioned Letter of Admonition may not have been disclosed to the Nevada Board of Pharmacy. In an effort to ensure complete transparency, we have opted to now disclose that disciplinary action. Attached is the finalized consent order from North Carolina and below is a brief summary of the matter.

As the final consent order from North Carolina details, we had failed to renew our non-resident pharmacy license in North Carolina for 2009. This was unintentional at the time. Through 2009 and 2010 we had continued to ship prescriptions sporadically to patients in North Carolina believing that our license was active and current. By the end of 2010 during an annual review of our licenses we had determined that the license was not renewed. At this point we promptly submitted a new license application to the North Carolina Board and fully disclosed our previous mistake in attempt to remedy the situation as best possible which included providing a complete list of all medications sent into North Carolina during the lapsed license period, approximately 250 prescriptions total for roughly 25 month period. North Carolina did not have a "de minimis" provision that permits non-resident pharmacies to ship small numbers of prescriptions to patients without a license, so even the small volume we shipped was not permitted.



8000 Commerce Parkway, Suite 600, Mount Laurel, NJ 08054
p: 800-754-5222 f: 800-440-5899

Upon discovery of the lapsed license we opted to immediately stop shipping any prescriptions to North Carolina patients until the matter was sorted.

Shortly after the submission of our new application in January of 2011, we received a letter from the Board to cease shipping into North Carolina which we had already done. We proceeded to work with the Board to finalize that consent order to have our new license approved. The consent order was finalized and permitted our new license to be granted in 2013 along with a stay of the suspension called for in the consent order.

Our interpretation at the time, now admittedly incorrect, was that since the suspension was stayed and not put in place we had no duty to disclose the matter to any state boards unless the suspension was later enacted. We had a similar belief for our more recent issue of the 2015 fine from our resident board of pharmacy. We do not deny that we failed to disclose the matter, however, our same misconception that resulted in our failure to disclose the more recent issue from New Jersey resulted in our failure to disclose this matter in 2013. We disclosed our mistake to the North Carolina Board in 2010 when discovered and we are taking a proactive approach to disclose the matter now. We maintain that these errors were not done intentionally and when given the opportunity Stokes has always provided all information to help aid in quick and complete conclusions to these issues so that we may continue to provide the best product possible to our patients.

If you have any questions or concerns regarding this matter you may contact me directly or you may speak with our in-house counsel, Nick Masino. Our contact info is provided at the bottom of this letter.

Regards,

Michael Tursi
Stokes Healthcare, Inc – Owner, President
T: 609-471-1295
E: MTursi@StokesPharmacy.com

Nick Masino
T: 856-988-1889
E: NMasino@StokesPharmacy.com



COLORADO

Department of
Regulatory Agencies

Division of Professions and Occupations

State Board of Pharmacy

LETTER OF ADMONITION

April 05, 2018

Stokes Healthcare Inc
Attn: Pharmacist Manager
8000 Commerce Pkwy Ste 600
Mount Laurel, NJ 08054-2211

And via email to: Licensing@StokesPharmacy.com

RE: Case 2018-973

Dear Pharmacist Manager:

The Colorado State Board of Pharmacy ("Board") reviewed the above-referenced complaint. After careful consideration, the Board determined that you failed to report a disciplinary action issued in North Carolina on 11/20/2012. Board Rule 9.00.10(b) requires licensees and registrants to notify the Board in writing within 30 days of any disciplinary action against them in another state.

Therefore, pursuant to Board Policy 30-14, the Board hereby admonishes you for violating the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act and Board Rules. This admonishment shall be a permanent, public record and reportable as a disciplinary action. It may also be considered as an aggravating factor if a future violation occurs.

You have the right to request, in writing, within twenty days after receipt of this letter, formal disciplinary proceedings to adjudicate the propriety of the conduct upon which this letter of admonition is based. If such a request is made, this letter will be vacated and the Board will process the matter by means of formal disciplinary proceedings in accordance with sections 24-4-104 and 105, C.R.S.

FOR THE COLORADO STATE BOARD OF PHARMACY

Wendy Anderson
Program Director



CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **LETTER OF ADMONITION** upon all parties herein by depositing copies of same in the United States mail, certified, postage prepaid, at Denver, Colorado this 5 day of April 2018, addressed as follows:

Stokes Healthcare Inc
Attn: Pharmacist Manager
8000 Commerce Pkwy Ste 600
Mount Laurel, NJ 08054-2211





STATE OF NORTH CAROLINA
NORTH CAROLINA BOARD OF PHARMACY

IN THE MATTER OF)	
)	
OUT-OF-STATE PERMIT)	
APPLICATION OF STOKES	)	FINAL CONSENT ORDER
HEALTHCARE, INC. d/b/a STOKES)	
PHARMACY)	
_____)	

THIS MATTER came on to be heard before the North Carolina Board of Pharmacy (the "Board") at a prehearing conference on November 19, 2012, on the consent of the parties. Both parties stipulate and agree to the findings of fact and conclusions of law recited herein and to the order of discipline imposed. By its consent, the permit applicant, Stokes Healthcare, Inc. ("Stokes") waives its right to appeal this Final Consent Order. Stokes also stipulates that the findings of fact and conclusions of law are legally sufficient to support this Final Consent Order and agrees not to challenge the legal adequacy of the findings and conclusions in any potential future proceeding regarding this Final Consent Order. With the consent of the parties, the Board hereby enters the following:

FINDINGS OF FACT

1. Stokes is a corporation organized on January 3, 2002 and existing under the laws of the State of New Jersey. Stokes holds a pharmacy permit in the State of New Jersey and holds out-of-state pharmacy permits in a number of other states.
2. Stokes held an out-of-state pharmacy permit in North Carolina from November 1, 2007 to December 31, 2008 pursuant to North Carolina General Statutes § 90-85.21A. Stokes did not renew its North Carolina out-of-state pharmacy permit for 2009 and thereafter.

3. Stokes makes the following representations: Stokes' failure to renew its out-of-state pharmacy permit for 2009 and thereafter was inadvertent. Although it was unreasonable to do so, Stokes failed to recognize that it had not renewed its permit and it continued shipping prescription drugs into the State of North Carolina without a current out-of-state pharmacy permit. Between January 2009 and January 2011, Stokes shipped prescription drugs into the State of North Carolina on approximately 250 occasions in violation of North Carolina General Statutes §§ 90-85.21A and 90-85.38(b). The vast majority of those drugs were compounded veterinary drugs.

4. On December 6, 2010, the Board received a new permit application from Stokes. Stokes represents that the application was submitted because Stokes had only recently realized that it had failed to renew its out-of-state pharmacy permit for 2009 and 2010. On its North Carolina permit application, Stokes truthfully disclosed that it had previously shipped prescription drugs into the State of North Carolina without an out-of-state pharmacy permit.

5. On January 19, 2011, the Board staff denied Stokes's permit application because of its prior shipments into the State of North Carolina without an out-of-state permit and informed Stokes that it could not make further shipments into the State of North Carolina until a permit was granted.

6. Stokes represents that, upon receipt of that letter, Stokes immediately ceased shipping into the State of North Carolina in violation of North Carolina General Statutes §§ 90-85.21A and 90-85.38(b). The Board accepts that Stokes has made no shipments since it received the January 19, 2011 request from the Board staff.

7. Following the staff denial of Stokes's application in 2011, Stokes initially requested reconsideration of that denial. But Stokes subsequently allowed that request to become inactive.

8. On July 31, 2012, Stokes submitted a new application for an out-of-state pharmacy permit which, again, truthfully disclosed that it had previously shipped prescription drugs into the State of North Carolina without an out-of-state pharmacy permit between January 2009 and January 2011.

9. As of the date of this order, Stokes does not operate an Internet Pharmacy as defined in 21 NCAC 46 .1317(17).

10. With respect to the prior prescriptions shipped into North Carolina, the Board is unaware of instances where Stokes and its pharmacists actually knew or reasonably should have known that the order was issued without a physical examination of the patient and in the absence of a prior prescriber-patient relationship in violation of 21 NCAC 46 .1801(b) or otherwise was not a valid prescription, and Stokes represents that there were no such instances.

11. Stokes represents and the Board accepts that Stokes has never had any disciplinary action or investigation by any federal or state pharmacy regulatory authority involving the pharmacy or any of the pharmacists associated with Stokes.

CONCLUSIONS OF LAW

Based on the above findings, the Board concludes as a matter of law:

1. Stokes violated North Carolina General Statutes §§ 90-85.21A and 90-85.38(b) by shipping prescription drugs into the State of North Carolina without an out-of-state pharmacy permit from January 2009 and January 2011.

2. Stokes admits that the conduct in this matter violated North Carolina law and constitutes sufficient grounds for disciplinary action in connection with its permit application under North Carolina General Statutes § 90-85.38.

3. The Board has considered the following as substantial mitigating factors in this case:

a. Stokes ceased shipment for a period of nearly two years after it was informed that it could not ship without an out-of-state permit.

b. The Board has no information that Stokes and its pharmacists have ever shipped prescription drugs into the State of North Carolina in circumstances where they actually knew or reasonably should have known that the order was issued without a physical examination of the patient and in the absence of a prior prescriber-patient relationship in violation of 21 NCAC 46 .1801(b) or otherwise was not a valid prescription.

c. Stokes is not an Internet Pharmacy and otherwise does not have a business model that is likely to encourage or facilitate the shipment of drugs based on invalid prescriptions or other violations of the pharmacy laws.

Based upon the foregoing, and with the consent of the parties, IT IS THEREFORE ORDERED that the permit application of Stokes Healthcare, Inc. d/b/a Stokes Pharmacy is hereby GRANTED, with a 2013 permit to be issued on January 1, 2013 (or within one week thereafter). Stokes Healthcare, Inc. may not ship into North Carolina until after that 2013 permit is issued. However, the permit of Stokes Healthcare, Inc. is hereby INDEFINITELY SUSPENDED, but that suspension is stayed for a period of ten (10) years, upon the following conditions:

1. Respondent's permit is conditioned upon the accuracy of the information in its permit application, the information that it previously provided to the Board in connection with the review of the permit application, and the stipulated Findings of Fact above;
2. Respondent shall violate no laws governing the practice of pharmacy or the distribution of drugs, whether federal, North Carolina or the laws of any other state;
3. Respondent shall violate no rules and regulations of the Board;
4. Respondent shall cooperate with the Board, its attorneys, investigators and other representatives in any investigation and compliance with the provisions of this Consent Order.

This the 20th day of November, 2012.

NORTH CAROLINA BOARD OF PHARMACY

By: 

Jack W. Campbell, IV
Executive Director

Stokes Healthcare, Inc. has full knowledge that it has the right to a formal hearing, at which it would have the right to be represented at its expense by counsel, in this matter. The undersigned freely, knowingly and voluntarily waives such right by entering into this Final Consent Order. The undersigned understands and agrees that by entering into this Final Consent Order, it certifies that it has read the foregoing Final Consent Order and that it voluntarily consents to the terms and conditions set forth therein and relinquishes any right to judicial review of Board actions which may be taken concerning this matter. The undersigned further understands that should it violate the terms and conditions of this Final Consent Order, the Board may take additional disciplinary action. The undersigned understands and agrees that this Final Consent Order will not become effective unless and until approved by the Board. The undersigned understands that it has the right to have counsel of its choice review and advise it with respect to its rights and this Final Consent Order, and represents that it enters this Final Consent Order after consultation with its counsel or after knowingly and voluntarily choosing not to consult with counsel.

The undersigned certifies that its agent executing this Final Consent Order is duly authorized to accept the Final Consent Order on behalf of Stokes Healthcare, Inc. and to bind the permit holder.

ACCEPTED AND CONSENTED TO BY:

STOKES HEALTHCARE, INC.

Emmett H. McVey Date 9-10-12
By: Emmett H. McVey
Title: Pharmacist in charge

STATE OF New Jersey
Burlington COUNTY

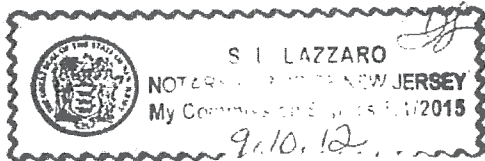
I, the undersigned Notary Public of the County and State aforesaid, do hereby certify that personally appeared before me this day, and each acknowledged the due execution of the foregoing document: Emmett McVey

[PRINT NAME OF INDIVIDUAL SIGNING]

Date: 9.10.12

S. Lazzaro
Notary Public
S. Lazzaro

My commission expires: 8.1.2015



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: Wells Pharmacy Network, LLC.

Physical Address: 450 US HWY 51 BYP N

City: Dyersburg State: TN Zip Code: 38024

Telephone: (731) 882-7000 Fax: (731) 882-7100

Toll Free Number: (800) 852-5689 (Required per NAC 639.708)

E-mail: RegulatoryAffairsTenneWellsRx.com Website: www.WellsRx.com

Supervising Pharmacist: John Guthrie Nevada License #: 19762 ✓

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): 3012526962

Please provide the name of the facility as registered with the FDA and the registration number:

Wells Pharmacy Network, LLC.

Please provide a list of all DBA's used by outsourcing facility. A separate sheet is acceptable.

NIA

Please provide the name and Nevada license number of the supervising pharmacist:

Name: John Guthrie Nevada License Number: 19762A Nevada business license is not required, however if the Outsourcing Facility has a Nevada business license please provide the number: NIAThis 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

WILLIAM E. MCKILLED

Print Name of Authorized Person

3/22/2018

Date

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: FL
Parent Company if any: NIA
Address: 3420 Fairlane Farms Rd Suite 300
City: Wellington State: FL Zip: 33414
Telephone: (561) 793-1568 Fax: (561) 223-3885
Contact Person: _____

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>Shirley Ann Eis</u>	<u>364 Woodbine Rd Stamford, CT 06903</u>
	Name	Address
b)	<u>Rachel Shapiro McKim</u>	<u>145 Corte Madera Center Suite 169 Corte Madera, CA 94925</u>
	Name	Address
c)	<u>Douglas Keith Garvey</u>	<u>3420 Fairlane Farms Rd Ste 300 Wellington, FL 33414</u>
	Name	Address
d)	<u>William Edward McMillen</u>	<u>22107 Mantella Ave Boca Raton, FL 33433</u>
	Name	Address

- 2) Provide the number of shares issued by the corporation. 3,212,630
- 3) What was the price paid per share? .01 per share par value
- 4) What date did the corporation actually receive the cash assets? Began September 2011
- 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



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
DIVISION OF HEALTH LICENSURE AND REGULATION
OFFICE OF HEALTH RELATED BOARDS
665 Mainstream Drive, Second Floor
Nashville, TN 37243
<http://tn.gov/health>

Tennessee Board of Pharmacy
Manufacturer/Wholesaler/Distributor
1-800-778-4123 or 6152531299

June 7, 2017

TO WHOM IT MAY CONCERN:

This verification can be considered primary source. To expedite the verification process, this is the standard format used by the Tennessee Board of Pharmacy. We are pleased to furnish the following information from our files:

PROFESSION: Manufacturer/Wholesaler/Distributor
NAME: WELLS PHARMACY NETWORK, LLC.
ADDRESS: 450 US Hwy 51 BYP N, Dyersburg TN 38024
LICENSE NUMBER: 4828
ISSUE DATE: May 05, 2017
EXPIRATION DATE: May 31, 2019
CURRENT STATUS: Licensed
STATUS DATE: May 05, 2017
SPECIAL ENDORSEMENT: Controlled Substance Registration
Sterile Compounding



COMMENTS: There is no derogatory information in our files concerning this facility.

Sincerely,

Keshia Evans

Tennessee Board of Pharmacy

VERFFACLTY

Disciplinary Explanation

On October 24th, 2014 Wells Pharmacy Network LLC., **Ocala, FL** accepted a consent agreement with a warning and fine from the Maine Board of Pharmacy for failure to notify of PIC change within 7 days.

On March 31st, 2015 Wells Pharmacy Network LLC., **Ocala, FL** accepted a consent agreement from the Arizona Board of Pharmacy based on the subsequent inspection by the Arizona Board of Pharmacy after receipt of a 483 from FDA.

On November 1st, 2016 Wells Pharmacy Network LLC., **Ocala, FL** accepted a consent agreement from the Texas Board of Pharmacy **reprimanding its license based upon review of the Arizona Consent Agreement.**

On September 28th, 2016 Wells Pharmacy Network, LLC., **Ocala, FL** executed a Voluntary Agreement to Restrict Sterile Compounding with the Florida Department of Health and that restriction was noted on the FDOH website. This Agreement was faxed to all Board's of Pharmacy on September 28th, 2016. The FDOH and Wells agreed that once Wells gave the FDOH a detailed explanation of the corrective actions and remedial measures taken (and documentation confirmation of same) that the voluntary inspection would be lifted within 72 hours of notice to resume sterile compounding. On November 4th, 2016, Wells submitted its corrected actions and 72 hour notice to the FDOH. On November 5th, 2016, the sterile compounding restriction was lifted by the FDOH and Wells sterile compounding license was returned to "active" on the FDOH website. Wells Pharmacy Network notified all non-resident pharmacy boards on September 28, 2016 via facsimile.

In April 2017, Wells Pharmacy Network LLC, **Ocala, FL** accepted a settlement agreement from the Hawaii Board of Pharmacy agreeing to pay administrative costs after Wells Pharmacy Network reported disciplinary action taken by Maine, Arizona and Florida. The Hawaii Board of Pharmacy approved the settlement as its June 15, 2017 meeting and mailed such referenced agreement on June 20, 2017.

The California Board of Pharmacy filed an accusation against Wells Pharmacy Network, LLC., **Dyersburg, TN** facility dated October 21st, 2016. This matter has been resolved. Please see attached letter from Wells Pharmacy Network's outside counsel for an explanation.

On November 4th, 2016, the Alabama Board of Pharmacy issued Wells Pharmacy Network, LLC., **Ocala, FL** a notice of emergency suspension of license as to sterile compounding to stay in effect for 120 days and set the matter for hearing on January 24th, 2017. This hearing was postponed with the emergency suspension left in place. On January 20th, 2017 Wells Pharmacy Network LLC., **Dyersburg, TN** received Notice of Emergency Suspension of License as to Sterile Compounding from the Alabama Board of Pharmacy dated January 10th, 2017. Wells Pharmacy Network met informally with the General Counsel and Executive Secretary of the Board to resolve the concerns from both ESO's. The informal meeting had productive results which were presented to the Board in Executive Session. From Executive Session, the Alabama Board of Pharmacy conveyed to Wells Pharmacy Network that patient access to customized medications was unimportant to the Board. General Counsel for the Board offered Wells Pharmacy Network request a voluntary surrender of its Alabama permits with payment of \$10,000 in costs with all charges dismissed with prejudice from the Board. This request was granted by the Board and a Consent Order reflecting this Agreement has been executed by Wells Pharmacy Network. The Board countersigned on June 13, 2017 and was received by Wells Pharmacy Networks outside counsel on June 21, 2017.

The New Hampshire Board of Pharmacy denied Wells Pharmacy Network, LLC., **Ocala, FL** license renewal on February 15, 2017. Wells Pharmacy Network, LLC appeared before the Board of Pharmacy on April 4, 2017 to appeal the New Hampshire Board of Pharmacy decision and provided additional information requested at the appearance to the Board including its NABP inspection report. The New Hampshire Board of Pharmacy issued its decision to Wells Pharmacy Network on July 20, 2017 reaffirming its denial.

On May 17, 2017, Wells Pharmacy Network, LLC., **Ocala, FL** received the adoption of the Imposition of Civil Fine Order by the Alaska Board of Pharmacy in the amount of \$1,000 for a technical violation of its professional licensing statutes and regulations. Wells Pharmacy Network disputed the allegation of neglecting to reveal derogatory information concerning criminal convictions of employees as the information was greater than 15 years old (a violation of the FCRA), a misdemeanor not covered by standard background checks, the NABP or FBI background checks. Wells Pharmacy Network voluntarily accepted the fine as an employee did not follow policy on reporting employee disciplinary matters and waived its rights to a hearing.

On May 18, 2017 Wells Pharmacy Network, LLC., **Ocala, FL** received the attached copy of the fully executed Letter of Admonition from the Colorado Board of Pharmacy. This Letter was based on findings that the June 9, 2015 Arizona Consent Order, previously disclosed to all pharmacy boards, provided grounds for disciplinary action.

On June 6, 2017 Wells Pharmacy Network, LLC., **Ocala, FL** signed a Consent Order from the Kentucky Board of Pharmacy agreeing to pay a fine for failing to timely report the June 9, 2015 Arizona Board of Pharmacy Consent Order.

On August 14, 2017 Wells Pharmacy Network, LLC., **Ocala, FL** accepted a reprimand and payment of costs of \$468.00 from the Wisconsin Pharmacy Examining Board. The Wisconsin Pharmacy Examining Board concluded Wells Pharmacy Network, LLC. engaged in unprofessional conduct as defined by the Wisconsin Administration Code by having been subject to other disciplinary action by the State of Florida Board of Pharmacy. Wells Pharmacy Network, LLC. has paid the costs to the Wisconsin Pharmacy Examining Board.

On October 5th, 2017 Wells Pharmacy Network, LLC., **Ocala, FL** agreed to the attached Stipulation and Consent Order with the Board of Pharmacy State of Idaho. Wells Pharmacy Network was willing to settle and comply going forward with all the requirements of the Idaho Telehealth Access Act including paying a fine, reviewing the licenses for any provider sending a prescription for an Idaho resident, and refusing to fill any prescription for an Idaho resident from a provider who is not fully licensed in Idaho. However, the Board and Wells Pharmacy Network agreed Wells Pharmacy Network would not expressly admit to violations for these interpretations that are not clear under the Act and for which Wells Pharmacy Network did not know in advance following the recent enactment of the Act.

Wells Pharmacy Network, LLC ("WPN") submitted to the Utah Board of Pharmacy an application for a Pharmacy Class C Pharmaceutical Wholesaler, Manufacturer, Distributor for its Dyersburg, Tennessee 503b facility. As part of the application package, WPN included its disciplinary explanation for both the Dyersburg, Tennessee and Ocala, Florida facilities which had been previously submitted to the Utah Board of Pharmacy in prior years renewals. The Utah Board of Pharmacy pended review of the Pharmacy Class C application and issued the attached Stipulation and Consent Orders against the Dyersburg, Tennessee Class D license and the Ocala, Florida Class D license for 2 disciplinary actions that had been timely submitted to the Utah Board of Pharmacy – one in 2015 and one in mid-2017 each of which have been fully corrected. On January 16th, 2018 Wells Pharmacy Network, LLC agreed to accept the fine of \$500.00 which has been paid for each of the Orders as the Utah Board of Pharmacy was within its rights to discipline WPN.

MAIL ORDER PHARMACY— CHANGE OF PHARMACIST IN CHARGE— Checklist affirmation
Please check mark each box to affirm that you have enclosed the information and documents required for this application. This affirmation checklist does not replace the requirements outlined in the Board of Pharmacy Laws and Rules. Please review them carefully for more detailed and clarifying information. This checklist is designed as a tool to confirm that your application is complete and ready to forward to our office.

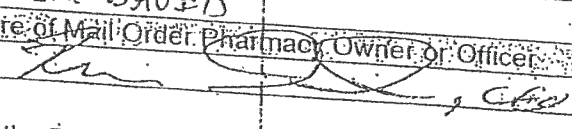
CHECKLIST—please checkmark as an indicator that you have completed the following.

- ☒ Each section of the application has been completed.
- ☒ Each page of the application, where noted, has been initialed.
- ☒ Signature present where noted.
- ☒ Check made payable to Treasurer State of Maine in the amount of \$100.00 is enclosed, or Credit card authorization completed.
- ☒ A copy of the consent agreement or order issued by the Board or jurisdiction is enclosed if licensure discipline has been indicated.
- ☒ A copy of the Court Judgment and Decision is enclosed if convicted of a crime, including a written statement, in your words, regarding the details of the crime.

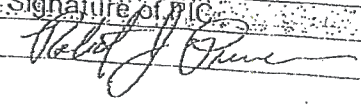
SECTION 4: CERTIFICATION AND SIGNATURES

Read the statement below and sign where indicated as your certification of the information provided on this application.

By my signature, I hereby certify that the information provided on this application and in accompanying documents is true and accurate to the best of my knowledge and belief. By submitting this application I understand that the Maine Board of Pharmacy will rely upon this information as truthful and factual. I also acknowledge that an incomplete, altered (including the use of any white out substance), defaced, including use of white out, or compromised application will not be accepted and will be returned and fees forfeited. This includes, but not limited to, unanswered questions, lack of appropriate signature, illegible, missing supporting documents, and/or missing or wrong fee.

Printed Name of Mail Order Pharmacy Owner or Officer	Title
BEN DAVID	CEO
Signature of Mail Order Pharmacy Owner or Officer	Date
	10/22/13

Also, as the Pharmacist in Charge certify by my signature that I have read and understand the Maine Board of Pharmacy laws and rules and related laws and rules as it applies to a Mail Order Pharmacy. I also certify that the management of the pharmacy will be vested with the pharmacist in charge in all matters directly or indirectly related to the practice of pharmacy or in any matters related to health, welfare, and safety of the public, as required by laws and rules.

Printed Name of PIC	Title
Robert Pruneau	PIC
Signature of PIC	Date
	10/22/13

SECTION 2 Cont'd--PHARMACIST IN CHARGE INFORMATION

THIS SECTION MUST BE COMPLETED BY THE PHARMACIST IN CHARGE ("PIC"). Check appropriate response to the questions below. Any YES response must be fully explained by written statement on a separate sheet of paper, signed and dated, and submitted with your application.

CRIMINAL BACKGROUND DISCLOSURE NOTE: Failure to disclose criminal convictions may result in denial, fines, suspension and/or revocation of a license.

<p>Have you ever been denied registration by the U.S. Drug Enforcement Administration (DEA) or have you ever had a DEA Registration modified, restricted, suspended or revoked? Has any state or province denied, restricted, modified, suspended or revoked your state permit to prescribe or dispense controlled substances? If yes:</p> <ol style="list-style-type: none"> <input type="checkbox"/> DEA action <input type="checkbox"/> Other State or Province (Name) _____ Submit a copy of the official action by the entity. Provide a detailed explanation in your own words on a separate sheet of paper. 	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>Have you ever received a sanction from Medicare or from a state Medicaid program?</p> <ol style="list-style-type: none"> Medicare OR Medicaid Program (State) _____ Submit a copy of the official action by the entity. Provide a detailed explanation in your own words on a separate sheet of paper. <p>Clarification on programs:</p> <ul style="list-style-type: none"> Medicare -- Health program administered by the United States government for people that are (1) ages 65 or older, (2) under the age of 65 with certain disabilities, and/or (3) all ages with end-stage renal disease. Medicaid -- Health program administered by the United States government for people with limited incomes. MaineCare -- Health program administered by the State of Maine with similar eligibility requirements as Medicaid. 	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>Have you ever been convicted by any court of any crime? If yes, enclose a detailed description of what happened (including dates) and a copy of the court judgment.</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>Has any jurisdiction taken disciplinary action against any professional license you hold or have held, or denied your application for licensure? If yes, enclose a detailed explanation and copies of all documents.</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

BP

INITIALS OF APPLICANT

Published under appropriation 01402A4380012
35 State House Station, Augusta ME 04333

Revised 08/2012
Website: www.maine.gov/professionallicensing

RECEIVED

OCT 23 2013



STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
COMPANY APPLICATION

RECEIVED

OCT 23 2013

APPLICANT INFORMATION (please print)			
NAME OF MAIL ORDER PHARMACY Wells Pharmacy Network, LLC			
FEIN OR SSN [REDACTED]			
PHYSICAL LOCATION OF THE MAIL ORDER PHARMACY 1210 SW 33rd Ave			
CITY Ocala	STATE FL	ZIP 34674	COUNTY Marion
MAILING ADDRESS 1210 SW 33rd Ave			
CITY Ocala	STATE FL	ZIP 34674	COUNTY Marion
PHONE # (352) 622-2913		FAX # (352) 401-5650	
PERSON RESPONSIBLE FOR COMPLETING AND SUBMITTING APPLICATION (must be an owner or officer of the entity) Ben David CEO			
By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Professional and Occupational Regulation will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.			
SIGNATURE [Signature]		DATE 10/20/13	

Board of Pharmacy
Change of Pharmacist in Charge
for a Mail Order Pharmacy
Required Fee: \$100.00 (Non Refundable)

Maine Mail Order Pharmacy License # MO 40001342	Office Use Only: 1457 - \$100.00	Office Use Only: Check # 3975 Amount: 100-- Cash # 99143 Lic. # Issue Date Exp. Date
Expiration Date 12/31/13		
PAYMENT OPTIONS: Make checks payable to "Maine State Treasurer" - If you wish to pay by Mastercard or Visa, fill out the following:		
NAME OF CARDHOLDER (please print name on card)		
I authorize the Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation to charge my <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD the following amount: \$		
Card number:	Expiration Date	
SIGNATURE	DATE	



Paul R. LePage
GOVERNOR

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
BOARD OF PHARMACY
COMPLAINTS AND INVESTIGATION
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

Ann L. Head, Esq.
COMMISSIONER

Geraldine L. Betts
ADMINISTRATOR

October 30, 2013

Colleen Shapiro, Managing Member/Secretary/Director
11101 S. Crown Way, Suite 5
Wellington, FL 33414

Re: Complaint #2013 PHA 9589 License #MO 40001342 | Expiration Date: 12/31/2013

Against: Wells Pharmacy Network L.L.C.
1210 SW 33rd Ave, Ocala, FL 34474-2853

Pharmacist-in-charge: No Pharmacist-in-charge on record at the time of the alleged incident.

NOTICE OF COMPLAINT

Dear Ms. Shapiro:

Thomas Avery, Chief Field Investigator, has filed a complaint against the license issued to the above named pharmacy by the Board of Pharmacy. A copy of the complaint is enclosed. Please mail to this office a detailed response to the complaint within 33 days of your receipt of this letter.

Be sure to include the complaint number shown above on your response. A copy of your response will be forwarded to the complainant, who will have 15 days to file an optional reply. If the complainant does file a reply, we will send you a copy. A complete description of the complaint process is included in the Administrative Complaint Procedures enclosed with this letter.

If you have any questions, feel free to call me. Do not contact any members of the board. This prohibition is necessary to prevent board members bias.

Sincerely,


Kelly L. McLaughlin, Senior Consumer Assistant Specialist
(email: kelly.l.mclaughlin@maine.gov)

cc: Michael Miller, Assistant Attorney General
Geraldine L. Betts, Board Administrator
Thomas Avery, Chief Field Investigator
Shane Savage, Complaint Officer

Enc.

Board Staff (207) 624-8621
Main Receptionist (207) 624-8603
TTY users call Maine relay 711

PRINTED ON RECYCLED PAPER
www.maine.gov/professionallicensing

OFFICE LOCATION: GARDINER ANNEX
76 NORTHERN AVENUE, GARDINER, MAINE

Geraldine L. Betts@maine.gov
Direct line: (207) 624-8625
Fax: (207) 624-8637

Law Offices of
SUSAN B. MORRISON, P.A.
Admitted to Practice in Florida, New York and Pennsylvania

1200 W. Platt Street, Suite 100
Tampa, Florida 33606 USA
Telephone 813 902 9293
Facsimile 813 902 9275
Email smorrisonlaw@tampabay.rr.com

December 13, 2013

Via U.S. Mail / Email/ kelly.l.mclaughlin@maine.gov

Kelly L. McLaughlin
Senior Consumer Assistant Specialist
State of Maine
Department of Professional
and Financial Regulations
Office of Professional and Occupational Regulation
Board of Pharmacy
Complaints and Investigation
35 State House Station
Augusta, Maine 04333-0035

Re: Complaint # 2013PHA9589
License # MO 40001342

Dear Ms. McLaughlin:

This letter is submitted on behalf of this firm's client, Wells Pharmacy Network, L.L.C. ("Wells") in response to your October 30, 2013, letter with enclosed Complaint addressed to Colleen Schapiro, Wells' Managing Member.

The letter was not received by Ms. Schapiro until November 11th. Thus, Wells' response contained herein is timely submitted within the 33 day response window referenced in your letter.

Wells' October 22, 2013 Change of Pharmacist in Charge Application identified Robert Pruneau as the new pharmacist in charge ("PIC") with an effective date of change of October 3, 2013, as so noted in the Complaint by Board of Pharmacy Investigator and Complainant, Thomas Avery. Mr. Pruneau was hired by Wells as Vice President of Pharmacy and intended to assume the role of PIC at the commencement of his employment. However, Mr. Pruneau had advised Wells' management prior to accepting his position that he had a pre-planned two week European vacation scheduled for the middle two weeks of October. Wells prepared the application, but was unable to submit it to the Board until October 22, 2013, because the Application required Mr. Pruneau's signature, and he was unavailable to sign it until he returned to the office on the 22nd.



Bank

PERSONAL
MONEY ORDER

52-0133
112

67004470-1

DATE:

10/24/2014

PAY TO THE
ORDER OF

TREASURER, STATE OF MAINE

Seven Hundred Fifty AND 00/100

\$750.00

NOT TO EXCEED \$1,000.00

D. Sullivan

TD BANK'S AUTHORIZED SIGNATURE

210-51-33rd Ave. W. 34474

PURCHASER'S ADDRESS

⑈670044701⑈ ⑆011201335⑆ 6265005099⑈

- b. A CIVIL PENALTY in the amount of seven hundred fifty dollars (\$750.00), payment which shall be made by certified check or money order payable to the "Treasurer, State of Maine" and delivered to Kelly McLaughlin, Senior Consumer Assistance Specialist, Maine Department of Professional and Financial Regulation, 35 State House Station, Augusta, Maine 04333, within thirty (30) days of the execution of this Consent Agreement.
10. This Consent Agreement is not appealable and is effective until modified or rescinded by the parties hereto.
11. Violation of any of the terms or conditions of this Consent Agreement by Wells Pharmacy shall constitute grounds for discipline, including but not limited to modification, suspension, or revocation of licensure or the denial of licensure or re-licensure.
12. The Board and the Office of the Attorney General may communicate and cooperate regarding any matter related to this Consent Agreement.
13. This Consent Agreement is a public record within the meaning of 1 M.R.S. § 402 and will be available for inspection and copying by the public pursuant to 1 M.R.S. § 408.
14. Nothing in this Consent Agreement shall be construed to affect any right or interest of any person not a party hereto.
15. Wells Pharmacy acknowledges by its authorized representative's signature hereto that it has had an opportunity to consult with an attorney before executing this Consent Agreement, that it executes this Consent Agreement voluntarily, and that it agrees to abide by all terms and conditions set forth herein.

STATE OF MAINE
BOARD OF PHARMACY

IN RE:

WELLS PHARMACY NETWORK LLC

Complaint No. 2013 PHA 9589

)
)
)
)
)
CONSENT AGREEMENT

PARTIES

This document is a Consent Agreement regarding disciplinary action against the mail order pharmacy license of Wells Pharmacy Network LLC in the State of Maine. The parties to this Consent Agreement are: Wells Pharmacy Network LLC ("Wells Pharmacy"), the State of Maine Board of Pharmacy ("the Board"), and the Maine Office of the Attorney General ("the Attorney General"). This Consent Agreement is entered into pursuant to 10 M.R.S. § 8003(5-A).

FACTS

1. At all times relevant to this matter, Wells Pharmacy was licensed by the Board as a mail order pharmacy, license no. MO40001342, located at 1210 SW 33rd Avenue, Ocala, Florida.
2. The Board received a change in Pharmacist in Charge application from Wells Pharmacy on October 23, 2013, which disclosed that on October 3, 2013, Robert J. Pruneau took over as the Pharmacist in Charge of Wells Pharmacy.
3. Board Investigator Thomas Avery filed a complaint with the Board alleging that Wells Pharmacy had failed to timely notify the Board of the change in the Pharmacist in Charge as required, which the Board docketed as Complaint No. 2013 PHA 9589.

In re: Wells Pharmacy
2013 PHA 9589

1 of 4

Consent Agreement

L. MITCHELL JONES (U.S.B. 5979)
Assistant Attorney General
SEAN D. REYES (U.S.B. 7969)
Utah Attorney General
Commercial Enforcement Division
Heber M. Wells Building
Box 140872
Salt Lake City, UT 84114-6741
Telephone: (801) 366-0310

BEFORE THE DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING
OF THE DEPARTMENT OF COMMERCE
OF THE STATE OF UTAH

IN THE MATTER OF THE LICENSES OF)	
WELLS PHARMACY NETWORK	)	STIPULATION AND ORDER
UTAH LICENSE #8392997-1708 & 8913)	
TO OPERATE AS A PHARMACY	)	CASE NO. DOPL
AND TO DISPENSE)	
CONTROLLED SUBSTANCES)	
IN THE STATE OF UTAH)	

2018-14

WELLS PHARMACY NETWORK, LLC ("Respondent") and the DIVISION OF
OCCUPATIONAL AND PROFESSIONAL LICENSING of the Department of Commerce of
the State of Utah ("Division") stipulate and agree as follows:

1. Respondent admits the jurisdiction of the Division over Respondent and over the
subject matter of this action. Stacy Shapiro is an officer of Respondent pharmacy and is
authorized to act as agent for and enter into binding agreements on behalf of Respondent
pharmacy.

and Order, and will release other information about this disciplinary action against Respondent's license, to other persons and entities.

7. Respondent admits the following facts are true:

- a. Respondent was first licensed to operate as a pharmacy and to dispense controlled substances in the State of Utah on or about November 26, 2012.
- b. On or about March 31, 2015, Respondent entered into a "Consent Agreement for Probation, Civil Penalty, Costs, and Inspection" with the Board of Pharmacy of the State of Arizona, a copy of which is incorporated by reference to this Stipulation and Order and attached as Exhibit A, sanctioning Respondent's Arizona pharmacy license.
- c. The allegations contained in Exhibit A would constitute misconduct in the State of Utah.
- d. Respondent shipped compounded drugs to Utah during the time period described in Exhibit A.

8. Respondent admits that Respondent's conduct described above is unprofessional conduct as defined in Utah Code Ann. § 58-1-501(2)(a) and (d); and that said conduct justifies disciplinary action against Respondent's license pursuant to Utah Code Ann. § 58-1-401(2)(a). Respondent agrees that an Order, which constitutes disciplinary action against Respondent's licenses by the Division pursuant to Utah Administrative Code R156-1-102(7) and Utah Code Ann. § 58-1-401(2), shall be entered in this matter as follows:

- (a) Respondent shall pay a fine to the Division in the amount of \$500.00 (five hundred dollars), pursuant to Utah Code Ann. § 58-17b-401(6), § 58-17b-504(5), and Utah Administrative Code R156-17b-402, within 90 days of the effective date of this Stipulation and Order.
- (b) Respondent's license shall be publicly reprimanded for the conduct described above.
- (c) Respondent shall successfully complete all the requirements of Exhibit A.

subject Respondent to revocation or other sanctions.

13. If Respondent violates any term or condition of this Stipulation and Order, the Division may take action against Respondent, including imposing appropriate sanction, in the manner provided by law. Such sanction may include revocation or suspension of Respondent's license, or other appropriate sanction.

14. Respondent understands that the disciplinary action taken by the Division in this Stipulation and Order may adversely affect any license that Respondent may possess in another state or any application for licensure Respondent may submit in another state.

15. Respondent has read each and every paragraph contained in this Stipulation and Order. Respondent understands each and every paragraph contained in this Stipulation and Order. Respondent has no questions about any paragraph or provision contained in this Stipulation and Order.

ORDER

THE ABOVE STIPULATION, in the matter of WELLS PHARMACY NETWORK, LLC, is hereby approved by the Division of Occupational and Professional Licensing, and constitutes my Findings of Fact and Conclusions of Law in this matter. The issuance of this Order is disciplinary action pursuant to Utah Administrative Code R156-1-102(7) and Utah Code Ann. § 58-1-401(2). The terms and conditions of the Stipulation are incorporated herein and constitute my final Order in this case.

DATED this 16 day of January 2018

DIVISION OF OCCUPATIONAL AND
PROFESSIONAL LICENSING


MARK B. STEINAGEL
Director

Investigator: Sharilce McIntyre

RECITALS

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

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

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

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

15 5. Respondent understands this Consent Agreement deals with Board
16 Complaint No. 4338 involving allegations of unethical conduct against Respondent. The
17 investigation into these allegations against Respondent shall be concluded upon the
18 Board's adoption of this Consent Agreement.

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

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

1 ACCEPTED AND AGREED BY RESPONDENT

2
3 Wells Pharmacy Network

Dated: 3 31.15

4 Ben David, CEO

by Ben David, CEO on behalf of Wells Pharmacy Network

5
6 Subscribed and sworn to before me in the County of Palm Beach, State of
7 Florida, this 31st day of March, 2014, by
8 Ben David, on behalf of Wells Pharmacy Network. 2015



BRET JONATHAN PHILLIPS
NOTARY PUBLIC
STATE OF FLORIDA
Comm# FF173681
Expires 11/4/2018

Bret J Phillips
NOTARY PUBLIC

9
10 My Commission expires: 11/4/2018

11 FINDINGS OF FACT

- 12 1. The Board is the duly constituted authority for licensing and regulating the
13 practice of pharmacy in the State of Arizona.
14
15 2. Respondent is the holder of Pharmacy Permit Number Y005709.
16
17 3. From February 21, 2014 through March 7, 2014 representatives of the
18 United States Food and Drug Administration ("FDA") conducted an inspection of
19 Respondent's facility located at 1210 SW 33rd Ave., Ocala, Florida. As a result of that
20 inspection, the FDA issued a report on March 7, 2014 which contained eleven (11)
21 observations detailing potential violations. Based upon its concerns regarding the
22 observations identified in the FDA report the Board directed its staff to conduct an
23 inspection of Respondent's facility in Ocala, Florida.
24
25 4. On or about October 7 and 8, 2014 Board compliance officers conducted an
26 inspection of Respondent's facility located at 1210 SW 33rd Ave., Ocala Florida and on

1 complex preparation which is then verified and approved by a pharmacist (quality
2 manager).

3 10. At the October 7 and 8, 2014 inspection Board compliance officers
4 reviewed ten (10) random prescription/orders from the Arizona report which revealed
5 Respondent failed to maintain proper compounding records of quality assurance
6 verification, documentation of procedures for obtaining samples for testing,
7 documentation of filter lot number/expiration date and bubble point testing in the
8 compounding record, documentation of the sampling plan for sterility/endotoxin testing
9 and failure to follow proper procedures/protocols for sterility and endotoxin testing
10 sampling.
11

12
13 11. Board compliance officers reviewed additional documents requested from
14 Respondent and received on or about October 15, 2014 which revealed additional
15 discrepancies regarding the records, documentation, compliance with standard operating
16 procedures, testing procedures, sampling procedures and shipping procedures involving
17 Rx 6009925, Rx 6038319, Rx 6038321, Rx 6021313, Rx 605 1741 and Rx 6004621 as
18 more fully set forth in the compliance officers' report dated October 15, 2014, a copy of
19 which is attached and is incorporated by this reference.
20

21 CONCLUSIONS OF LAW

22 1. The Board possesses jurisdiction over the subject matter and over
23 Respondent pursuant to A.R.S. § 32-1901 *et seq.*

24 2. The Board may discipline permit holder if the Board determines that the
25 permittee or the permittee's employee has engaged in unethical conduct. A.R.S. § 32-
26 1927.02(A)(1).

1 required unannounced random inspection in paragraph 4 of this Order prior to the
2 expiration of the one (1) year probationary period, Respondent may petition the Board for
3 early termination of the probation by submitting such a request in writing and appearing
4 before the Board at a regularly scheduled meeting.

5 6. If Respondent violates this Order in any way or fails to fulfill the
6 requirements of this Order, the Board, after giving the Respondent notice and the
7 opportunity to be heard, make take disciplinary action against Respondent's permit. The
8 issue at such a hearing will be limited solely to whether this Order has been violated.

9
10 DATED this 09 day of June, 2014. 2015

11 ARIZONA STATE BOARD OF PHARMACY

12 (Seal)

13
14
15
16 By: 

17 KAMLESH GANDHI
18 EXECUTIVE DIRECTOR

19 ORIGINAL OF THE FOREGOING FILED
20 this 09 day of June, 2014 with:
21 2015

22 Arizona State Board of Pharmacy
23 1616 W. Adams St.
24 Phoenix, Arizona 85007

25 COPY OF THE FOREGOING MAILED
26 BY CERTIFIED MAIL

this 09 day of June, 2014
2015

Wells Pharmacy Network
1210 SW 33rd Ave.
Ocala, Florida 34474
Respondent


CERTIFICATE OF SERVICE

I hereby certify that on the 16 day of January, 2018, a true and correct copy of the foregoing STIPULATION AND ORDER has been served on the parties of record in this proceeding by mailing a copy thereof, properly addressed by first class mail with postage prepaid, to the following:

WELLS PHARMACY NETWORK
1210 SW 33RD AVENUE
OCALA FL 34474

and caused a copy to be electronically mailed to:

L. Mitchell Jones, Assistant Attorney General
(mittchelljones@agutah.gov)



Carol Inglesby
Administrative Assistant
Division of Occupational
and Professional
Licensing

L. MITCHELL JONES (U.S.B. 5979)
Assistant Attorney General
SEAN D. REYES (U.S.B. 7969)
Utah Attorney General
Commercial Enforcement Division
Heber M. Wells Building
Box 140872
Salt Lake City, UT 84114-6741
Telephone: (801) 366-0310

BEFORE THE DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING
OF THE DEPARTMENT OF COMMERCE
OF THE STATE OF UTAH

IN THE MATTER OF THE LICENSES OF)	
WELLS PHARMACY NETWORK, LLC	)	STIPULATION AND ORDER
UTAH LICENSE #8473516-1708 & 8913)	
TO OPERATE AS A PHARMACY	)	CASE NO. DOPL
AND TO DISPENSE)	
CONTROLLED SUBSTANCES)	
IN THE STATE OF UTAH)	

2018-15

WELLS PHARMACY NETWORK, LLC ("Respondent") and the DIVISION OF
OCCUPATIONAL AND PROFESSIONAL LICENSING of the Department of Commerce of
the State of Utah ("Division") stipulate and agree as follows:

1. Respondent admits the jurisdiction of the Division over Respondent and over the
subject matter of this action. Stacy Shapiro is an officer of Respondent pharmacy and is
authorized to act as agent for and enter into binding agreements on behalf of Respondent
pharmacy.

and Order, and will release other information about this disciplinary action against Respondent's license, to other persons and entities.

7. Respondent admits the following facts are true:

- a. Respondent was first licensed to operate as a pharmacy and to dispense controlled substances in the State of Utah on or about November 26, 2012.
- b. On or about May 23, 2017, Respondent entered into a "Stipulated Settlement and Disciplinary Order for Public Reproval" with the Board of Pharmacy of the State of California, a copy of which is incorporated by reference to this Stipulation and Order and attached as Exhibit A, sanctioning Respondent's California pharmacy license. Exhibit A also contains an "Accusation" which describes the allegations of misconduct against Respondent.
- c. The allegations contained in Exhibit A would constitute misconduct in the State of Utah.

8. Respondent admits that Respondent's conduct described above is unprofessional conduct as defined in Utah Code Ann. § 58-1-501(2)(a) and (d); and that said conduct justifies disciplinary action against Respondent's license pursuant to Utah Code Ann. § 58-1-401(2)(a). Respondent agrees that an Order, which constitutes disciplinary action against Respondent's licenses by the Division pursuant to Utah Administrative Code R156-1-102(7) and Utah Code Ann. § 58-1-401(2), shall be entered in this matter as follows:

- (a) Respondent shall pay a fine to the Division in the amount of \$500.00 (five hundred dollars), pursuant to Utah Code Ann. § 58-17b-401(6), § 58-17b-504(5), and Utah Administrative Code R156-17b-402, within 90 days of the effective date of this Stipulation and Order.
 - (b) Respondent's license shall be publicly reprimanded for the conduct described above.
 - (c) Respondent shall successfully complete all the requirements of Exhibit A.
9. Upon approval by the Director of the Division this Stipulation and Order shall be the

13. If Respondent violates any term or condition of this Stipulation and Order, the Division may take action against Respondent, including imposing appropriate sanction, in the manner provided by law. Such sanction may include revocation or suspension of Respondent's license, or other appropriate sanction.

14. Respondent understands that the disciplinary action taken by the Division in this Stipulation and Order may adversely affect any license that Respondent may possess in another state or any application for licensure Respondent may submit in another state.

15. Respondent has read each and every paragraph contained in this Stipulation and Order. Respondent understands each and every paragraph contained in this Stipulation and Order. Respondent has no questions about any paragraph or provision contained in this Stipulation and Order.

ORDER

THE ABOVE STIPULATION, in the matter of WELLS PHARMACY NETWORK, LLC, is hereby approved by the Division of Occupational and Professional Licensing, and constitutes my Findings of Fact and Conclusions of Law in this matter. The issuance of this Order is disciplinary action pursuant to Utah Administrative Code R156-1-102(7) and Utah Code Ann. § 58-1-401(2). The terms and conditions of the Stipulation are incorporated herein and constitute my final Order in this case.

DATED this 16 day of January, 2018

DIVISION OF OCCUPATIONAL AND
PROFESSIONAL LICENSING



MARK B. STEINAGEL
Director

Investigator: Sharilee McIntyre

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14. This Stipulated Settlement and Disciplinary Order for Public Reproval is intended by the parties to be an integrated writing representing the complete, final, and exclusive embodiment of their agreement. It supersedes any and all prior or contemporaneous agreements, understandings, discussions, negotiations, and commitments (written or oral). This Stipulated Settlement and Disciplinary Order for Public Reproval may not be altered, amended, modified, supplemented, or otherwise changed except by a writing executed by an authorized representative of each of the parties.

15. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that both Non-Resident Pharmacy Permit No. NRP 1325 and Non-Resident Sterile Compounding Permit No. NSC 99824 issued to Respondent Wells Pharmacy Network LLC shall be publicly reproved by the Board of Pharmacy under Business and Professions Code section 495 in resolution of Accusation No. 5887, attached as exhibit A.

Cost Recovery. Respondent shall pay \$6,155.25 to the Board for its costs associated with the investigation and enforcement of this matter. Respondent shall be permitted to pay these costs in a payment plan approved by the Board. If Respondent fails to pay the Board costs as ordered, Respondent shall not be allowed to renew its Non-Resident Pharmacy Permit or its Non-Resident Sterile Compounding Permit until Respondent pays costs in full.

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Dated: 5/23/2017

XAVIER BECERRA
Attorney General of California
KENT D. HARRIS
Supervising Deputy Attorney General

Supervising Deputy Attorn

DAVID E. BRICE
Deputy Attorney General
Attorneys for Complainant

6

CERTIFICATE OF SERVICE

I hereby certify that on the 16 day of January, 2018, a true and correct copy of the foregoing STIPULATION AND ORDER has been served on the parties of record in this proceeding by mailing a copy thereof, properly addressed by first class mail with postage prepaid, to the following:

WELLS PHARMACY NETWORK LLC
450 US HWY 51 BYPASS N
DYERSBURG TN 38024

and caused a copy to be electronically mailed to:

L. Mitchell Jones, Assistant Attorney General
(mittchelljones@agutah.gov)

(Inglesby)
Carol Inglesby
Administrative Assistant
Division of Occupational
and Professional
Licensing

LAWRENCE G. WASDEN
ATTORNEY GENERAL

S. KAY CHRISTENSEN
CHIEF OF CONTRACTS AND ADMINISTRATIVE LAW

LINCOLN STRAWHUN, ISB #8925
REBECCA OPHUS, ISB #7697
Deputy Attorneys General
Fair Hearings Unit
Contracts and Administrative Law
Office of the Attorney General
954 W. Jefferson, 2nd Floor
P. O. Box 83720
Boise, ID 83720-0010
Telephone: (208) 334-4555
Fax: (208) 854-8070

BEFORE THE BOARD OF PHARMACY STATE OF IDAHO

In the Matter of the License of:)	
	)	Case No. BOP 16-071
)	
WELLS PHARMACY NETWORK, LLC)	
Mail Service Pharmacy License No. 19765MS	)	PRELIMINARY ORDER
)	
Respondent.)	
)	
)	
)	

Per IDAPA 04.11.01.280, the above appeal is resolved, without a hearing on the merits of the appeal, by a Stipulation and Consent Order between the parties. The stipulation is attached (Exhibit A) and incorporated into this Order.

Pursuant to Sections 67-5270 and 67-5272, Idaho Code, if this preliminary order becomes final, any party aggrieved by the final order or orders previously issued in this case may appeal the final order and all previously issued orders in this case to district court by filing a petition in the district court of the county in which a hearing was held; the final agency action was taken; the party seeking review of the order resides, or operates its principal place of business in Idaho, or; the real property or personal property that was the subject of the agency action is located.

This appeal must be filed within twenty-eight (28) days of this preliminary order becoming final. See Section 67-5273, Idaho Code. The filing of an appeal to district court does not itself stay the effectiveness or enforcement of the order under appeal.

* * * * *

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 6th day of November, 2017, I caused to be served a true and correct copy of the foregoing by the following method to:

Jed Manwaring
EVANS KEANE LLP
1161 W. River St., Suite 100
PO Box 959
Boise, ID 83701
jmanwaring@evanskeane.com
ckaes@evanskeane.com

☐ U.S. Mail
☐ Hand Delivery
☐ Facsimile:
☒ Email

Steven Olsen
Deputy Attorney General
Civil Litigation Division
PO Box 83720
Boise, ID 83720
steven.olsen@ag.idaho.gov

☐ U.S. Mail
☐ Hand Delivery
☐ Facsimile:
☒ Email

Alex J. Adams
Executive Director
Idaho Board of Pharmacy
1199 Shoreline Ln., Suite 303
Boise, ID 83702
alex.adams@bop.idaho.gov

☐ U.S. Mail
☐ Hand Delivery
☐ Facsimile:
☒ Email



SAM SEEVERS, PARALEGAL
FAIR HEARINGS UNIT

B. STIPULATED FACTS

1. In March 2015, Board staff reviewed its Prescription Monitoring Program ("PMP") and became concerned about Respondent's activity. In July 2016, Board staff prepared and reviewed a PMP dispensing report regarding Respondent for the time period of April 4, 2014, through July 5, 2016. This PMP dispensing report showed medications prescribed to Idaho residents by medical providers located in Arizona, California, Florida, Illinois, Maine, Massachusetts, and Virginia.

2. The Board requested and timely received prescription records from Respondent's Director of Quality Assurance. Board staff's review of the provided records revealed that Respondent issued prescription drugs to at least four residents of the state of Idaho which were the result of patient-doctor "Telehealth Service" consultations in which the prescriber/doctor was not licensed in Idaho. The Board alleges that these prescriber-doctors not licensed in Idaho was a violation of Idaho Code §54-5703(4), which interpretation of said statute, Respondent denies as not being clear in the statute's wording. Regardless, the Board alleges that these prescriptions were filled by Respondent in violation of Idaho Code, Title 54, Chapter 57 (the Idaho Telehealth Access Act), as follows:

a. Patient D.D. received six prescriptions for Schedule III controlled substances from two prescribers located in Maine and California, neither of whom were licensed to practice medicine nor registered for controlled substances in Idaho. The Board alleges that: Patient D.D. did not have an existing relationship with the prescribers; had no face-to-face interaction with the prescribers; and had no telephone interaction with the prescribers, only with a representative. Respondent denies these allegations. Patient D.D. did not have any contact with Respondent other than emails and receiving the prescribed medications by mail.

Enforcement Agency ("DEA") registration for controlled substances in Idaho. In addition, V.D. has been disciplined by the Idaho Board of Medicine for treating and prescribing to Idaho residents in violation of the Idaho Telehealth Access Act.

4. Respondent issued prescription drugs, including Schedule III controlled substances, under which the Board alleges were invalid prescriptions. These allegations are based upon the Board's position that the prescriptions were invalid because they were issued by physicians who claimed to be treating patients via telehealth but were not complying with the Idaho Telehealth Access Act, Title 54, Chapter 56, Idaho Code, nor complying with United States Code, Title 21, Section 802(54). Specifically, the Board alleges that: 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 21 U.S.C. § 802(54) requires telemedicine providers to possess a DEA controlled substance registration and a state controlled substance registration in the state where the patient is located. The Respondent denies these allegations and contends that: it requires prescriber-physicians to comply with all state and federal statutes; Idaho Code §54-5703(4) is ambiguous as to whether it requires physicians practicing telemedicine to be licensed in Idaho; and that all physicians requesting prescriptions from Respondent have a DEA controlled substance registration.

5. The Board alleges that Respondent had a duty to confirm the validity of the prescriptions it filled for the patients of its associated physicians. Specifically, the Board alleges that: Respondent failed to verify the information provided to it by its associated physicians with regard to (1) those physicians' licensing status in the states in which they prescribed drugs and controlled substances; (2) the patient-physician relationships that must exist; and (3) whether the actions taken by the physicians in treating their patients via telehealth complied with applicable

f. Pursuant to Idaho Code § 37-2723, no person shall fill, compound or dispense a prescription for a controlled substance unless it is in compliance with applicable federal law; including but not limited to Title 21, Chapter 13, U.S. Code, and 21 C.F.R. § 1306.04(a).

7. Respondent, in lieu of proceeding with a formal disciplinary hearing, hereby stipulates that the Board may enter a final order against its license as set forth in Section C below. By entering this stipulation, Respondent is not admitting to any violations or wrongdoing but rather simply seeks a settlement with compliance of the Board's demands going forward.

C. STIPULATED SETTLEMENT

1. The Board has authority pursuant to Idaho Code § 54-1728(c) to impose conditions restricting Respondent's license, and pursuant to § 54-1728(f) to impose administrative fines not to exceed \$2,000 per violation, plus attorneys' fees and administrative costs. Respondent agrees to pay the Board \$10,000 for the alleged violations outlined above in Section B(6). This fine shall become due only after the Board approves and executes the Order incorporating this Stipulation and shall be paid to the Board within 180 days of the date the Order is executed.

2. Going forward from the date the Order incorporating this Stipulation is executed, Respondent shall verify the appropriate Idaho medical or prescriber licenses and controlled substance registrations for all prescribers issuing 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.

3. Respondent shall designate a representative of its management to whom the Board should direct its communications and inquiries and who will be responsible for responding to such inquiries. This representative shall be designated in writing within thirty days of the date the Order incorporating this Stipulation is executed.

E. ACKNOWLEDGMENTS AND WAIVER OF RIGHTS

Respondent, by signature of its authorized representative hereto, hereby acknowledges the following:

1. Respondent understands these allegations constitute cause for disciplinary terms upon its license. Respondent agrees the Board has jurisdiction to proceed in this matter with its consent as indicated by signature on its behalf hereto.

2. Respondent has read the above Stipulation fully and has had the opportunity to discuss it with legal counsel. Respondent understands and acknowledges that by its terms it is waiving certain rights provided under Idaho law.

3. Respondent understands that it has, among other rights, the right to a full and complete hearing; the right to confront and cross-examine witnesses; the right to present evidence or to call witnesses, or to so testify on its own behalf; the right to reconsideration; the right to appeal this matter to district court; and all rights provided by the Idaho Administrative Procedure Act and the laws and rules governing the practice of pharmacy in Idaho. Respondent hereby freely and voluntarily waives these rights, without further process, in order to enter into this Stipulation as a resolution of the allegations contained herein.

4. Respondent understands that in signing this Stipulation, it is enabling the Board to impose disciplinary terms upon its license as set forth in Section C without further process.

5. Respondent understands the Board may approve this Stipulation as proposed, approve it subject to specified changes, or reject it. Respondent understands that, if approved as proposed, the Board will execute and issue this Stipulation and Consent Order according to the aforementioned terms, and Respondent hereby agrees to the above Stipulation for settlement. If the Board rejects this proposed Stipulation and Consent Order, this Stipulation and Consent Order will not have any effect and a new proposed Stipulation and Consent Order may be proposed and

STIPULATION AND CONSENT ORDER

DATED this 18th day of October, 2017.

WELLS PHARMACY NETWORK, LLC

By: [Signature]
General Counsel

Its: Secretary
Authorized Representative for Respondent

DATED this 16 day of October, 2017.

EVANS KEANE, LLP

[Signature]
Jed W. Manwaring
Attorneys for Respondent

[The remainder of this page is intentionally blank.]

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, and it is hereby ordered that Respondent comply with said terms and conditions.

DATED this 16th day of October, 2017.

Nicole Chopski
Nicole Chopski, PharmD
Board Chair

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY
PROCEEDINGS AGAINST

WELLS PHARMACY NETWORK LLC,
RESPONDENT.

:
:
:
:
:

FINAL DECISION AND ORDER

0005454

Division of Legal Services and Compliance Case No. 16 PHM 159

The parties to this action for the purpose of Wis. Stat. § 227.53 are:

Wells Pharmacy Network LLC
1210 SW 33rd Avenue
Ocala, FL 34474

Wisconsin Pharmacy Examining Board
P.O. Box 8366
Madison, WI 53708-8366

Division of Legal Services and Compliance
Department of Safety and Professional Services
P.O. Box 7190
Madison, WI 53707-7190

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final disposition of this matter, subject to the approval of the Pharmacy Examining Board (Board). The Board has reviewed this Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following Findings of Fact, Conclusions of Law and Order.

FINDINGS OF FACT

1. Respondent Wells Pharmacy Network LLC, is licensed in the state of Wisconsin as an out-of-state pharmacy, having license number 805-43, first issued on August 9, 2012, and current through May 31, 2018. Respondent's most recent address on file with the Wisconsin Department of Safety and Professional Services (Department) is 1210 SW 33rd Avenue, Ocala, Florida 34474.

2. Respondent is an out-of-state pharmacy located in Ocala, Florida.

2. Respondent Wells Pharmacy Network LLC, is REPRIMANDED.
3. Within ninety (90) days from the date of this Order, Respondent Wells Pharmacy Network LLC, shall pay COSTS of this matter in the amount of 468.00.
4. Payment of costs (made payable to the Wisconsin Department of Safety and Professional Services) shall be sent by Respondent to the Department Monitor at the address below:

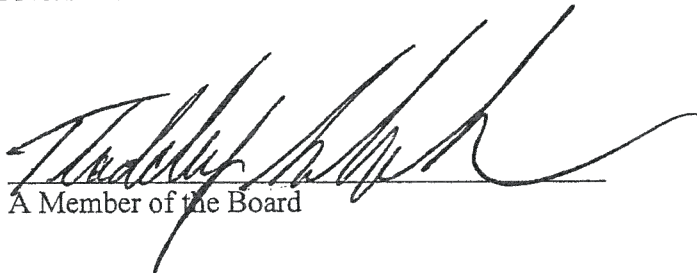
Department Monitor
Division of Legal Services and Compliance
Department of Safety and Professional Services
P.O. Box 7190, Madison, WI 53707-7190
Telephone (608) 267-3817; Fax (608) 266-2264
DSPSMonitoring@wisconsin.gov

5. In the event that Respondent violates any term of this Order, Respondent's out-of-state pharmacy license (no. 805-43) in the state of Wisconsin, may, in the discretion of the Board or its designee, be SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of the Order. The Board may, in addition and/or in the alternative refer any violation of this Order to the Division of Legal Services and Compliance for further investigation and action.

6. This Order is effective on the date of its signing.

WISCONSIN PHARMACY EXAMINING BOARD

by:


A Member of the Board

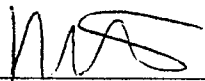
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Date

of Legal Services and Compliance for further proceedings. In the event that the Stipulation is not accepted by the Board, the parties agree not to contend that the Board has been prejudiced or biased in any manner by the consideration of this attempted resolution.

6. The parties to this Stipulation agree that the attorney or other agent for the Division of Legal Services and Compliance and any member of the Board ever assigned as an advisor in this investigation may appear before the Board in open or closed session, without the presence of Respondent or Respondent's attorney, for purposes of speaking in support of this agreement and answering questions that any member of the Board may have in connection with deliberations on the Stipulation. Additionally, any such advisor may vote on whether the Board should accept this Stipulation and issue the attached Final Decision and Order.

7. Respondent is informed that should the Board adopt this Stipulation, the Board's Final Decision and Order is a public record and will be published in accordance with standard Department procedure.

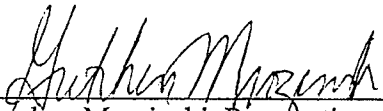
8. The Division of Legal Services and Compliance joins Respondent in recommending the Board adopt this Stipulation and issue the attached Final Decision and Order.



Wells Pharmacy Network LLC, Respondent
Melissa Stefko
1210 SW 33rd Avenue
Ocala, FL 34474
License no. 805-43

14 Aug 17

Date



Gretchen Mrozinski, Prosecuting Attorney
Department of Safety and Professional Services
Division of Legal Services and Compliance
P.O. Box 7190
Madison, WI 53707-7190

8-21-17

Date

Tracking # for payment: EV86891828805

STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT
DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING
BEFORE THE BOARD OF PHARMACY

IMPOSITION OF CIVIL FINE


Case # 2016-001006

Wells Pharmacy Network, LLC, admits and agrees the Alaska Board of Pharmacy (Board) has jurisdiction over the subject matter of their license in Alaska and over this Imposition of Civil Fine.

1. On June 9, 2014, Wells Pharmacy Network submitted a Biennial Out-of-State Pharmacy License Renewal for Alaska License # PHAO1183.
2. Wells Pharmacy Network neglected to reveal derogatory information concerning criminal convictions of employees, as well as disciplinary action of an employee.
3. On May 10, 2016, Wells Pharmacy Network submitted a Biennial Out-of-State Pharmacy License Renewal for Alaska License # PHAO1183.
4. Wells Pharmacy Network neglected to reveal derogatory information concerning a 2014 disciplinary action by the Maine Board of Pharmacy for failure to notify the Board of the Pharmacist-In-Charge change as required. Wells Pharmacy also failed to disclose criminal convictions of employees.
5. Wells Pharmacy Network admitted an error in failing to disclose criminal convictions and disciplinary actions of the pharmacy and employees.

Wells Pharmacy Network admits that as a result of these facts, grounds exist for possible denial of licensure or other disciplinary sanctions of their license pursuant to AS 08.01.075, AS 08.80.260(a)(1), and 12 AAC 52.920(a)(13). Wells Pharmacy Network is agreeing to this Imposition of a Civil Fine of one thousand dollars (\$1,000) in cash, certified check, or money order payable to the "State of Alaska" within ninety (90) days after this Imposition of Civil Fine is accepted by the Board.

Wells Pharmacy Network has the right to consult with an attorney and a right to an administrative hearing on the facts in this case. Wells Pharmacy Network understands and agrees by voluntarily signing this Imposition of Civil Fine, Wells Pharmacy Network is waiving their rights to counsel and to a hearing on this matter.


For Wells Pharmacy Network, LLC

12/28/16

Date

Colleen S. Shapiro, Secretary

Authorized Representative Name / Title

ORDER

The Alaska Board of Pharmacy hereby adopts the Imposition of Civil Fine in this matter. The Board has determined that this is a technical violation of professional licensing statutes and regulations not related to the delivery of patient care and, therefore, this matter can be resolved with a civil fine.

This Imposition of Civil Fine takes effect immediately upon signature of this Order in accordance with the approval of the Board.

DATED this 4th day of May, 2017, at Anchorage, Alaska.


AMK

BOARD OF PHARMACY

By: 

Board Chair

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2015-2415

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION IN THE STATE OF COLORADO OF WELLS PHARMACY NETWORK, REGISTRATION NO. OSP 6079,

Respondent Pharmacy.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Wells Pharmacy Network, LLC ("Respondent Pharmacy") to resolve all matters pertaining to Board Case Number 2015-2415, as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Respondent Pharmacy, its registration as a non-resident prescription drug outlet, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act at Title 12, Article 42.5, C.R.S. (2016).
2. Respondent Pharmacy was originally registered in the State of Colorado on or about August 8, 2012, being issued registration number OSP 6079, and has been so registered at all times relevant to this disciplinary action.
3. Respondent Pharmacy's address of record with the Board and current location is 1210 SW 33rd Ave., Ocala, Florida 34474-2853.
4. Respondent Pharmacy admits these findings and hereby waives any further proof in this proceeding before the Board regarding the following facts.
5. On June 9, 2015, Respondent Pharmacy entered into a Consent Order with the Arizona Board of Pharmacy due to deficiencies found during the course of an October 2014 inspection conducted by the Arizona Board.
6. Some of the deficiencies outlined in the October 2014 inspection, as detailed below, would be grounds for discipline in Colorado under Board Rule 21.00.00:

acts in any other state that would subject him or her to disciplinary action in this state.

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

TERMS OF DISCIPLINE

8. **Letter of Admonition.** This provision shall constitute a Letter of Admonition as set forth in Sections 12-42.5-124(6)(a), C.R.S. Respondent is hereby admonished for the acts and omissions described in the factual basis above. By entering this Order, Respondent agrees to waive the rights provided by Section 12-42.5-124(6)(b), C.R.S., to contest this Letter of Admonition.
9. **Other Requirements.** Respondent Pharmacy acknowledges and agrees that, as a condition of this Final Agency Order, Respondent Pharmacy shall:
 - a. promptly pay all Respondent Pharmacy's own fees and costs associated with this Final Agency Order;
 - b. comply fully with this Final Agency Order; and
 - c. comply fully with the Pharmacists, Pharmacy Businesses and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmacists and pharmaceuticals in the State of Colorado.
10. **Advisements and Waivers.** Through its undersigned Authorized Representative, Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having the opportunity to consult with legal counsel and/or choosing not to do so. Respondent Pharmacy acknowledges its understanding that it has the following rights:
 - a. to have formal notice of hearing and charges served upon it;
 - b. to respond to said formal notice of charges;
 - c. to have a formal disciplinary hearing pursuant to §§12-42.5-123 and 12-42.5-124, C.R.S.; and
 - d. to appeal this Final Agency Order.

ACCEPTED AND AGREED BY

Respondent Pharmacy

Kristopher Fishman / Sr. VP of operations Dated: 03/31/2017
Authorized Representative / Title

Subscribed and sworn to before me in the County of Palm Beach,
State of Florida, this 31st day of March, 2017,
by Kristopher Fishman, authorized representative
of Wells Pharmacy Network, LLC.

My commission expires: 11/4/2018



BRET JONATHAN PHILLIPS
NOTARY PUBLIC
STATE OF FLORIDA
Comm# FF173681
Expires 11/4/2018

Bret Phillips
Notary Public

FINAL AGENCY ORDER

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

Done and effective this 18th day of August, 2017.

State Board of Pharmacy

BY: Wendy Anderson
~~Chris Gassen~~ Wendy Anderson
Acting Program Director

COMMONWEALTH OF KENTUCKY
KENTUCKY BOARD OF PHARMACY
Case No. 17-0171

IN RE: PERMIT NO. FL1685 HELD BY WELLS PHARMACY NETWORK LLC

Agreed Order

Come the parties, the Kentucky Board of Pharmacy ("the Board"), and Wells Pharmacy Network LLC ("Respondent"), and the parties having been fully informed regarding the matter set forth herein, state as follows:

- (1) Pursuant to Chapter 315 of the Kentucky Revised Statutes, the Board is authorized to regulate and control all matters related to pharmacists and pharmacies not delegated to another agency of the Commonwealth. The matter herein has not been delegated to another agency of the Commonwealth.
- (2) Respondent is an out-of-state pharmacy licensed pursuant to KRS 315.0351, having been assigned permit no. FL1685.
- (3) (a) On or about June 21, 2016, Respondent submitted documentation that it had entered into a Consent Order with the Arizona Board of Pharmacy on June 9, 2015; Respondent submitted the corrective action it took as a result of the order. The Consent Order arose from a sterile compounding inspection conducted by the Arizona Board of Pharmacy on or about October 7 and 9, 2014, and the following violations were noted:
 - Compounding technician exited and re-entered the ante room without regarbing; same technician later observed in ante room without gloves or mask.
 - Pharmacist failed to perform or document verification of components or weights prior to completion of finished preparation.
 - Discrepancies in compliance with sterility, endotoxin, and sterile filtration testing results records.

- Standard operating procedures were not observed for: patient counseling, sterilization, depyrogenation, and pharmacist preparation of the first formulation of a complex preparation which is subsequently verified and approved by a pharmacist.
- Random review of prescriptions revealed failure to: maintain proper compounding records or quality assurance verification; document procedures for obtaining testing samples; document filter lot number/expiration date and bubble point testing in the compounding record; document the sampling plan for sterility/endotoxin testing; and follow procedures/protocols for sterility and endotoxin testing sampling.
- Records and documentation discrepancies, SOP compliance, and problems with testing/sampling/shipping procedures.

(b) On or about September 22, 2016, and pursuant to a joint investigation by the FDA and Florida Board of Pharmacy, Respondent, "out of an abundance of caution," issued a voluntary nationwide recall of all compounded sterile preparations between February 22 -- September 14, 2016; 220 of 25,543 patients involved in the voluntary recall were from Kentucky.

(c) Respondent failed to disclose its Arizona discipline within thirty (30) days as required by KRS 315.121(3) and could be subject to suspension or revocation of its Kentucky permit.

(4) The Board and Respondent have agreed to address this matter by entering into this Agreed Order, in lieu of the filing of a formal Complaint.

WHEREFORE, IT IS HEREBY AGREED AND ORDERED THAT:

- (A) Respondent shall be fined \$11,000.00 payable by June 12, 2016. Respondent's check shall be made payable to the Kentucky State Treasurer and sent to the Kentucky Board of Pharmacy, State Office Bldg., Annex, Ste. 300, 125 Holmes St., Frankfort, Kentucky 40601.
- (B) By entering into this Agreed Order, Respondent expressly acknowledges that the

Permit No. 113982

CASE NO: 16-L-0156

any judicial review. Wells 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.

9. By execution of this Consent Order, Wells 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.

10. Wells acknowledges and agrees that it has read this Consent Order and that it fully understand the terms, conditions and contents of the same. Wells 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 17th of May, 2017.

WELLS PHARMACY NETWORK, LLC
PERMIT NO: 113948

BY: Coleman S. Shapiro

ITS: member / Secretary

Carey McRae
Carey McRae, attorney for Wells Pharmacy
Network, LLC

WELLS PHARMACY NETWORK, LLC
PERMIT NO: 113982

BY: Coleman S. Shapiro

ITS: member / Secretary

Before the New Hampshire
Board of Pharmacy
Concord, NH 03301

In the Matter of:

Docket No: 2017-01

Wells Pharmacy, NR0198

(Show Cause Hearing for renewal of NRMO Pharmacy Application)

ORDER OF DENIAL

A show cause hearing commenced on April 19, 2017 to determine whether the Board properly denied the Renewal Application of Wells Pharmacy ("Wells") NR 0198, of Ocala, Florida. For the following reasons, the Board has voted to DENY Wells' application.

Background

Wells filed an application for renewal for a Non-Resident Pharmacy Permit which was accepted for filing on December 13, 2016. On or about February 15th, 2017, the Board issued an Order denying Wells' application but giving Wells the opportunity to request a hearing on the denial and show cause why it should be licensed. The Board's reason for the denial was twofold. First, the Board found that Wells' application packet documented recent disciplinary action taken by at least four different states. On that basis, the Board denied Wells' application pursuant to Ph 905.01(a)(6). Additionally, the Board stated that through Wells' application, the Board first became aware that Wells engages in the process of lyophilization and the process of producing pellets; the Board stated that if Wells wishes to continue doing so it must obtain a manufacturing or 503-B permit from the Board.

On or about March 15th, 2017, Wells requested a hearing on its denial, and on April 19, 2017, the Board held a show cause hearing on Wells' application. Kristopher Fishman, Senior Vice President of Operations, appeared on behalf of Wells.

Mr. Fishman explained that after the remodel, the National Association of Boards of Pharmacy ("NABP") inspected the facilities. Mr. Fishman explained that Wells passed the NABP inspection. Shortly thereafter, NABP called the Texas Board of Pharmacy, and that board lifted the restrictions it had put on Wells' license. Shortly thereafter, the boards in both South Carolina and Arizona lifted the restrictions from Wells' license, as well.

With regard to lyophilization and pellets, Mr. Fishman stated that he is not a pharmacist so is not an expert, but told the Board that Wells uses the lyophilization process in order to keep the correct potency of the drugs. He stated that he understands that lyophilization can be difficult, particularly if a pharmacist does not have the correct equipment. Mr. Fishman stated that Wells will not lyophilize more than 250-500 vials at a time. Mr. Fishman explained that Wells does not produce pellets on site; the pellets are transferred from a 503(b) facility.

In response to Board questioning, Mr. Fishman admitted that once the mold was discovered, Wells failed to re-test frequently enough. Mr. Fishman stated that the individual who was responsible for overseeing quality at Wells is no longer with the company due to the unacceptable response to this incident.

Commissioner Stout stated that the standard operating procedures that Wells had provided in its packet to the Board were satisfactory. However, Commissioner Stout stated that the 2012 USP 797s, Compounding Standards, had wonderful guidance for operating procedures, and he asked why Wells failed to implement those. For instance, Commissioner Stout stated Wells had documented training deficiencies and cleaning deficiencies, and used to allow technicians to verify products for the final visual check. Commissioner Stout thus asked Mr. Fishman why the Board should be confident that Wells would comply with the satisfactory standard operating procedures it provided last week when it did not have sufficient procedures in

but shall not be resold or dispensed. Nonprescription items may be compounded upon order by a practitioner for sale as long as the labeling complies with RSA 318:47-a and the product is not a copy of, or similar to, prescription or nonprescription products. All compounding shall be done in compliance with the United States Pharmacopeia as defined by board of pharmacy rules.

II. The compound drug product shall bear the label of the pharmacy responsible for compounding and dispensing the product directly to the patient for administration, and the prescription shall be filed at that pharmacy. Compounded prescription labels shall include the phrase "compounded per subscriber request" or a similar statement on the prescription label or through the use of an auxiliary label attached to the prescription container.

III. A pharmacist shall offer a compounded drug product to a practitioner for administration to an individual patient, in limited quantities. The compounded drug products are for practitioner administration only and shall not be re-dispensed. The pharmacist shall maintain records to indicate what compounded drug products were provided to the medical office or practice. Compounding pharmacies may advertise or otherwise promote the fact that they provide prescription compounding services, in accordance with state law and rules of the board, as well as applicable federal laws.

IV. Where a commercial drug shortage exists because a manufacturer is the only entity currently manufacturing a drug product of a specific strength, dosage form, or route of administration for sale in the United States, and the manufacturer cannot supply the drug product to the public or to practitioners for use, a pharmacist may compound a limited quantity using the active pharmaceutical ingredient and sell to a patient with a valid prescription from a valid prescriber. When the compounded drug product is sold to a medical office or practice it is for the practitioner to administer to patients, and shall not be for resale.

V. The board shall adopt rules under RSA 541-A concerning the regulation of compounding.

VI. Labeling requirements pursuant to paragraph II shall not apply when medication is dispensed to institutionalized patients as provided under RSA 318:47-b.

Ph 905.01 Effect of Revocation and Denial.

(a) The board shall refuse to issue a registration or shall revoke a registration whenever the board determines that a mail-order pharmacy, its pharmacist-in-charge, owner(s) or corporate officer(s) has, after notice and opportunity for a hearing, except pursuant to (c) below, committed an act such as but not limited to:

(4) Failed to comply with RSA 318:37, II, the provisions of Ph 900, or both;

(6) Been found guilty of any violation of federal, state or local drug law or have entered into any agreement to resolve violations of such.

(c) Notwithstanding the above the board shall issue a registration or not revoke if:

- (1) No harm resulted from the actions of the applicant or registrant;
- (2) There was no intent to violate any provisions of RSA 318;
- (3) Corrective action has been taken by the registrant;
- (4) Remunerations have been made to the affected party(s); and
- (5) The board determines the action is unlikely to occur again.

Mr. Fishman's testimony, then, the Board determines that the mitigating factor in Ph 905.01(c)(1) has been met.

The Board questions whether, under Ph 905.01(c)(2), there was no intent to violate any provisions of RSA 318. The Board does find that Wells did not intend to violate RSA 318 with its past contamination problems, as the Board is satisfied that the airborne mold was caused by a leaky pipe that remained undiscovered. However, as the Board noted at the hearing, Wells' practice of distributing directly to veterinary practices is not in compliance with RSA 318:14-a, III and Ph 404.02. The Board understands from Mr. Fishman's testimony that Wells was unaware of this regulation in New Hampshire, but the Board notes that it is the responsibility all licensees and registrants to comply with the relevant laws.

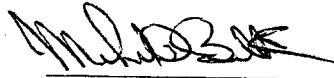
The Board next finds that under Ph 905.01(c)(3), Wells has taken corrective action. Mr. Fishman testified that Wells has since demolished the contaminated compounding room, fixed the leak, and rebuilt the room to 800 standards. In addition, Wells recalled all the affected products and it now does daily testing for viables. The Board does note that Wells did not test frequently enough after first discovering the contamination. Mr. Fishman, however, admitted this and stated the individual responsible for overseeing quality during that time was no longer with the company due to the unacceptable response to this incident.

The Board finds that under Ph 905.01(c)(4), Wells made remunerations to the affected parties. As stated above, Wells recalled all affected products and no adverse effects were reported.

The Board finds, however, that under Ph 905.01(c)(5), it does not have confidence yet that the action is unlikely to occur again. The Board is concerned that Wells in the past failed to follow the guidance of the 2012 USP 797 Compounding Standards. The Board specifically notes

BY ORDER OF THE BOARD_*/

Dated: July 18th, 2017



Michael D. Bullek, BSP, R.Ph.
Authorized Representative of the
New Hampshire Board of Pharmacy

_*/ Board Member recused

1 THOMAS C. HORNE
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(Firm State Bar No. 14000)

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7
8 Attorneys for the Arizona State Board of Pharmacy

9
10 **BEFORE THE ARIZONA STATE BOARD OF PHARMACY**

11
12 In the Matter of

13 Wells Pharmacy Network,
14

15 Holder of Pharmacy Permit No. Y005709
16 in the State of Arizona.

Board Case No. 14-0019-PHR

**CONSENT AGREEMENT FOR
PROBATION, CIVIL PENALTY,
COSTS AND INSPECTION**

17
18 In the interest of a prompt and judicious settlement of this case, consistent with the
19 public interest, statutory requirements and the responsibilities of the Arizona State Board
20 of Pharmacy ("Board") under A.R.S. § 32-1901, *et. seq.*, Wells Pharmacy Network,
21 holder of Pharmacy Permit Number Y005709 in the State of Arizona ("Respondent"),
22 and the Board enter into the following Recitals, Findings of Fact, Conclusions of Law
23 and Order ("Consent Agreement") as a final disposition of this matter.
24
25
26

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

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

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

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

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

25 13. Respondent agrees that the Board will adopt the following Findings of Fact.
26 Conclusions of Law and Order.

1 October 10, 2014 requested additional documents which were provided by Respondent
2 on October 15, 2014.

3 5. At the October 7 and 8, 2014 inspection Board compliance officers
4 observed a technician working at Respondent's facility exiting and re-entering the ante
5 room without re-garbing and later observed the same technician working in the ante room
6 without gloves or a mask both activities were not in compliance with Respondent's
7 standard operating procedures.
8

9 6. At the October 7 and 8, 2014 inspection Board compliance officers noted
10 that the pharmacist in the general compounding area was not performing or documenting
11 a verification of the components or weights prior to the completion of the finished
12 product.
13

14 7. At the October 7 and 8, 2014 inspection Board compliance officers
15 conducted a random sampling of the compounding records regarding the "Beyond Use
16 Date" (BUD) for several lots of Trimix injectable.
17

18 8. At the October 7 and 8, 2014 inspection Board compliance officers
19 observed discrepancies in Respondent's compliance with sterility, endotoxin and sterile
20 filtration testing results records.

21 9. At the October 7 and 8, 2014 inspection Board compliance officers
22 observed that Respondent's employees were not following Respondent's standard
23 operating procedures regarding patient counseling of compounded preparations,
24 sterilization and depyrogenation and pharmacist preparation of the first formulation of a
25

26

3. The conduct and circumstances described above constitute unethical conduct pursuant in violation of A.R.S. § 32-1901.01(A) (5) (Violating a federal or state law or administrative rule relating to the manufacture, sale or distribution of drugs, devices, poisons, hazardous substances or precursor chemicals).

4. The conduct and circumstances described above constitute unethical conduct pursuant to A.R.S. § 32-1901.01 (A) (5) by violating A.A.C. R4-23-402 (I), R4-23-410 (I) (2) (a) and (b), A.A.C. R4-23-410 (I) (5), A.A.C. R4-23-410 (J) (I) (d) and A.A.C. R4-23-670 (C) (1).

ORDER

Based upon the above Findings of Fact and Conclusions of Law, the Board issues the following Order:

1. Respondent's permit no. Y005709 is placed on probation for a period of one (1) year.

2. Respondent shall pay a civil penalty of \$9,000.00 within 90 days of the effective date of this Order.

3. Respondent shall pay for the costs of the inspection conducted by Board compliance officers in October 2014 in the amount of \$2,345.37 within 90 day of the effective date of this Order.

4. Respondent shall to submit to and pass one (1) unannounced random inspection by Board compliance officers within one (1) year of the effective date of this Order and shall pay for the costs of this inspection in an amount not to exceed \$3,000.00. Respondent shall pay for the costs of this inspection within 90 days of receiving written notification from Board staff of the incurred costs.

5. If Respondent pays the civil penalty in paragraph 2 of this Order, pays the costs of the October 2014 inspection in paragraph 3 of this Order, submits to and passes the unannounced random inspection in paragraph 4 of this Order and pays the costs of the

1 COPY OF THE FOREGOING MAILED
2 this *09* day of *June*, ~~2014~~ to:
2015

3 Montgomery Lee
4 Assistant Attorney General
5 1275 W. Washington Street, CIV/LES
Phoenix, Arizona 85007
Attorney for the State of Arizona

6 Doc #4200554
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Hal Wand, RPh MBA
Executive Director
Arizona State Board of Pharmacy
January 26, 2015
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were no findings of "Substantially Non-Compliant"). A copy of the NABP inspection report and cover letter are enclosed as Exhibit A. Wells has made a few adjustments in response to the NABP findings, which are explained in Wells' January 14, 2015 response to the NABP. Wells' response is enclosed as Exhibit B.

Wells understands that it is easy to say it is committed to compliance, but hard to prove it. For that reason, we hope the Board will note that the few items of concern identified by the NABP inspection were unrelated to the items identified by the Board's Compliance Officers. Wells believes this is due to the compliance efforts Wells was implementing prior to and at the time of the Board's inspection and that Wells has implemented as a result of the Board's inspection. Wells understands that compliance is a journey, not a destination, and it will continue to review and improve its operations to ensure and maintain compliance.

The following responds to the "potential concerns/violations" in the Compliance Officers' October 15, 2014 report and the Board's proposed Consent Agreements.

I. "Breach of sterile garbing SOP by technician in ante room."

The Compliance Officers observed a technician exiting and re-entering the ante room without re-garbing and later observed the same technician working in the ante room without gloves or a mask.

As the Compliance Officers' noted, the technician's conduct violated Wells' standard operating procedure (SOP). Wells counseled the technician regarding the violations and the SOP on the same day the violations occurred and cautioned her that future violations could result in termination. Wells also retrained all sterile personnel regarding the SOP, which requires a sterile gown change before going into the clean room and working on preparations. No further violations have been noted. Enclosed as Exhibit C are Wells' training records for the technician at issue and other sterile personnel.

II. "SOPs - may not be indicative of current practices", "Provision of patient written information not consistent" and "Position of Quality Manager currently filled by a technician when pharmacist required by SOP."

The Compliance Officers observed that Wells' employees were not following Wells' SOPs regarding patient counseling of compounded preparations, sterilization and depyrogenation and pharmacist preparation of the first formulation of complex preparations, which is then verified and approved by the Quality Manager who was supposed to be a pharmacist.

Wells has permits in multiple states and, therefore, its operations must comply with multiple states' regulations. Compliance with these regulations requires continuous review and updating of Wells' current procedures and SOPs. In addition, at the time of the inspection, Wells

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document verification of the components or weights before the finished product is completed -- the pharmacist may assume responsibility for these items, which is what is assumed by Wells' pharmacists performing the final check.

However, in an effort to ensure compliance with the Board's interpretation, Wells has increased pharmacist activity in the non-sterile compounding area. For example, Wells has reduced some of the lab pharmacists' duties and increased their time monitoring and mentoring technicians. The pharmacists also have taken a more active role in compounding, to get hands on experience with manipulating the powders. We would appreciate the Board's clarification of its interpretation and confirmation that Wells' current practices are compliant.

IV. "Multiple inconsistencies in documentation practices of [Logged Formula Worksheets] and [Formula Worksheets] including:" Beyond Use Date, sterile filtration, sterility sampling, and quality assurance verification.

The Compliance Officers reviewed ten (10) random prescriptions/orders from the Arizona report which revealed that Wells failed to maintain proper compounding records of quality assurance verification, documentation of procedures for obtaining samples for testing, documentation of filter lot number/expiration date and bubble point testing in the compounding record, documentation of the sampling plan for sterility/endotoxin testing and failure to follow proper procedures/protocols for sterility and endotoxin testing sampling. On or about October 15, 2014, the Compliance Officers reviewed additional documents and identified additional discrepancies regarding the records, documentation, compliance with SOPs, testing procedures, sampling procedures and shipping procedures involving additional prescriptions/orders from the Arizona report.

While it is certainly no excuse, Wells recognized inconsistencies in and the need to improve its documentation practices and, in fact, it had reorganized its quality unit prior to the inspection. Unfortunately, the majority of issues noted by the Compliance Officers were in documents that were created prior to the reorganization.

Wells has consistently practiced Continuous Quality Improvement (CQI) and it continues to make strides to be USP <797> compliant.² At the heart of CQI is serial experimentation applied to everyday practices. For example, Wells retrains the applicable staff in the event of a breach of aseptic technique and it continually reviews and refines its processes, including documentation, gowns, storage, mixture and so forth. In addition, Wells is in the process of implementing many cGMP best practices on top of USP standards. For example, Wells' compounding staff wears sterile gowns, booties and face masks, Wells analyzes the efficacy of its cleaning agents and make changes to exceed required standards and Wells utilizes equipment validation studies.

² Enclosed as Exhibit F is Wells' recently updated SOP 9.161 regarding its CQI program.

Hal Wand, RPh MBA
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Wells' pharmacists have decades of experience and they determined that, with respect to the Trimix injectables reviewed by the Compliance Officers, it was appropriate to have a BUD that was later than certain components of the injectables. However, since the Compliance Officers' inspection, Wells has updated and reduced the BUD for Trimix injectables.

Presently, Wells mixes its stock solutions, tests their sterility and assigns the following BUD:

<u>Chemical</u>	<u>BUD</u>	<u>Condition</u>	<u>Documentation</u>
Papaverine	90	Refrigerated	PCCA/Eagle BUD study ¹
Phentolamine	90	Refrigerated	PCCA/Eagle BUD study
Alprostadil	60	Refrigerated	PCCA/Eagle BUD study

After the solutions are mixed together, Wells' assigns a BUD based on the earlier of the product's storage method (i.e., 14-day BUD if refrigerated and 45-day BUD if frozen) or the earliest expiration date of any component. We believe this updated process for determining BUDs is consistent with both A.A.C. R-4-23-410(B)(3)(d) and USP <797> and the Compliance Officers' interpretation. However, if the Board believes additional revision is necessary, we respectfully request that the Board clarify how Wells should determine the BUD, so as to ensure future compliance.

VII. Clarification of Consent Agreement Terms.

With respect to the Board's proposed Consent Agreement requiring probation, Paragraph 6 on page 2 states that the Consent Agreement "does not constitute a dismissal or resolution of any other matters currently pending before the Board, if any." Wells is not aware of any other pending matters before the Board. However, since the Consent Agreement "may be considered in any future disciplinary action by the Board", we would appreciate it if the Board would clarify whether any other matters are currently pending.

In addition, Paragraph 4 on page 7 of the Consent Agreement states that Wells must "pass one (1) unannounced random inspection by Board compliance officers...." However, the Consent Agreement does not clarify what constitutes a "pass[ing]" inspection. For example, are no deficiencies required to pass? What if there are minor deficiencies? If so, what would constitute a "minor" deficiency and how many would be permitted? Obviously Wells intends to be in complete compliance; however, considering the size and complexity of Wells' pharmacy and human error, and the potential consequences of not passing an inspection (see next

¹ Enclosed as Exhibit 11 are the results of the PCCA/Eagle study



Arizona State Board of Pharmacy

To : Hal Wand, Executive Director, ASBP
Cheryl Frush, Deputy Director, ASBP

Date: 10/15/2014

From: Sandra Sutcliffe, CO ASBP
Dennis Waggoner, CO ASBP

Subject: Wells Pharmacy Network

As directed by the Board, CO Sandra Sutcliffe and CO Dennis Waggoner visited Wells Pharmacy Network (Y005709) located at 1210 SW 33rd Avenue, Ocala, FL 34474 on October 7-8, 2014 to conduct an inspection and provide feedback related to the observations noted on FDA Form 483 issued 3-7-2014. The Notice of Inspection Rights was reviewed with Kris Fishman, Vice President of Pharmacy Operations, and Rita Weiss, RPh, Esq, Pharmacy Manager (as of 8-1-2014).

The purpose of the visit was discussed with Mr. Fishman and Ms. Weiss as well as Travis Wood, CPhT, Quality Manager. Ms. Sutcliffe stated that the inspection was to determine compliance with Arizona regulations as well as to discuss the observations of the FDA Form 483. Wells Pharmacy Network (WPN) is primarily a compounding pharmacy (>95%) providing both patient-specific prescriptions and office-use compounded products to practitioners. Sterile and non-sterile low, medium and high risk compounds are produced. Weekly volume was provided as 3200 orders with 240 pharmacist hours utilized. Both Arizona and DEA licenses were produced and are current. A roster of pharmacists and technicians was provided including Florida license number and expiration date. WPN is licensed in all states where non-resident licensure is required. A copy of the most recent Florida inspection report was provided with no observations noted.

- WPN stated that they would be requesting an NABP inspection within the next few weeks as Texas is requiring a report prior to renewing that license. WPN will provide a copy of the NABP report to Arizona when completed.

The following records were requested initially:

- A report of all prescriptions/orders sent to Arizona for the past 12 months
- Training records for technicians
- Media fill and environmental testing results for the past 12 months
- Clean room and hood certifications
- SOP index
- Equipment calibration/maintenance records
- Cleaning documentation

A tour of the facility was requested. Receipt of prescriptions/orders are processed in a cubicle environment with both technicians and pharmacists present. The pharmacy area consists of several small suites for non-sterile compounding segregated primarily by dosage form, a storage room where components are stored, an ante room leading to a positive pressure clean room for sterile compounding, a pharmacist final-check room, a second ante room leading to a negative pressure clean room and a large central area where staging and quality assurance testing is conducted. Refrigerators are electronically monitored with alarms and emails for excursions. During the tour, Anthony Campbell, PharmD, was

- WPN explained that when the above orders were dispensed, the BUD was revised to 14 days. This is not documented in the compounding record.

Each of the above items were compounded from the following compounded bulk ingredients:

Lot 08142014@17 Papaverine HCl 40mg/mL (BUD 2/10/15)

Lot 08142014@19 Phentolamine 20mg/mL (BUD 2/10/15)

Lot 08142014@20 Alprostadil (M) 500mcg/mL (BUD 2/10/15)

- Inconsistencies were observed regarding BUD dating by edits in the Log instructions and notes area.

Sterility and endotoxin testing results were provided. Most sterility testing is performed inhouse utilizing ScanRDI technology. Testing and control protocols were provided as well as an article comparing ScanRDI reliability to USP<71>.

- A review of the article describes a favorable comparison of results; however, the article states that the sampling plan of USP<71> regarding number of containers and total volume tested should be followed. WPN pulled 2 X 5mL samples from each of the above bulks, regardless of the number of containers/volume compounded. While this is current practice at WPN, this is not in compliance with USP<71> requirements.
- Additionally, WPN explained that sampling/testing is not formalized in WPN SOPs but was in development. However, a review of SOP 9.120-STERILE COMPOUNDING FINISHED PREPARATION TESTING found reference to USP<71> requirements to be followed in section 9.1.4.
- An article was provided to justify the 180 day BUD for the bulk compounds. A review of the article stated that a 6-month BUD was appropriate for a Trimix compound when frozen, but 1 month when refrigerated. There was no indication of a BUD recommendation for the individual components prior to compounding as Trimix. Also, the compounding records are unclear as to storage of the bulk prior to use in a final compound.

Lot 09022014@53 Hyaluronidase - Preservative Free 150 U/mL Injectable

Logged Formula Worksheet (LFW) not documented by a pharmacist, but a Formula Worksheet (FW) stapled to LFW was initialed by a pharmacist; however, WPN explained that the LFW is the compounding record.

- Sterile filtration indicated in the procedure, but no documentation of filter testing results.

Lot 09022014@35 Bevacizumab Test -(0.05mL Syringe, 31G, 5/16") 25mg/mL Injectable

The LFW has "20 labels" written over the record. WPN explained that 20 previously prepared syringes were placed in individual sleeves per prescriber request.

- A new lot number was assigned to this order. The record is confusing in that it reads as if the syringes were prepared and packaged, not just packaged. The BUD is manually struck through and edited with the BUD of the previously prepared syringes. An article was provided to justify the 90 day BUD.

- Rx [REDACTED] (office use)-compounding record indicates that 2 vials were tested for sterility and endotoxins from a batch size of 50 vials.

For office use orders, current license numbers/expiration dates of practitioners are maintained electronically.

Review of FDA Form 483 observations dated 3-7-2014:

Observation 1-media fill testing results/SOPs were reviewed.

Observation 2-most recent clean room/hood certifications were conducted under operational conditions by new vendor.

Observation 3-SOPs/results were reviewed for routine air/surface and fingertip testing.

Observation 4-agents for disinfection/cleaning in SOP were present on USP<797> list.

Observation 5-Avastin syringes are tested for endotoxins and sterility (via Scan RDI); however, sampling plan is not compliant with USP<71> requirements.

Observation 6-current BUD meets requirements of R4-23-410(B)(3)(d).

Observation 7-sterile gowns not required for USP<797> compliance; however, observed breach of ante room protocol was described above.

Observation 8-ScanRDI qualification was presented to FDA by WPN during exit interview.

Observation 9- not required in Arizona for pharmacy permittees.

Observation 10- not required in Arizona for pharmacy permittees.

Observation 11-calibration/maintenance of gauges performed by new environmental certification vendor.

Additional observations:

Distribution of Avastin was discussed in relation to compounding versus repackaging.

A copy of a prescription label was provided and found to be in substantial compliance with Arizona requirements.

Additional records were requested on October 10, 2014 and received on October 15, 2014:

Of note:

Rx [REDACTED] compounding record indicates a kit lot number of 01062014@15 with BUD 6-30-2014. The kit includes Chorionic Gonadotropin + B12, Lyophilized 10,000 Unit vial lot 12202013@2 with BUD 6-30-2014. The compounding record for lot 12202013@2 includes the following components:

Cyanobobalamin (Vit B12)-Dextrose Lot 10142013@66, BUD 4-12-2014.

Sodium Phosphate, Monobasic, USP Anhydrous Lot C152858, expiration date 5-1-2014

Sodium Phosphate Dried Dibasic Powder Lot WWC150510, expiration date 5-30-2014

- As indicated, these three components have BUD/expiration dates that occur prior to the BUD stated for the compounded item as well as the kit. Also, the amount of B12 is not stated in the drug name of the compound record. It is unknown if the amount included on the final container label. Sterility testing results do not include the number of samples tested.

Documents received/reviewed:

SOP Index

Pharmacist/Technician roster

Florida Community Pharmacy Inspection report

Florida Standards of Practice for Compounding Sterile Preparations (CSPs) report

Arizona prescriptions/orders report (sorted by date)

Arizona prescriptions/orders report (sorted by name)

Filling/compounding records for:

Rx [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED]

Compounding records for:

Lot 09022014@1, 09022014@2, 08142014@17, 08142014@20, 08142014@19

Article: Long-Term Stability of Trimix: A Three-Drug Injection Used to Treat Erectile Dysfunction

Compounding record for:

Lot 09022014@35

Article: Six-month Stability of Bevacizumab (Avastin) Binding to Vascular Endothelial Growth Factor after Withdrawal into a Syringe and Refrigeration or Freezing

Lab report for Lot 08252014@48

Reprint of office-use label

Use log for Flumethasone Pivalate Powder

Compounding record for:

Lot 09022014@53, 09022014@54

ScanRDI documentation:

Scan Bio II protocol using FIFU, Daily Control (FIFU/CB04)

Article: The ScanRDI Sterility Test Protocol as an Effective and Reliable Test for Sterile Compounded Preparations

Certificates of Compliance from Medrep Technologies for clean room and chemo room

Practitioner license verification screenprint

SOPs:

1.010, 1.030, 2.020, 2.030, 2.040, 3.010, 3.020, 3.030, 3.040, 3.050, 4.030, 4.070, 4.090, 4.110, 4.130, 4.200,
4.210, 5.010, 5.011, 5.040, 5.050, 5.070, 6.010, 6.020, 8.010, 9.010, 9.020, 9.040, 9.050, 9.060, 9.080, 9.090,
9.100, 9.110, 9.120, 9.140, 9.150, 9.161

Filling/compounding records for:

Rx [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED]

Copy of letter from WPN dated October 14, 2014

Steven L. Simas
Justin D. Hein
Lindsay H. Yoshitomi
Daniel J. Tatick



TELEPHONE
916.789.9800

FACSIMILE
916.789.9801

SACRAMENTO
SAN DIEGO
SAN LUIS OBISPO
SANTA ROSA

May 26, 2017

Re: *In the Matter of the Accusation Against Wells Pharmacy
Network, LLC*
Case No.: 5887; OAH Case No.: 2017011087

To Whom It May Concern:

Our office represented Wells Pharmacy Network ("WPN") in the above-referenced matter against the California Board of Pharmacy ("Board"), which has since been resolved. Because WPN has active licenses in several other states, we wanted to explain the Accusation, the resolution reached, WPN's reasoning for agreeing to settle, the steps taken by WPN to remedy the situation, and the changing regulations. Each is discussed in further detail below.

Accusation

On March 4, 2016, WPN's Tennessee facility was inspected by a Board inspector. The inspector determined WPN was using the improper cleanroom environment when compounding non-sterile to sterile drugs. WPN utilized an ISO 7 cleanroom when California Business and Professions Code § 4127.7 (at the time) required an ISO 5 cleanroom. Additionally, the Board inspector determined the sterile injectable drug products WPN was manufacturing were not adequately subjected to documented end product testing for sterility and pyrogens pursuant to Title 16 of California Code of Regulations § 1751.7.

After this inspection visit, on March 11, 2016, WPN immediately resolved all issues addressed in the report and reported same to the Board.

In spite of WPN's immediate efforts to comply with this unique California provision and the report of the Board inspector, on October 14, 2016, the Board still issued an Accusation regarding these former violations. The Accusation alleged two (2) causes for discipline. WPN timely filed its Notice of Defense denying the charges in the Accusation and requesting a

North Pointe Business Centre
3835 North Freeway Blvd., Ste. 228, Sacramento, CA 95834

www.simasgovlaw.com

Nutek Corporation ("Nutek") and Steri-Tek, both California companies. Nutek/Steri-Tek use E-Beam sterilization which is approved by the Food and Drug Administration ("FDA"). Prior to the inspection, WPN utilized Eagle Laboratories and Dynalabs, both of which tested potency/purity and Endotoxins.

These facilities and their equipment met the stringent American National Standard ISO 11137 requirements for sterilization of health care products. Sterilization utilizing E-Beam technology at an FDA approved facility eliminated the need for the usual sterility, Endotoxin, and pyrogen testing. This form of terminal sterilization eliminates the requirement for employee media fill validation. Moreover, WPN demonstrated its dedication to the highest standards of continued education and training for its manufacturing employees by ensuring its employees completed requisite on-line courses in its on-line database. The database ensured prompt and timely completion of each required course and immediately records the date of each completed training and the recurring deadline for taking each course. Lastly, WPN revamped its Simplifi 797: Task Scheduler to ensure all cleaning steps and activities were listed and logged. As you can see, WPN took the necessary steps to address the Board's concerns.

Changes in Regulations

We also believe that significant changes in California law have contributed to the Board's willingness to settle our client's case. California regulations are some of the strictest in the country. WPN had been operating its Tennessee facility in compliance with FDA regulations which mirrored the requirements of other jurisdictions. Unfortunately, California had changed the requirements in 2005 and no longer allowed for an ISO 7 cleanroom when compounding non-sterile to sterile drugs. This change required an ISO 5 cleanroom which created confusion and issues across the state.

Because of this confusion, the California Legislature has introduced a bill in January 2017, to change this law back to the prior version eliminating the need for an ISO 5 cleanroom. Senate Bill 510 addresses this change which was passed unanimously by the Senate on March 27, 2017, with the Board's support.¹ SB 510 is currently awaiting a vote in the California State Assembly which is expected to occur sometime in June, and is, likewise, expected to pass. The Board continues to support SB 510.

¹ https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201720180SB510

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

In the Matter of the Accusation Against:

**WELLS PHARMACY NETWORK LLC
450 US Hwy 51, Bypass N
Dyersburg, TN 38024**

**Non-Resident Pharmacy Permit No. NRP 1325
Non-Resident Sterile Compounding Permit No.
NSC 99824**

Respondent.

Case No. 5887
OAH No. 2017011087

**STIPULATED SETTLEMENT
AND DISCIPLINARY ORDER
FOR PUBLIC REPROVAL**

DECISION AND ORDER

The attached Stipulated Settlement and Disciplinary Order is hereby adopted by the Board of Pharmacy, Department of Consumer Affairs, as its Decision in this matter.

This Decision shall become effective at 5:00 p.m. on July 26, 2017.

It is so ORDERED on June 26, 2017.

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA



By

Amy Gutierrez, Pharm.D.
Board President

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14. This Stipulated Settlement and Disciplinary Order for Public Reprimand is intended by the parties to be an integrated writing representing the complete, final, and exclusive embodiment of their agreement. It supersedes any and all prior or contemporaneous agreements, understandings, discussions, negotiations, and commitments (written or oral). This Stipulated Settlement and Disciplinary Order for Public Reprimand may not be altered, amended, modified, supplemented, or otherwise changed except by a writing executed by an authorized representative of each of the parties.

15. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that both Non-Resident Pharmacy Permit No. NRP 1325 and Non-Resident Sterile Compounding Permit No. NSC 99824 issued to Respondent Wells Pharmacy Network LLC shall be publicly reprovved by the Board of Pharmacy under Business and Professions Code section 495 in resolution of Accusation No. 5887, attached as exhibit A.

Cost Recovery. Respondent shall pay \$6,155.25 to the Board for its costs associated with the investigation and enforcement of this matter. Respondent shall be permitted to pay these costs in a payment plan approved by the Board. If Respondent fails to pay the Board costs as ordered, Respondent shall not be allowed to renew its Non-Resident Pharmacy Permit or its Non-Resident Sterile Compounding Permit until Respondent pays costs in full.

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ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order for Public Reapproval is hereby respectfully submitted for consideration by the Board of Pharmacy of the Department of Consumer Affairs.

Dated: 5/23/2017

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
KENT D. HARRIS
Supervising Deputy Attorney General



DAVID E. BRICE
Deputy Attorney General
Attorneys for Complainant

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12687933.docx

1 KAMALA D. HARRIS
Attorney General of California
2 KENT D. HARRIS
Supervising Deputy Attorney General
3 DAVID E. BRICE
Deputy Attorney General
4 State Bar No. 269443
1300 I Street, Suite 125
5 P.O. Box 944255
Sacramento, CA 94244-2550
6 Telephone: (916) 324-8010
Facsimile: (916) 327-8643
7 E-mail: David.Brice@doj.ca.gov
Attorneys for Complainant

8
9 **BEFORE THE**
BOARD OF PHARMACY
10 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

11 In the Matter of the Accusation Against:

Case No. 5887

12 **WELLS PHARMACY NETWORK LLC**
13 **450 US Hwy 51 Bypass N**
14 **Dyersburg, TN 38024**

ACCUSATION

15 **Non-Resident Pharmacy Permit No. NRP**
1325
16 **Non-Resident Pharmacy Permit No. NSC**
99824

17 Respondent.

18
19 Complainant alleges:

20 **PARTIES**

21 1. Virginia Herold (Complainant) brings this Accusation solely in her official capacity as
22 the Executive Officer of the Board of Pharmacy, Department of Consumer Affairs.

23 2. On or about May 28, 2013, the Board of Pharmacy issued Original Non-Resident
24 Pharmacy Permit Number NRP 1325 to Wells Pharmacy Network LLC (Respondent). The Non-
25 Resident Pharmacy Permit was in full force and effect at all times relevant to the charges brought
26 herein and will expire on May 1, 2017, unless renewed.

27 3. On or about July 1, 2013, the Board of Pharmacy issued Original Non-Resident
28 Pharmacy Permit Number NSC 99824 to Respondent to compound injectable sterile drug

1 REGULATIONS

2 8. Section 1751 of title 16 of the California Code of Regulations (16 CCR 1751) states,
3 in pertinent part: "(c) Any pharmacy compounding a sterile injectable product from one or more
4 non-sterile ingredients shall comply with Business and Professions Code section 4127.7."

5 9. 16 CCR 1751.7 states, in pertinent part:

6 (c) Batch-produced sterile injectable drug products compounded from one or more
7 non-sterile ingredients shall be subject to documented end product testing for sterility and
8 pyrogens and shall be quarantined until the end product testing confirms sterility and
9 acceptable levels of pyrogens.

10 COST RECOVERY

11 10. Section 125.3 of the Code states, in pertinent part, that the Board may request the
12 administrative law judge to direct a licentiate found to have committed a violation or violations of
13 the licensing act to pay a sum not to exceed the reasonable costs of the investigation and
14 enforcement of the case.

15 FIRST CAUSE FOR DISCIPLINE

16 (Compounding Sterile from Non-Sterile Drugs in Improper Environment)

17 11. Respondent is subject to disciplinary action under Code section 4127.7 and 16 CCR
18 1751(c), by and through Code section 4301(o), in that Respondent compounded sterile injectable
19 drugs from non-sterile ingredients in an improper environment. The circumstances are as follows:

20 12. On or about March 4, 2016, during an inspection of Respondent's premises, a Board
21 inspector found that Respondent compounded non-sterile to sterile drugs in a clean room that was
22 certified only as an ISO 7 environment, instead of the required ISO 5 environment.¹

23 SECOND CAUSE FOR DISCIPLINE

24 (Failure to Document Quality Assurance)

25 13. Respondent is subject to disciplinary action under 16 CCR 1751.7(c), by and through
26 Code section 4301(o), in that Respondent failed to document end product testing for sterility and
27 ///

28 ¹ Clean rooms are classified by the International Organization for Standardization (ISO)
according to the size of particles permitted in the air, from ISO 1 (smallest) to ISO 9 (largest).

DARIA A. LOY-GOTO 6175
JOHN T. HASSLER 5311
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: 586-2660

DEPT. OF COMMERCE
AND CONSUMER AFFAIRS

2017 JUN 16 P 12:41

HEARINGS OFFICE

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LICENSING DIVISION

2017 MAY 16 A 9:49

DEPT OF COMMERCE
& CONSUMER AFFAIRS
STATE OF HAWAII

Attorneys for Department of Commerce
and Consumer Affairs

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Miscellaneous Permit of) PHA 2016-30-L
)
WELLS PHARMACY NETWORK, LLC,)
)
Respondent.) SETTLEMENT AGREEMENT PRIOR TO
) FILING OF PETITION FOR DISCIPLINARY
) ACTION AND BOARD'S FINAL ORDER;
) EXHIBITS "1" THROUGH "3"
)

241042211

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS, REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorney(s), and Respondent WELLS PHARMACY NETWORK, LLC (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS:

1. At all relevant times herein, Respondent was the holder of miscellaneous permit number PMP 797, issued by the Board of Pharmacy (hereinafter the "Board"). The miscellaneous permit was issued on or about August 2, 2012. The miscellaneous permit will expire or forfeit on or about December 31, 2017.

2. Respondent's mailing address for purposes of this action is 1210 S.W. 33rd Avenue, Ocala, Florida 34474.

3. RICO received a request for investigation from the Board after Respondent reported disciplinary actions taken by the states of Maine and Arizona on a December 14, 2015 renewal application. Respondent later reported disciplinary action by the State of Florida.

I HEREBY CERTIFY THAT THE ATTACHED
IS A TRUE AND CORRECT COPY OF THE
ORIGINAL ON FILE IN THE DEPARTMENT
OF COMMERCE & CONSUMER AFFAIRS.

Jai H

4. Respondent being at all times relevant herein the holder of a miscellaneous permit acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the permit and administrative fines, if the foregoing allegations are proven at hearing.
5. Respondent represents Exhibit "1" is a true and correct copy of the Maine Agreement.
6. Respondent represents Exhibit "2" is a true and correct copy of the Florida Agreement.
7. Respondent represents Exhibit "3" is a true and correct copy of the Arizona Agreement.
8. Respondent understands that any false or untrue statement or any material misrepresentation or omission of fact by Respondent in this settlement agreement may be grounds for further disciplinary action under HRS chapters 436B and 461.
9. Respondent further understands that RICO enters into this settlement agreement, and agrees to the specific terms contained in this settlement agreement, based upon Respondent's representations made herein.
10. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's miscellaneous permit. Respondent states it does not compound drugs in the State of Hawaii.
11. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.
12. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2016-30-L.
13. Respondent understands that this Settlement Agreement may be subject to reporting requirements.
14. Respondent understands this Settlement Agreement is public record pursuant to Hawaii Revised Statutes chapter 92F.

C. TERMS OF SETTLEMENT:

1. Administrative costs. Respondent agrees to pay costs in the amount of TEN THOUSAND AND NO/100 DOLLARS (\$10,000.00). Payment shall be made by **cashier's check or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn.: John T. Hassler, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment shall be due at the time this Settlement Agreement is returned to RICO.

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below.

DATED: Winter Park, Florida, April 26, 2017.
(City) (State) (Date)

WELLS PHARMACY NETWORK, LLC
Respondent

By: Colleen L. Shapiro (Signature)
Colleen Stacy Shapiro (print name)
Its member/Secretary

DATED: Honolulu, Hawaii, MAY 16 2017.

John T. Hassler

DARIA A. LOY-GOTO
JOHN T. HASSLER

Attorneys for Department of Commerce
and Consumer Affairs

IN THE MATTER OF THE MISCELLANEOUS PERMIT OF WELLS PHARMACY
NETWORK, LLC; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR
DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" THROUGH "3";
RICO CASE NO. PHA 2016-30-L

STATE OF Florida)
) SS.
COUNTY OF Seminole)

On this 26th day of April, 2017, before me personally appeared
Colleen Stacy Shapiro, to me known to be the person described, and who executed the
foregoing instrument on behalf of WELLS PHARMACY NETWORK, LLC as its
member/Secretary, and acknowledged that he/she executed the same as his/her
free act and deed.

This 7-page SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER document dated
April 26, 2017 was acknowledged before me by
[Date Document Signed by Respondent]

Colleen Stacy Shapiro this 26 day of April, 2017,
[Name of Person Signing Document]

in the City of Winter Park, in the County of Seminole, in the State of
Florida. Colleen S Shapiro



Nancy Lyn Velasquez
NOTARY PUBLIC
STATE OF FLORIDA
Comm# FF978178
Expires 7/5/2020

[Signature]
Name: Nancy Lyn Velasquez
Notary Public, State of Florida

My Commission expires: 7/5/20

4. Title 32 M.R.S. § 13753(1)(C) requires that change of a Pharmacist in Charge requires notice to the Board no later than seven (7) days after the change. In addition, upon a change in Pharmacist in Charge, a mail order pharmacy shall file a new application with the Board no later than seven (7) days after the change. Board Rule Chapter 11, § 3.
5. Wells Pharmacy was required to file an application and notify the Board of the change in the Pharmacist in Charge no later than October 10, 2013, but failed to do so until October 23, 2013.
6. On June 5, 2014, following a presentation of the complaint, the Board voted to offer Wells Pharmacy this Consent Agreement in order to finally resolve Complaint No. 2013 PHA 9589.
7. Absent acceptance of this Consent Agreement by signing and dating it and returning it to Kelly McLaughlin, Senior Consumer Assistance Specialist, 35 State House Station, Augusta, Maine 04333-0035 by October 3, 2014, the Board will resolve this matter by holding an adjudicatory hearing.

COVENANTS

8. Wells Pharmacy admits the facts stated above and that such conduct constitutes grounds for discipline pursuant to 10 M.R.S. §§ 8003(5-A)(A)(4),(5), 32 M.R.S. § 13753(1)(C), and Board Rule Chapter 11, § 3, for its failure to notify the Board of the change in Pharmacist in Charge and file the required application within seven (7) days of the change.
9. Wells Pharmacy agrees to accept the following discipline:
- a. A WARNING; and

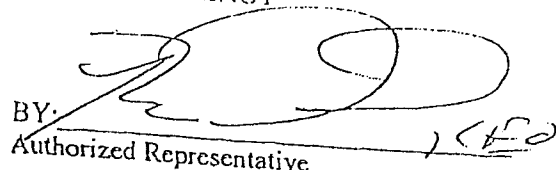
In re: Wells Pharmacy
2013 PHA 9589

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PROF & VOCATIONAL
LICENSING DIVISION

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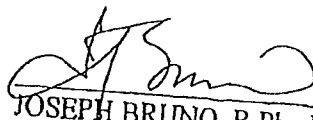
WELLS PHARMACY

DATED: 10/24/14


BY: 
Authorized Representative

Ben Davis - CEO
Printed Name

DATED: 11/6/2014


JOSEPH BRUNO, R.Ph., President
MAINE BOARD OF PHARMACY

DATED: November, 2014


MICHAEL MILLER
Assistant Attorney General

In re: Wells Pharmacy
2013 PHA 9589

4 of 4

Consent Agreement

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LICENSING DIVISION
DEC 18 2014

2. Petitioner has received a complaint in this matter containing allegations that Respondent may have compounded sterile products without being in compliance with Rule 64B16-27.797, Florida Administrative Code.

3. So as to avoid the necessity of an order restricting or suspending its license to practice as a Special Sterile Compounding Pharmacy in the State of Florida, Respondent has agreed to voluntarily restrict its practice in the State of Florida. Respondent ceased sterile compounding on September 14, 2016.

Immediately upon executing this Agreement, Respondent shall cease compounding sterile products and shall cease dispensing or shipping sterile products it has previously compounded.

4. Respondent has agreed with the United States Food and Drug Administration ("FDA") to cease sterile compounding until the necessary corrective actions can be implemented to address the FDA's alleged concerns. Respondent shall, under separate cover, submit to the Department of Health each of the corrective actions taken as well as any subsequent testing confirming the corrective actions to successfully resolve

EXECUTED this 27th day of September, 2016.

[Signature]

Institutional Representative for
Wells Pharmacy Network, LLC
License No. PH27462

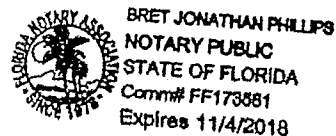
STATE OF Florida
COUNTY OF Palm Beach

Before me, personally appeared Ben David,
whose identity is known to me by Professional Relationship (type
of identification) and who, under oath, acknowledges that his/her signature
appears above.

Sworn to and subscribed before me this 27th day of September, 2016.

[Signature]
NOTARY PUBLIC

My Commission Expires: 11/4/2018



RECITALS

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

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

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

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

5. Respondent understands this Consent Agreement deals with Board Complaint No. 4338 involving allegations of unethical conduct against Respondent. The investigation into these allegations against Respondent shall be concluded upon the Board's adoption of this Consent Agreement.

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

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

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PROFESSIONAL
& MEDICAL
LICENSING DIVISION

1 ACCEPTED AND AGREED BY RESPONDENT

2
3 Wells Pharmacy Network

Dated: 2-2-14

4 by Ben Daniel, CEO on behalf of Wells Pharmacy Network

5
6 Subscribed and sworn to before me in the County of Palm Beach, State of
7 Florida, this 31st day of March, 2014, by
8 Ben Daniel, on behalf of Wells Pharmacy Network. 2014



BRET JONATHAN PHILLIPS
NOTARY PUBLIC
STATE OF FLORIDA
Comm# FF173681
Expires 11/4/2018

Bret J Phillips
NOTARY PUBLIC

9
10 My Commission expires: 11/4/2018

11
12 FINDINGS OF FACT

13 1. The Board is the duly constituted authority for licensing and regulating the
14 practice of pharmacy in the State of Arizona.

15 2. Respondent is the holder of Pharmacy Permit Number Y005709.

16 3. From February 21, 2014 through March 7, 2014 representatives of the
17 United States Food and Drug Administration ("FDA") conducted an inspection of
18 Respondent's facility located at 1210 SW 33rd Ave., Ocala, Florida. As a result of that
19 inspection, the FDA issued a report on March 7, 2014 which contained eleven (11)
20 observations detailing potential violations. Based upon its concerns regarding
21 observations identified in the FDA report the Board directed its staff to conduct
22 inspection of Respondent's facility in Ocala, Florida.
23
24

25 4. On or about October 7 and 8, 2014 Board compliance officers conducted an
26 inspection of Respondent's facility located at 1210 SW 33rd Ave., Ocala Florida and on

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LICENSING DIVISION

1 required unannounced random inspection in paragraph 4 of this Order prior to the
2 expiration of the one (1) year probationary period, Respondent may petition the Board for
3 early termination of the probation by submitting such a request in writing and appearing
4 before the Board at a regularly scheduled meeting.

5 6. If Respondent violates this Order in any way or fails to fulfill the
6 requirements of this Order, the Board, after giving the Respondent notice and the
7 opportunity to be heard, make take disciplinary action against Respondent's permit. The
8 issue at such a hearing will be limited solely to whether this Order has been violated.

9
10 DATED this 09 day of June, 2014. 2015

11 ARIZONA STATE BOARD OF PHARMACY

12 (Seal)

13
14
15
16 By: 

17 KAMLESH GANDHI
EXECUTIVE DIRECTOR

18 ORIGINAL OF THE FOREGOING FILED
19 this 09 day of June, 2014 with:
20 2015

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

22 COPY OF THE FOREGOING MAILED
23 BY CERTIFIED MAIL
24 this 09 day of June, 2014
2015

25 Wells Pharmacy Network
1210 SW 33rd Ave.
Ocala, Florida 34474
26 Respondent

75 DEC 18 P 4:45

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PROF & VOCATIONAL
LICENSING DIVISION



Grossman, Furlow
& Bayó, LLC
ATTORNEYS AT LAW

State Board of Pharmacy

Re: Wells Pharmacy Network, LLC (NABP # 1002752)

To Whom It May Concern:

This firm serves as Regulatory Counsel for Wells Pharmacy Network, LLC ("Wells"). We would like to notify you of our client's current regulatory situation with the Florida Department of Health ("DOH") and the Food and Drug Administration ("FDA").

Our client was recently inspected by the FDA and DOH. As a result of that inspection, and effective September 14, 2016, our client has voluntarily ceased its sterile compounding operations until such time as necessary corrective actions can be implemented to address the FDA and DOH's alleged concerns. Wells has agreed with the FDA and the DOH to submit evidence of each corrective action taken as well as any subsequent testing confirming/validating the corrective measures implemented to successfully resolve all stated concerns. Once all of these corrective measures have been successfully resolved and documented to the FDA and DOH, Wells is permitted to resume sterile compounding. Enclosed is a copy of the Voluntary Agreement to Restrict Practice of Sterile Compounding accepted by the DOH.

Wells takes its legal and ethical responsibilities very seriously. Our client understands that the FDA and various states have been responding to and increasing the legal oversight and safety of compounded medications. The oversight of compounding facilities—as well as the various compounding facilities' response to the updated laws and potential regulations—has presented challenges during what has been a multiyear transition period. Wells has responded to these challenges by investing in the upgrade of its facility to meet the upcoming USP 800 regulation and firmly believes it operates a high quality facility with the resolution of the aforementioned appropriate procedures.

When issues have arisen, such as from the FDA, Wells has worked with the FDA to clarify and respond to those concerns. In fact, the FDA acknowledged at this recent inspection the previous 483 observations had been corrected by Wells. Even when the FDA has taken positions that might push the limits of existing laws—such as in 2013 when the FDA's authority was questioned by the U.S. GAO—Wells' goal has been to focus on safe practices and future upgrades. (See "Drug Compounding: Clear Authority and More Reliable Data Needed to Strengthen FDA Oversight," U.S. Government Accountability Office, 7/31/13,

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

DEPARTMENT OF HEALTH,
Petitioner,

v.

CASE NO. 2016-23508

WELLS PHARMACY NETWORK, LLC,
Respondent.

**VOLUNTARY AGREEMENT TO RESTRICT PRACTICE
OF STERILE COMPOUNDING**

Ben David, CEO, as owner and/or institutional representative of **Wells Pharmacy Network, LLC**, permit number **PH27462**, hereby agrees to restrict practice of **Wells Pharmacy Network, LLC**, as a Special Sterile Compounding Pharmacy in the State of Florida and states as follows:

1. Respondent understands that this Agreement constitutes a legal obligation within the meaning of Section 456.072(1)(k), Florida Statutes. Respondent further understands that any violation of the terms of this Agreement by Respondent shall constitute sufficient probable cause for the issuance by Petitioner of an Emergency Suspension of Respondent's license to practice pharmacy in the State of Florida.

and address the FDA's alleged concerns and demonstrate compliance with Rule 64B16-27.797, Florida Administrative Code. Upon successful completion of the stated corrective actions, Respondent shall give the Department of Health 72-hour advance notice of its intent to resume sterile compounding.

5. Respondent understands that this Agreement in no way precludes additional proceedings by Petitioner for any acts or omissions by Respondent not referenced in this matter.

6. Respondent, being fully advised of the consequences of so doing, hereby waives the statutory privilege of confidentiality of Section 456.073(10), Florida Statutes, regarding the complaint, the investigative report of the Department of Health, and all other information obtained pursuant to the Department's investigation in the above-styled action.

7. Respondent, being fully advised of the consequences of so doing and having the opportunity to consult with counsel of his/her choosing, hereby agrees that upon his/her execution of this Agreement, it shall immediately be made accessible to the public. In addition, Respondent's licensure status and profile with the Board of Pharmacy will reflect the restriction stated herein.

November 4, 2016

Edwin A. Bayo, Esq.
Grossman, Furlow & Bayo, LLC
2022-2 Raymond Diehl Road
Tallahassee, FL 32308

Dear Mr. Bayo,

Per Florida Department of Health's request, Wells Pharmacy Network is notifying you of our completed corrective actions as stated from our September 20, 2016 response letter and the Company's intent to resume sterile compounding at 9 am on November 09, 2016 for the purpose of dispensing and shipping.

Observation 1:

The cleanrooms are negative pressure and are used for both hazardous and non-hazardous drugs. Compounding records document that hazardous drugs (HD) and chemotherapy and non HD drugs were compounded in the same room and PEC on the same day. Non-hazardous drugs must be compounded in a positive pressure room and not exposed to contamination with HD.

Response to Observation 1:

The negative pressure cleanrooms were used to compound hazardous drugs and non-hazardous drugs between the dates of 19 July 2016 and 14 September 2016. Between each lot compounded during this timeframe, a chemical deactivating cleaning agent (CIP 100) was used to ensure cross contamination between batches did not occur. However, this chemical clean was not documented as an additional clean in our normal process. The current cleaning documentation practice was driven by tasks created in Simplifi^{<797>} software system. The software was not updated to include chemical cleans during this time frame. Prior to 19 July 2016, all non-hazardous drugs were only compounded within the positive pressure cleanroom.

As a precautionary measure, a voluntary recall has been issued for all products compounded in the negative pressure cleanroom during the timeframe of 19 July 2016 and 14 September 2016 (Attachment 2 – Recall Spreadsheet). No adverse reactions have been reported by customers or physicians regarding the sterile lots listed in the recall.

In addition to the recall, Wells Pharmacy Network has tested several lots of non-hazardous products that were compounded during this timeframe in the negative pressure cleanroom for potency testing to confirm no trace hazardous drug exists within the non-hazardous products (Attachment 3 – Dyna Labs Reports).

The Cleaning of ISO 5 Enclosures procedure (Attachment 4 – Cleaning, Disinfection, Operation and Maintenance of ISO 5 Enclosures) was updated and effective on 16 September 2016 to include the use and documentation of use of the chemical deactivating cleaning agent to clean the compounding hood in-between lots of different products.

Furthermore, each class of product shall be compounded in their respective areas going forward. All non-hazardous medications shall be compounded in the positive pressure cleanroom, chemotherapy medications shall be compounded in the negative pressure chemotherapy cleanroom, and hazardous medications shall be compounded in the negative pressure hazardous compounding cleanroom. Under no circumstance will any of these products be produced in another cleanroom with a different class of products.

The environmental monitoring program now has oversight by the Senior Director of Quality Assurance. The affected cleanroom has since undergone planned renovation activities as well as a complete post construction clean and decontamination with Vaporized Hydrogen Peroxide by a third party company.

Completion of Observation 2

The lots prepared between June 20, 2016 and July 15, 2016 in the positive cleanroom that were pulled from the shelves internally and sent for testing with a third party laboratory have been completed and indicate no suspect sterility or endotoxin results.

Bioquell, a third party decontamination company, was on site October 26, 27 and 28 to fog the cleanrooms with vaporized hydrogen peroxide. The validated method provided by Bioquell has been shown to provide a log⁶ reduction in microorganisms within the cleanroom space. Biological indicators shall be used to confirm the efficacy of the fogging process and will be available for confirmation from the required incubation period along with a summary report expected on November 06, 2016.

Breach cleaning of the areas began October 24, 2016 consisting of full cleaning ceiling, walls, equipment, surfaces, and floors and was completed in all rooms on October 31, 2016.

Validation of the Lighthouse continuous monitoring system for pressure, temperature, humidity, viable and non-viable air samples has begun with an expected completion date of November 04. The continuous monitoring system shall begin routine monitoring on November 07. The continuous monitoring system will capture compounding conditions inside the cleanroom space as well as inside the biological safety cabinets and laminar flow hoods.

Environmental Monitoring Performance Qualification began October 28 and will continue through November 17 to validate the fitness of the cleanrooms. This monitoring shall include viable air samples, non-viable air samples, and contact plate samples during static and dynamic conditions.

Routine environmental monitoring shall commence following the environmental monitoring performance qualification on November 21. Routine environmental monitoring includes contact plates during dynamic conditions and cleanroom viable air samples and contact plates during static conditions.

Observation 3:

Surface sampling is done after cleaning.

Response to Observation 3:

Routine environmental monitoring was performed during the day after compounding activities prior to the evening clean; however, the surfaces of the tables, carts, and ISO 5 laminar flow hoods were wiped per procedure after the completion of compounding for the day. Environmental monitoring surface sampling was originally designed to evaluate the cleanliness of the room and not designed to determine the conditions during compounding.

On 16 September 2016, the new Environmental Monitoring procedure became effective (Attachment 8 – Environmental Monitoring of the Cleanroom) that evaluates the cleanliness of the room on a routine basis as well as capturing the dynamic conditions of the surfaces and personnel during each compounding lot. Training for all technicians performing the environmental monitoring was completed on 16 September 2016.

be repeated as the glassware is now stored in a classified ISO 8 cleanroom space as indicated in the procedure (Attachment 2 – Sterilized Glassware Hold Study).

Observation 6:

The gloves and masks are not labeled for use with hazardous drugs.

Response to Observation 6:

Wells Pharmacy Network takes seriously the health and wellbeing of the compounding technicians. Upon discovery of the observation above, Wells Pharmacy Network immediately contacted multiple cleanroom suppliers to order the appropriate gloves and masks. After discussing with multiple vendors, there are no masks on the market that are labeled for chemotherapy use. Wells Pharmacy Network chose the most aggressive sterile mask on the market to provide the most protection against hazardous drugs. The glove and mask descriptions are as follows:

Gloves: Medline Nitrile Sterile Exam Gloves

Masks: Sterile pouch style facemask, head loop, gamma irradiated, low linting, latex free

The specification sheets for each are attached (Attachment 18).

Completion of Observation 6

Corrective actions completed in full at time the September 20, 2016 response was submitted.

Observation 7:

Documentation of training in safe handling of hazardous drugs was not provided.

Response to Observation 7:

Although hazardous drug handling training is provided to each pharmacy technician upon hire through on the job training as well as reading of the procedure, documentation of such training has not occurred. As a result, a more robust training program for handling of hazardous drugs was developed and implemented on 23 September 2016 (Attachment 11 – Handling of Cytotoxic or Hazardous Compounds). Formal refresher training was provided for all staff handling the hazardous drugs on 22 September 2016 and 23 September 2016 and documented (Attachment 12 – Training on Handling of Cytotoxic or Hazardous Compounds).

Completion of Observation 7

Corrective actions completed in full at time the September 20, 2016 response was submitted.

Observation 8:

Hands are washed in the unclassified area, then sterile shoe covers are donned over the booties worn in the unclassified space, masks are donned (technician placed the straps over ears and under the bouffant and instructed the inspector in the same method which required touching hair and skin with the cleansed hands). Hands are not rewashed, hand sanitizer is applied prior to gloving.

Response to Observation 8:

The normal process for gowning in the hazardous and positive cleanroom is to don the mask and first pair of sterile booties, wash hands in the sink located in the classified area and enter the ISO 7 ante room for donning

Procedure	Date Technicians and Pharmacists Trained					
	Harmony SanFillipo	Donna Mast	Paul Mast	Daniel Lakatos	Anthony Campbell, RPh	Michael Farfaglia, RPh
Gowning Validation	8/5/16	8/5/16	8/5/16	8/5/16	8/9/16	8/5/16
Cleaning and Disinfection of Classified Areas	8/5/16	8/5/16	8/5/16	8/5/16	8/9/16	8/5/16
Filter Integrity Testing	7/18/16	7/18/16	7/18/16	7/18/16	7/6/16	*
Good Documentation Practices	7/18/16	7/18/16	7/18/16	7/18/16	7/18/16	*
Gowning Procedure and Requirements for entry into Classified Areas	7/18/16	7/18/16	7/18/16	7/18/16	7/5/16	*
Fingertip Monitoring	8/30/16	3/21/16	8/30/16	4/19/16	1/29/16	8/23/16

* These trainings were performed on 8/5/16; however, the training form has inadvertently been misplaced. A retraining of the procedures was performed and documented on 9/26/16.

Didactic training for Michael Farfaglia was completed in June 2016. Didactic training for all sterile technicians was completed 27 September 2016. Didactic training for Anthony Campbell will be completed by 07 October 2016.

Completion of Observation 9

Didactic training is current with all sterile technicians and sterile pharmacists as of October 03, 2016. A procedure is currently in the revision process to include didactic training requirements and ensure all didactic training is performed annually (Attachment 3: Sterile Compounding Personnel Qualification – Draft with an expected implementation date of November 04, 2016).

Observation 10:

Final visual inspection check of the product is conducted by technicians instead of the pharmacist 64B16-27.1001 FAC.

Response to Observation 10:

Visual inspection is currently performed informally during the labeling of vials by the sterile compounding technicians. The formal visual inspection is performed by the Quality Control personnel in a lightbox with a black and white background. 100% of the vials are visually inspected. Once completed, the pharmacist signing off on the batch views vials at random to confirm the visual inspection. 100% visual inspection is performed by a pharmacist once the vials are dispensed from inventory and brought to the second pharmacist verification station prior to shipment. At this checkpoint, pharmacists verify the product, label, crimp/seal, as well as visually inspecting the vials against a fluorescent light background for particulates or visual defects.

Wells Pharmacy Network has updated the process to include a pharmacist 100% visual inspection of all sterile products immediately after compounding and prior to being labeled. This visual inspection is performed against a black and white background in the lightbox. The procedure was updated with the final version expected to be effective on 07 October 2016 (Attachment 21 – Visual Inspection Program).

Completion of Observation 10

Visual inspection procedure has been finalized and all pharmacists have been trained. The procedure shall be implemented as the sterile compounding resumes within the facility (Attachment 4).

A generic pamphlet was developed to send to patients with each sterile hazardous product. Circulation of this pamphlet began on 30 September 2016.

Completion of Observation 12

Wells Pharmacy Network ceased sterile compounding activities on September 14, 2016. A Generic Pamphlet for Sterile Medication handling, storage, and disposal (Attachment 5) has been created however has not been circulated as sterile compounding has not occurred. When sterile compounding resumes, the pamphlet will be included with all sterile compounded drug shipments.

All renovation activities within the Wells Pharmacy Network facility are finalized as of October 24, 2016. All other corrective actions listed in our response letter dated September 20, 2016 have been completed in its entirety and successfully tested. Wells Pharmacy Network is providing the Florida Department of Health 72 hours notice of its plans to resume sterile compounding with the intent to dispense with this letter. Please do not hesitate to contact me should you have any questions.

Sincerely,

Melissa Stefko

Digitally signed by
Melissa Stefko
Date: 2016.11.03 20:30:12
-04'00'

Melissa Stefko
Senior Director of Quality Assurance



Department of Health

License Number: PH27462

Data As Of 11/5/2016

Profession	Pharmacy
License	PH27462
License Status	CLEAR/
Qualifications	Special Sterile Compounding
License Expiration Date	2/28/2017
License Original Issue Date	02/06/2014
Address of Record	1210 SW 33 AVE OCALA, FL 34474
Controlled Substance Prescriber	No
Discipline on File	No
Public Complaint	No

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

AGREED BOARD ORDER #L-15-037

RE: IN THE MATTER OF
WELLS PHARMACY NETWORK LLC
(PHARMACY LICENSE #28293)

BEFORE THE TEXAS STATE
BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy (Board) the matter of pharmacy license number 28293 issued to Wells Pharmacy Network LLC (Respondent), 1210 Southwest 33rd Avenue, Ocala, Florida 34474.

By letter dated May 5, 2016, the Board gave preliminary notice to Respondent of its intent to take disciplinary action. This action was taken as a result of an investigation which produced evidence indicating that Respondent may have violated:

Sections 565.002(a)(3) and (13); and 565.002(c) of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2013), as alleged in the Count below.

The conduct described in the Arizona State Board of Pharmacy Consent Agreement is substantially similar to conduct described in:

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

Sections 291.133(d)(12)(C)(v); 291.133(d)(13); 291.133(d)(14); and 291.133(e) of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2014).

COUNT

On or about June 9, 2015, the Arizona State Board of Pharmacy entered a Consent Agreement against the Arizona pharmacy permit number Y005709 held by Wells Pharmacy Network. The Order was based on findings of fact regarding inspections by the United States Food and Drug Administration (FDA) conducted at the pharmacy's licensed location in Ocala, Florida, between February 21, 2014, and March 7, 2014. During the inspections, FDA identified violations of law concerning the pharmacy's sterile compounding operation. In addition, a compliance inspection by the Arizona State Board of Pharmacy on October 7 and 8, 2014, identified violations related to maintaining proper records of quality assurance of compounded preparations. The Agreement imposed a one year probation, \$9,000 civil penalty and an unannounced random inspection by the Board within one year of the entry of the agreement.

By letter dated May 5, 2016, Respondent was notified that the matters previously set out in this Order could be disposed of without the scheduling of an informal conference or a formal administrative hearing. By signing this Order, Colleen Stacy Shapiro, Board Member of Wells Pharmacy Network, LLC, on behalf of Respondent; and Michael R. Sharp, Legal Counsel for

Agreed Board Order #L-15-037
Wells Pharmacy Network LLC
Page 3

And it is so ORDERED.

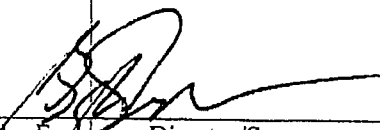
THIS ORDER IS A PUBLIC RECORD.

SIGNED AND ENTERED ON THIS 1st day of November, 2016.



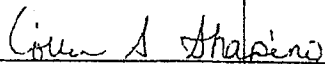
MEMBER, TEXAS STATE BOARD OF PHARMACY

ATTEST:

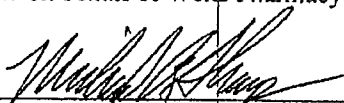


Gay Dodson, R.Ph., Executive Director/Secretary
Texas State Board of Pharmacy

APPROVED AS TO FORM AND AGREED TO:



Colleen Stacy Shapiro, Board Member, Wells Pharmacy Network, LLC
For and on behalf of Wells Pharmacy Network LLC



Michael R. Sharp, Legal Counsel for Wells Pharmacy Network, LLC
Law Firm of Sharp & Cobos
4705 Spicewood Springs Road, Suite 100
Austin, Texas 78759

APPROVED AS TO FORM:



Kerstin Arnold, General Counsel
Texas State Board of Pharmacy

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: Reichman Distribution Inc.

Physical Address: Same as mailing

Mailing Address: 3111 S Valley View Blvd.

City: Las Vegas State: _____ Zip Code: 89102

Telephone: 775-800-4485 Fax: 775-800-4485

Toll Free Number: 775-319-7575

E-mail: info@reichmanpharmacy.com Website: http://www.reichmanfarmacy.com

Facility Manager: Paruyr Gishyan

Professional qualifications and experience of facility manager: _____

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: _____

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)	N/A	
	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

Paruyr Gishyan

Print Name of Authorized Person

Date

11/20/2017

Board Use Only

Received: _____

Amount: \$500.00

APPLICATION FOR NEVADA WHOLESALER LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: Nevada
Parent Company if any: _____
Corporation Name: Reichman distribution INC
Mailing Address: 311 S. Valley View Blvd, Suite A-119, Las Vegas
City: Las Vegas State: NV Zip: 89102
Telephone: 775-800-4485 Fax: 775-800-4485
Contact Person: Parvyr Gishyan

Ownership Information ☐ Complete Section 1 or 2

Do not use N/A in this section – Section 1 or 2 must be completed.

Section 1: List the corporations four largest shareholders:
(Name and percentage of ownership)

1. <u>Parvyr Gishyan</u>	%: <u>100</u>
2. _____	%: _____
3. _____	%: _____
4. _____	%: _____

Section 2: 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: 10/18/2017

*Registration number issued: NV20171672989

*Stock Exchange: Secretary of State of The State of Nevada

Include with the application for a publicly traded corporation

List of officers and directors.

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.

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: IDEAL HEALTH CARE LLC

Physical Address: 2585 S JONES BLVD SUITE 1A LAS VEGAS NV 89164
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 2062 MILLBURN AVE

City: MAPLEWOOD State: NJ Zip Code: 07040

Telephone: 973 762 4400 Fax: 973 762 3838

E-mail: Ashley@idealhealthcarellc.com Website: Idealhealthcarellc.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8³⁰ AM to 5^P Tue: 8³⁰ to 5 Wed: 8³⁰ to 5 Thu: 8³⁰ to 5
Fri: 8³⁰ to 5 Sat: to Sun: to Holidays: to

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: _____

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: _____

**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: RAJURAY Telephone: 928-680-4084

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:

<u>4447870001</u>	<u>3218601</u>	_____
_____	_____	_____
_____	_____	_____

- 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.

- ☒ Practitioner
☐ Advanced Practitioner of Nursing
☐ Physician's Assistant
☐ Physical Therapist
☐ Occupational Therapist
☐ Registered Nurse
☐ Respiratory Therapist

Name:	<u>Rakesh Jain LPO, LPO</u>
Name:	_____
Name:	_____
Name:	_____
Name:	_____
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.

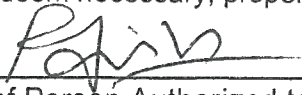
Within the last five (5) years:

- 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

RAKESH JAIN
Print Name of Authorized Person

03/24/18
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: Rakesh Jain %: 50
Name: Padmini Jain %: 50
Name: _____ %: _____
Name: _____ %: _____

Partnership Name: Ideal Health Care LLC

Mailing Address: 2062 Milburn Ave

City: Maplewood State: NJ Zip Code: 07040

Telephone Number: 973 762 4400 Fax Number: 973 762 3838

Contact Person: Rakesh Jain

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*.

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 3-24-18

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 Prosthetics & orthotics
Ideal Health Care LLC DBA mobility clinic
2585 S. Jones Blvd. Suite A, Las Vegas, NV 89164
 Nature of License
 Name and Address of Establishment for Which License Is Requested
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name JAIN First Name PADMINI Middle Name
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)
6 Farmhaven Ave. Edison NJ 08820
 Present Residence Address-Street or RFD City State/Zip
2062 Millburn Ave. Maplewood, NJ 2016 Maplewood NJ 07040
 Present Business Address Dates City State/Zip
owner/partner October 2016 NJ 07040
 Occupation Dates
 Phone: Residence Business
 Date of Birth 51 years New Delhi, INDIA Place of Birth (City, County, State)
 Age Social Security Number Female Sex
Black Black Asian 183 medium 5'3"
 Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics Mole on the nose

Are you a citizen of the United States? Yes ☐ No ☒ If alien, registration No. Green Card

If naturalized, certificate No. _____ Date _____

Place _____ (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial T Jain

A. Current Marriage

Date of Birth..

Telephone: Residence

Address of employer.

~~NA~~

Name _____

Street

City _____

State

Zip _____

Telephone _____

A. Children and Dependents:
List all:

Name _____

Birth Date

Birth Place

Residence Address

Please mark the appropriate response:

- Applicant's initial P. J. ...

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	Deceased		
Mother	Deceased		
Father-in-Law	Sh. Prem Chand Jain		
Mother-in-Law	Deceased		

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
Spouse Ravi Jain	9953/A ST-4	Saxa Rohilla, N. Delhi	Retired
Spouse Mirdul Jain	"	"	Retired
Spouse Tapesht Kotia	"	"	Retired
Spouse Manju Jain	"	"	Retired
Spouse Suman Jain	"	"	Retired
Spouse Parveen Jain	"	"	Retired
Spouse Samita Jain	"	"	Retired

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School			
High School			
School			
College			
University			
Other			

Type of degree obtained, if any _____ High School Diploma

College or university where obtained _____ Delhi University

Applicant's initial _____

5 MILITARY INFORMATION:

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 _____ 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

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 _____ *PJain* _____

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

- 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

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
1967 to 1993	9953/A St. 4	Saxin Rohilla	New Delhi, India.
1993 to 1997	Phnom Penh,	Cambodia.	
1997 to 2002	C-399 Palam Ex.	New Delhi	India.
2002 to 2004	55 1/2 Belgrove Drive.	Kearney.	NJ
2004 to 2007.	106 Peach Street.	Avenel.	NJ 07001
2007 to 2017 Dec 23,	107 Calvert Ave.	Edison.	NJ 08820
2017 Dec 24, to current	6 Farm Haven Ave.	Edison.	NJ 08820

Applicant's initial P Jain.

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
President 2013 to present	44 Lincoln Highway Edison, NJ 08820	
Title	Description of Duties	Name of Supervisor
	President Mobility Clinic	None
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
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
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
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 T Jain

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>Himanshu</u>	Home	<u>33 Grand St. Iselin NJ</u>				<u>5 plus years</u>
Employer	Business					
Name <u>Supriya Bhatia</u>	Home	<u>181 Ramser Ave. Avenel NJ</u>				<u>10 years</u>
Employer	Business					
Name <u>Minal Jain</u>	Home	<u>3 Barkow CT. Toms River NJ</u>				<u>10 years</u>
Employer	Business					
Name	Home					
Employer	Business					
Name	Home					
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
<u>153 Bank Safe</u>	<u>BOA</u>	<u>Iselin NJ</u>	<u>Spouse & I</u>

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.

Mobility Clinic Inc. State of NJ.
Ideal Health Care LLC Partner Husband. Rakesh Jain
State of NJ.

Applicant's initial T Jain
Page 7

STATE OF NEW JERSEY

COUNTY OF MIDDLESEX

SS.

I, C. Padmini Jain, 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.

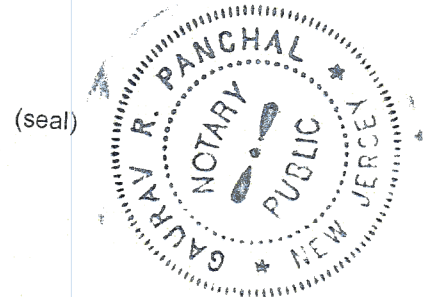
Padmini Jain

Original Signature of Applicant

Subscribed and Sworn to before me this 10th day of January 2018

Gaurav R. Panchal
Notary Public

GAURAV R. PANCHAL
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires 1/10/2018



Applicant's initial Padmini J.

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 ☒

ATTACH PHOTOGRAPH

TAKEN WITHIN
30 DAYS HERE



Date of photograph 3-17-18

Applicant's initial TJain

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 3-24-18

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 Prosthetics & Orthotics
 Nature of License
Ideal Health Care LLC DBA Mobility Clinic
 Name and Address of Establishment for Which License Is Requested
2585 S. Jones Blvd. Suite 101A Mobility Clinic
Las Vegas, NV 89164 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name JAIN First Name RAKESH Middle Name
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise) JAME
 Present Residence Address-Street or RFD 107 CALVERT AVE EAST City EDISON State/Zip NJ 08820
 Present Business Address Prosthetics & Orthotics City 11-14-17 State/Zip
 Occupation Prosthetics & Orthotics Dates 11-14-17
 Phone: Residence _____ Business _____
 Date of Birth 7 New Delhi, INDIA Place of Birth (City, County, State)
 Age 53 years Social Security Number _____ Sex M
 Color of Eyes Black Color of Hair Black Complexion Asian Weight 157 Build M Height 5'7"

Scars, tattoos or distinguishing marks and/or characteristics Scar on the left cheek

Are you a citizen of the United States? Yes ☐ No ☒ If alien, registration No. Greenland

If naturalized, certificate No. _____ Date _____

Place _____ (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial R Jain Page 1

MARITAL INFORMATION-Continued

A. **Current Marriage**.....
 Date.....
 Spouse's full name (Maiden).....
 Date of Birth..... Place of Birth.....
 Resident address.....
 Telephone: Residence..... Business.....
 Spouse's employer..... Occupation.....
 Address of employer.....

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
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
------	------------	-------------	-------------------

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..... Page 2

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name

Address NA

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

<u>Prem Chand Jain</u>		<u>C-399 Palam Ext. New Delhi, 75 India</u>	<u>Retired.</u>
------------------------	--	---	-----------------

Mother

<u>Pushpa Devi Jain</u>		<u>C-399 Palam Ext. New Delhi-75</u>	<u>Retired</u>
-------------------------	--	--------------------------------------	----------------

Father-in-Law

<u>R L. Jain</u>	<u>Deceased.</u>		
------------------	------------------	--	--

Mother-in-Law

<u>Kailash Jain</u>	<u>Deceased.</u>		
---------------------	------------------	--	--

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
---------------	------------	---------	------------

<u>Sunil Jain</u>		<u>C-399 Palam Ext. New Delhi.</u>	<u>PT.</u>
-------------------	--	------------------------------------	------------

Spouse

<u>Sarita Jain.</u>		<u>" " " "</u>	<u>H.W</u>
---------------------	--	----------------	------------

<u>Ranjesh Jain.</u>		<u>" " " "</u>	<u>Administrator.</u>
----------------------	--	----------------	-----------------------

Spouse

<u>Anjali Jain.</u>		<u>" " " "</u>	
---------------------	--	----------------	--

Spouse

Spouse

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	<u>Ss. Sec. High school.</u>	<u>Palam.</u>	<u>upto 1982.</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College		<u>N. Delhi</u>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
University	<u>Safdarjung Hospital</u>	<u>New Delhi</u>	<u>1983-1986.</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other	<u>Prosthetics / cosmetics.</u>			Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any Diploma in Prosthetics / cosmetics.College or university where obtained Delhi University 1983-87
Bachelor of Arts.Applicant's initial P Jain

5 MILITARY INFORMATION:

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 _____ 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

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 fgj 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

- 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

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
1964 to 1991	WZ 796 Palam	New Delhi	INDIA.
1991 to 1997	Phnom Penh	Cambodia	Cambodia
1997 to 2002	C-399 Palam Ext. Palam. New Delhi	New Delhi	India.
2002 to 2004	55 1/2 Belgrove Drive Kearney	New Jersey	USA.
2004 to 2007	106 Peach Street Avenel	Avenel NJ.	USA. 07001.
2007 to Current	107 Calvert Ave East	Edison NJ	USA. 08820
2017 Dec 24, 2018 -	6 Farm Haven Ave.	Edison NJ	08820

Applicant's initial *gph*

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.

2016 Oct.	Ideal Health Care LLC	2012 Millburn Ave. Maplewood, NJ 07040	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving	
Partner	Clinical/Admin.	No body	
Title	Description of Duties	Name of Supervisor	
2013 Jan to Sept 2016	Mobilicity Clinic	44 Lincoln Ave, Edison, NJ	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving	
C.O.O	Clinical/Admin.	None	
Title	Description of Duties	Name of Supervisor	
2002 June to 2012 Dec.	Hanger Ato	59 Main St. West Orange, NJ	Brad Deudne
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving	Better option
1997 to 2002	Ortho Prosthetics Care of Rehab.	None	Self employed
Title	Description of Duties	Name of Supervisor	
1991 to 1997	Vietnam Vet. of America Foundation	Page it was over	
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	
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	
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 fg

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>Himanshu</u>	Home	<u>33 Grand St.</u>	<u>Iselin</u>	<u>NJ.</u>		<u>5+</u>
Employer	Business					
Name <u>Sumil Bohra</u>	Home	<u>181 Ramson Ave</u>	<u>Avenel</u>	<u>NJ.</u>		<u>5+</u>
Employer	Business					
Name <u>Maxe Sonzo</u>	Home	<u>1 Willow Drive,</u>	<u>Verona</u>	<u>N</u>		<u>5 Plus.</u>
Employer	Business					
Name <u>M. Kamal</u>	Home	<u>106 Peach St.</u>	<u>Avenel</u>			<u>5+</u>
Employer	Business					
Name <u>Mohan</u>	Home	<u>102 Peach St.</u>	<u>Avenel</u>	<u>NJ.</u>		<u>5+</u>
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
<u>153 Bank safe.</u>	<u>BOA.</u>	<u>Iselin, NJ.</u>	<u>Wife & I.</u>

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

Prosthetics / orthotics Since 2004 State of NJ.
Prosthetics / orthotics Since 2013 PA.

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.

Mobility clinic Inc. / Padmini Jain State of NJ.
Ideal Health Care LLC. Partner wife Padmini Jain.
State of New Jersey

Applicant's initial gms

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 ☒

ATTACH PHOTO

TAKEN WITHIN

30 DAYS



Date of photograph 3.17.18

Applicant's initial

Ran

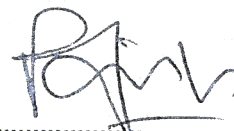
STATE OF NEW JERSEY

ss.

COUNTY OF MIDDLESEX

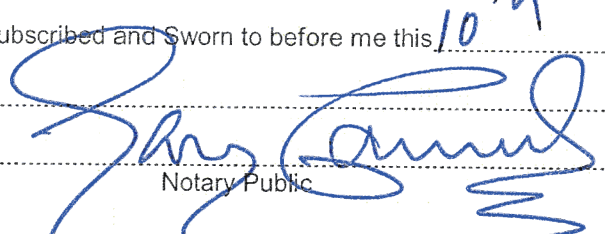
I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation 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

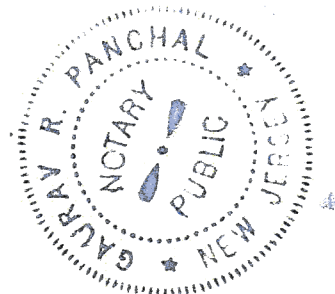
Subscribed and Sworn to before me this 10th day of January 2018



Notary Public

GAURAV R. PANCHAL
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires 1/10/2018

(seal)



Applicant's initial



NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (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 C03284**)
Check box below for type of ownership and complete all required forms. **If LLC use Non Public Corporation or Partnership.
- | | |
|--|---|
| <input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,10,11a&b | <input type="checkbox"/> Partnership - Pages 1,2,6,10,11a&b |
| <input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b | <input type="checkbox"/> Sole Owner – Pages 1,2,8,10,11a&b |

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: United RX, LLC dba AbacusRx Pharmacy

Physical Address: 1516 W. Warm Sprigs Road

City: Henderson State: NV Zip Code: 89014

Telephone: 702- 475-4297 Fax: 855-298-6584

Toll Free Number: 844-248-9522 E-mail: kbcarlton@abacusrxnv.com

Website: N/A

Managing Pharmacist: Stephen Carlton License Number: 06471 ☒

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:

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

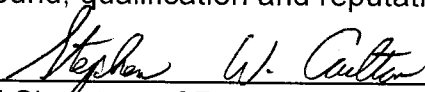
Within the last five (5) years:

- 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

Stephen W. Carlton

Print Name of Authorized Person

Date

2/28/18

Board Use Only

Date Processed: _____

Amount: \$500.00

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

Contact Person: Chuck Benain, RPh

For any corporation non publicly traded, disclose the following:

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

a) New York Boys Management, LLC 1230 Ridgedale Road, South Bend, IN 46614
Name Business Address

b)	Charles Benain	150 Fencil Lane, Hillside, IL 60162
	Name	Business Address

c)	A & F Realty	272 W. Tucker Drive. South Bend, IN 46624
	Name	Business Address

d) _____

Name	Business Address
------	------------------

- 2) Provide the number of shares issued by the corporation. 10,000

- 3) What was the price paid per share? _____

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 7am 3ampm

Saturday 8 am 10 pm

Sunday 8 am 10 pm

24 Hours _____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: NV20141548460

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

I, STEPHEN W. CARLTON
Responsible Person of ABACUS R. 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.

Stephen W. Carlton
Original Signature of Person Authorized to Submit Application, no copies or stamps

STEPHEN W. CARLTON
Print Name of Authorized Person

2/28/18
Date

Managing Pharmacist

Pharmacist Name: Stephen Carlton

License #: 06471

Pharmacy Name: AbacusRx 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: _____	Date: _____ Case #: _____
And/or Criminal Action:	State: _____	Date: _____ Case #: _____
	County: _____	Court: _____

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (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 1A02919
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: CONCORD TREATMENT CENTER, LLC. d/b/a DESERT HOPE TREATMENT CENTER

Physical Address: 2465 EAST TWAIN AVE

City: LAS VEGAS State: NV Zip Code: 89121

Telephone: (702) 848-6223 Fax: _____

Toll Free Number: _____ E-mail: nathen_connolly@yahoo.com

Website: deserthopetreatment.com

Managing Pharmacist: Nathen Connolly License Number: 18540 ✓

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

- ☐ ☒ Retail
☒ ☐ Hospital (# beds 148)
☐ ☒ 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

Raul Gonzalez
Print Name of Authorized Person

4-18-2018
Date

Board Use Only

Date Processed: _____

Amount: \$500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Nevada
Parent Company if any: Advanced Pharmaceutical Consultants, inc
Mailing Address: 9999 NE 2nd Ave Ste 315
City: miami shores State: FL Zip: 33138
Telephone: 305-751-7798 Fax: 305-751-7748
Contact Person: Andrea Mason

For any corporation non publicly traded, disclose the following:

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

a) Raul Gonzalez 9101 NE 2nd Ave miami shores, FL 33138
Name Business Address
b) SUE Fessler 9101 NE 2nd Ave miami shores, FL 33138
Name Business Address
c) Beverly Schummel Spenader 9101 NE 2nd Ave miami shores FL 33138
Name Business Address
d) _____
Name Business Address

- 2) Provide the number of shares issued by the corporation. N/A
3) What was the price paid per share? N/A

List any physician shareholders and percentage of ownership.

Name: N/A %: _____
Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 8:00 am 2:30 pm Saturday 8:00 am 1:30 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: NV 20161011957

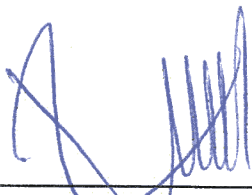
STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

I, Raul Gonzalez

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

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

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



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

Raul Gonzalez

Print Name of Authorized Person

4-18-2018

Date

Managing Pharmacist

Pharmacist Name: Nathen Connolly

License #: 19540

Pharmacy Name: CONCORDE TREATMENT CENTER, LLC d/b/a DESERT HOPE TREATMENT CENTER

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: _____

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (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.
- | | |
|---|--|
| <input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,10,11a&b | <input checked="" type="checkbox"/> Partnership – Pages 1,2,6,10,11a&b |
| <input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b | <input type="checkbox"/> Sole Owner – Pages 1,2,8,10,11a&b |

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Las Vegas- AMG Specialty Hospital, LLC
Physical Address: 4015 S. McLeod Drive
City: Las Vegas State: NV Zip Code: 89121-4305
Telephone: 702-433-2200 Fax: 702-862-4435
Toll Free Number: _____ E-mail: jmcgee@amghm.com
Website: amgvegas.com
Managing Pharmacist: Lane M. Cheramie License Number: 16613

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> Retail |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> Hospital (# beds <u>24</u>) |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> Internet |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> Nuclear |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> Ambulatory Surgery Center |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> Community |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> Other: _____ |

All boxes must be checked

For the application to be complete

Yes/No

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> Off-site Cognitive Services |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> Parenteral |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> Parenteral (outpatient) |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> Outpatient/Discharge |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> Mail Service |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> Long Term Care |
| <input checked="" type="checkbox"/> | <input 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 type="checkbox"/> Other Services: _____ |

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

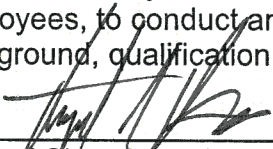
Within the last five (5) years:

- 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

August J. Rantz IV
Print Name of Authorized Person

05/02/2018
Date

Board Use Only

Date Processed: _____

Amount: \$ 500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A PARTNERSHIP. All persons listed as a partner must accurately complete a personal history record form.

Type of Partnership: General ✓ (LLC) Limited _____

List names of 4 largest partners and percentage of ownership:

Name: August J. Rantz IV %: 50

Name: Timothy Howard %: 50

Name: _____ %: _____

Name: _____ %: _____

Partnership Name: Las Vegas - AMG Specialty Hospital, LLC

Mailing Address: 101 La Rue France, Ste. 100

City, State Zip Code: Lafayette, LA 70508

Telephone Number: 337-269-9566 Fax Number: 337-269-9823

Contact Person: Jessica McGee, CFO

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday _____am _____pm

Saturday _____am _____pm

Sunday _____am _____pm

24 Hours ✓

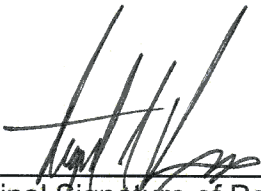
A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: NV 20151121058

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

I, August J. Rantz, IV
Responsible Person of Las Vegas -AMG Specialty Hospital, LLC
hereby acknowledge and understand that in addition to the corporation's, any owner(s),
shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law
that may occur in a pharmacy owned or operated by said corporation.

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

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



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

August J. Rantz, IV
Print Name of Authorized Person

05/02/2018
Date

Managing Pharmacist

Pharmacist Name: LANE CHERAMIE

License #: 16613

Pharmacy Name: Las Vegas- AMG Specialty Hospital, 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: _____

NEVADA STATE BOARD OF PHARMACY
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\$500.00 Fee made payable to: Nevada State Board of Pharmacy

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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: Nimble Pharmacy

Physical Address: 3864 Schiff Dr.

City: Las Vegas State: Nevada Zip Code: 89103

Telephone: (866) 966-4625 Fax: 650.889.4199

Toll Free Number: _____ E-mail: licensing@nimblerx.com

Website: www.nimblerx.com

Managing Pharmacist: Ralph Fiandra License Number: 8487 ✓

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: _____

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.

Talha

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

Talha Waqar

03/27/18

Print Name of Authorized Person

Date

Board Use Only

Date Processed: _____

Amount: \$500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: _____

Mailing Address: 1134 Crane St. Ste. 100

City: Menlo Park State: CA Zip: 94025

Telephone: (866) 966-4625 Fax: 650.889.4199

Contact Person: Eva Ong

For any corporation non publicly traded, disclose the following:

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

a) Talha Waqar 1134 Crane St. Ste 100, Menlo Park, CA 94025
Name Business Address

b) _____
Name Business Address

c) _____
Name Business Address

d) _____
Name Business Address

2) Provide the number of shares issued by the corporation. 100

3) What was the price paid per share? \$0.01

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 5 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: _____

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

I, Talha Waqar

Responsible Person of Nimble 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

Talha Waqar

Print Name of Authorized Person

03/27/18

Date

Managing Pharmacist

Pharmacist Name:

RALPH FIANDRA

License #:

08487

Pharmacy Name: _____

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: _____

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (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: Silver State Pharmacy LLC

Physical Address: 1074 Dove Eagle Ct

City: LAS VEGAS State: NV Zip Code: 89183

Telephone: (702) 335 1980 Fax: _____

Toll Free Number: _____ E-mail: SilverStatePharmacy@gmail.com

Website: _____

Managing Pharmacist: Kyle Oog Kang License Number: 16681

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

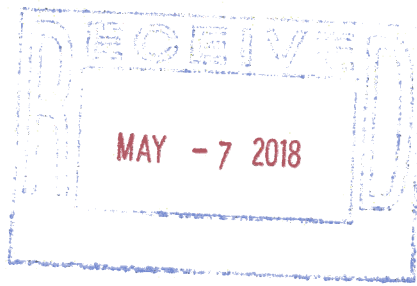
- ☒ ☐ Retail
☐ ☒ Hospital (# beds _____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☐ ☒ Community
☐ ☒ Other: _____

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: _____



May/04/2018

Hello Miss Candy

My name is Lizet Torres Leon, I'm applying for a new Pharmacy (Silver State Pharmacy LLC) this is my business location

1591 N. Buffalo Dr #140, Las Vegas, NV, 89128

Thank You very much

Lizet Torres Leon

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

Lizet Torres (eod)
Print Name of Authorized Person

03/19/2018
Date

Board Use Only

Date Processed: _____

Amount: \$500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Nevada

Parent Company if any: N/A

Mailing Address: 1074 DOVE EAGLE CT

City: LAS VEGAS State: NV Zip: 89183

Telephone: (702) 335 1980 Fax: _____

Contact Person: LIZET TORRES LEON

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 Address

b) N/A
Name Business Address

c) N/A
Name Business Address

d) N/A
Name Business Address

2) Provide the number of shares issued by the corporation. 0

3) What was the price paid per share? 0

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: N/A %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9.00 am 6.00 pm

Saturday closed am closed pm

Sunday closed am closed 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: NV 201 810 211 76

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

I, LIZET TORRES LEON

Responsible Person of SILVER STATE Pharmacy LLC

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

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

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

LT

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

LIZET TORRES LEON

Print Name of Authorized Person

03/19/2018

Date

Managing Pharmacist

Pharmacist Name: Kyeong Kang License #: 16681
Pharmacy Name: Silver State Pharmacy 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: _____

DISCUSSION AND DETERMINATION

Prescriptions for immunizations

A request has been made by a Board member for a discussion on the prohibition of a prescription written by a prescriber ordering the pharmacist to give an immunization. This situation usually arises when the immunization is being ordered outside of a protocol or manufacturer recommendation. (i.e. age limitation).

The following statutes and regulations should be reviewed prior to the discussion:

NRS 454.213 (20) - (authority to administer by a pharmacist)

NAC 639.297 – 639.2978 – (pharmacist immunization regs)

EXECUTIVE SECRETARY REPORT – JUNE, 2018

- **FINANCIAL REPORT**

- 2018-2019 Budget

- **TEMPORARY LICENSES**

- **STAFF ACTIVITIES**

- Sunset Committee (4/23) – Brett, Dave
- Meetings with other health care boards – Dave, Paul, Brett
- Governor's Task Force on Opiates (4/18) – Dave, Paul
- NABP Annual Meeting (May) - staff
- AB 474 meetings and continuing education - staff
- CORA meeting (4/26) - Yen

- **REPORT TO BOARD**

- BD product information

- **BOARD RELATED NEWS**

- **ACTIVITIES REPORT**

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
639.955 Penalty for failing to transmit information required by NAC 639.926	03/02/16	03/11/16	R036-16	04/08/16	04/27/16	06/01/16	06/16/16	06/28/16
639.921 Sharing information between systems.	03/02/16	03/11/16	R035-16	04/08/16	06/15/16	07/20/16	Denied 07/21/16	
453.NEW Naloxone	01/13/16	04/07/16	R058-16	05/04/16	06/15/16	07/20/16	08/05/16	09/09/16
639.7102 Use of computer system for issuance and transmission of prescription	07/21/16 09/08/16 10/13/16	10/25/16	R154-16	07/05/17	08/02/17	09/07/17	09/27/17	10/31/17
639.7105 Electronic transmission of prescription								
NAC 453.510 Schedule I add MAB-CHMINACA, AB-FUBINACA and ADB-PINACA	09/08/16	09/20/16	R151-16	Withdrawn – Duplicates R080-15				
453.540 Schedule IV add Eluxadoline	09/08/16	09/20/16	R150-16					
453.550 Schedule V add Brivaracetam	09/08/16	09/20/16	R149-16					
453.NEW Naloxone recordkeeping	10/13/16	10/25/16	R157-16	06/15/17	08/02/17	09/07/17	09/27/17	10/31/17
453.460 Partial Filling of Prescriptions	03/01/17 10/19/17	03/21/17	R007-17	06/22/17	08/02/17	09/07/17 01/11/18	01/30/18	02/27/18
	10/31/17: LCB drafting changes from 10/19/17 WS							
453.510 Schedule I adding certain controlled substances	04/13/17	05/03/17	R011-17	06/29/17	08/02/17	09/07/17	09/27/17	10/31/17
453.530 Schedule III HCG in non-humans	06/01/17	06/07/17	R013-17	06/14/17	08/02/17	09/07/17	09/27/17	10/31/17
453.440 DEA/ICD-10 Requirements	07/20/17	07/28/17	R046-17	09/05/17	11/01/17	12/06/17	12/13/17	02/27/18
639.926 Days Supply/Schedule V Reporting	07/20/17	07/28/17	R045-17	09/05/17	11/01/17	12/06/17	12/13/17	02/27/18
639 Veterinarians dispensing through consignment	09/07/17 10/19/17	12/12/17	R146-17	02/01/18	02/01/18	03/07/18	04/05/18	

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
639.010 Definition of Designated Agent	12/06/17							
639.670 USP 800	10/19/17	Close – Adopting USP 800						
639.879 APRN Dispensing	10/19/17	11/02/17	R132-17	12/01/17		03/07/18	03/28/18	
639 NEW Prescription Readers	10/19/17	11/02/17	R131-17	12/05/17	01/24/18	03/07/18		
					03/13/18	04/12/18		
					05/03/18	06/07/18		
639 PMP Registration/Access	01/11/18	01/12/18	R013-18	04/30/18	05/03/18	06/07/18		
639 Show Cause	01/11/18	01/12/18	R014-18	02/27/18	03/13/18	04/12/18		
639.742 Vet Dispensing	01/11/18	01/12/18	R015-18	03/09/18	03/13/18	04/12/18		
639.220 Schedule of Fees								
639.NEW Dispensing of CS in conformance with AB 474	03/07/18	03/13/18	R047-18	04/17/18	05/08/18	06/07/18		
453.510 Schedule I – Adding New Substances (Fentanyl)	03/07/18	03/15/18	R048-18	05/04/18				

TEMPORARY LICENSES
(Issued since last board meeting)

Pipeline

Jamie Beever

Mesa View Regional Hospital

David Burchett

Renown

Mikayla Rageth

Walgreens

Payvand Hadjian

Important Product Information**BD Insulin Syringes**

April 2018

For the Attention of:

Compounders, including 503B Outsourcing Facilities and Pharmacies
American Academy of Ophthalmology, American Society of Retina Specialists

Description of the problem and health hazard:

BD has become aware that its insulin syringes are being used for intraocular injections. Adverse events associated with "floaters" have been reported when insulin syringes are used for intraocular injections.

BD insulin syringes are intended for subcutaneous injection of insulin and have only been tested and validated for this intended use. These insulin syringes are safe and effective when used as intended.

Contact Information

If you have questions please contact us at 1-800 BD Cares (800-232-2737) between 8 AM and 5 PM ET Monday through Friday.

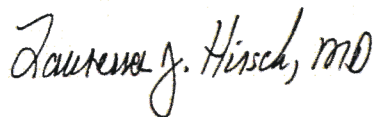
Please complete the attached acknowledgement form to confirm your receipt of this communication.

BD has informed the U.S. Food and Drug Administration of this safety alert. Any adverse health consequences experienced may be reported to the FDA's MedWatch Adverse Event Reporting program.

- Web: MedWatch website at www.fda.gov/medwatch
- Phone: 1-800-FDA-1088 (1-800-332-1088)
- Mail: MedWatch, HF-2, FDA, 5600 Fisher's Lane, Rockville, MD 20852-9787

BD is committed to advancing the world of health. Our primary objectives are patient and user safety. We thank you in advance for helping us to assure patient safety by using the insulin syringes only for their intended use.

Sincerely,



Laurence J. Hirsch, MD
VP Global Medical Affairs
BD Medical – Diabetes Care



Gail Griffiths
Sr. Director Regulatory Compliance
BD – US Region



Nevada State Board of Pharmacy

431 W. PLUMB LANE • RENO, NEVADA 89509
(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444
E-mail: pharmacy@pharmacy.nv.gov • Website: bop.nv.gov

NEVADA STATE BOARD OF PHARMACY

ACTIVITIES REPORT

APRIL 11-12, 2018 BOARD MEETING HELD IN LAS VEGAS, NEVADA

This report is prepared and presented to keep interested legislators and others abreast of the activities of the Nevada State Board of Pharmacy. Following is a summary of the April 2018 Board meeting.

Licensing Activity:

- 6 licenses were granted for Out-of-State MDEG (Medical Devices, Equipment and Gases) companies and 1 granted for a Nevada MDEG company.
- 14 licenses were granted for Out-of-State pharmacies; pending receipt of a favorable inspection for all compounding pharmacies, and 1 license application for further information.
- 8 licenses were granted for Out-of-State wholesalers.
- 8 licenses were granted for Nevada pharmacies and 1 application pulled for further information
- 2 licenses were granted for Out-of-State Outsourcing Facilities & 1 application was postponed.
- 3 licenses were renewed and 1 denied for pharmacists with disciplinary issues in other states.
- 1 license was denied for a pharmacy tech in training for testing positive for a schedule 1 substance.
- A progress report was offered by a revoked pharmacist, who was asked to continue with his internship prior to reapplying for his license reinstatement.
- 1 license was granted for a Physician's Assistant with past regulatory issues.

Disciplinary Actions:

- Pharmacist NZ was revoked for creating, filling and sending a prescription out of state to her sister without authorization from a prescriber.
- Pharmacist DB was ordered a letter of reprimand; 2 extra hours of CE; and fined \$1K for dispensing the wrong strength of phenobarbital resulting in seizure activity in a canine. Pharmacy WG was fined an administrative fee of \$1500.
- Pharmacy Technician KR was revoked for diversion of controlled substances for self-administration.
- Physician CW's stipulated agreement was denied by the Board and asked to be heard in July. Two of CW's dispensing techs were revoked for dispensing without the physician's authority.

Other Activity:

- The usual Board business reports were given, including recent and future speaking engagements; reports on national meetings; and collaboration with other state agencies.
- The Board discussed a petition for regulatory interpretation regarding the authority to possess and administer dangerous drugs.
- The NABP "blueprint" inspection process was discussed and moved forward for Nevada inspections.

Public Hearing:

- A. **Amendment of Nevada Administrative Code Chapter 639 to add a new section thereto for the registration of veterinarians to dispense controlled substances or dangerous drugs.** Establishes the requirements for a licensed veterinarian to obtain a certificate of registration to dispense controlled substances or dangerous drugs; and revising the fees for a licensed veterinarian to dispense controlled substances or dangerous drugs. (LCB File No. R015-18)
- B. **Amendment of Nevada Administrative Code Chapter 639 to add a new section thereto authorizing the State Board of Pharmacy to issue an order for a hearing to show cause.** Enacts the requirements for the issuance of an order to appear at a hearing to show cause to a respondent to fails to comply with an order imposing discipline. (LCB File No. R014-18)

**REVISED PROPOSED REGULATION OF THE
STATE BOARD OF PHARMACY**

LCB File No. R131-17

April 17, 2017

EXPLANATION – Matter in *italics* is new; matter in brackets ~~omitted material~~ is material to be omitted.

AUTHORITY: §1, NRS 639.070 and section 1 of Senate Bill No. 131, chapter 112, Statutes of Nevada 2017, at page 484 (NRS 639.28015).

A REGULATION relating to pharmacies; specifying the manner in which certain retail community retail pharmacies must provide notice of the availability of prescription readers; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Senate Bill No. 131 of the 79th Legislative Session requires a retail community pharmacy that dispenses drugs to notify each person to whom a drug is dispensed that a prescription reader is available to the person. (Section 1 of Senate Bill No. 131, Chapter 112, Statutes of Nevada 2017, at page 484, (NRS 639.28015)) This regulation specifies the manner in which such notice must be provided.

Section 1. Chapter 639 of NAC is hereby amended by adding thereto a new section to read as follows:

1. To comply with the provisions of section 1 of Senate Bill No. 131, chapter 112, Statutes of Nevada 2017, at page 484, (NRS 639.28015), regarding notice about the availability of prescription readers, a retail community pharmacy shall provide:

(a) Written notice in the form of a sign that is posted in the pharmacy;

(b) Notice in writing that is given directly to the patient or caregiver of the patient to whom the drug is dispensed; or

(c) Verbal notice by direct conversation between the staff of the pharmacy and the patient or caregiver of the patient to whom the drug is dispensed.

2. Upon request of the patient or caregiver of the patient to whom a drug is dispensed, a retail community pharmacy shall provide to the patient or caregiver a prescription reader or directions or advice on the manner in which to obtain a prescription reader.

**PROPOSED REGULATION OF THE
STATE BOARD OF PHARMACY**

LCB File No. R013-18

April 27, 2018

EXPLANATION – Matter in *italics* is new; matter in brackets [~~omitted material~~] is material to be omitted.

AUTHORITY: §§1, 2 and 5-9, NRS 453.221 and 639.070; §3, NRS 639.070 and section 58 of Assembly Bill No. 474, chapter 605, Statutes of Nevada 2017, at page 4434 (NRS 639.23916); §4, NRS 639.070 and 639.23507; §10, NRS 639.070 and 639.0727.

A REGULATION relating to controlled substances; requiring a practitioner to register with the State Board of Pharmacy to access the database that tracks each prescription for certain controlled substances; authorizing a practitioner or hospital to have a delegate access the database to obtain a patient utilization report; authorizing the Board to suspend or terminate before a hearing the Internet access of a practitioner or other person to the database in certain situations; providing the procedure used by the Board to suspend the registration of a practitioner or other person to dispense any controlled substance in certain circumstances; authorizing the Board to provide certain information from the database to a practitioner or other person whose Internet access is suspended or terminated; setting forth the notice and hearing requirements for a practitioner or other person to use if his or her Internet access to the database is suspended or terminated; setting forth certain requirements for the disclosure of information from the database; 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 provides that the Board and the Investigation Division of the Department of Public Safety will develop a computerized

program to track each prescription for a controlled substance listed in schedule II, III, IV or V that is filled by a pharmacy or dispensed by a practitioner. (NRS 453.162)

Existing law requires a practitioner or other person who dispenses any controlled substance to obtain biennially a registration that is issued by the Board. (NRS 453.226) Existing regulations require that a practitioner who wishes to dispense controlled substances or dangerous drugs must apply to the Board for a certificate of registration to dispense controlled substances or dangerous drugs. (NAC 639.742) Existing law provides that a person must present proof that he or she is authorized to access the database of the computerized program that tracks each prescription for a controlled substance before the Board issues or renews a registration to dispense any controlled substance. (NRS 453.226) **Section 2** requires a practitioner or other person who is required to register with the Board to dispense controlled substances or to dispense controlled substances or dangerous drugs to register with the Board to access the database of the computerized program. **Section 10** of this regulation provides that a practitioner must present proof that he or she is registered pursuant to **section 2** of this regulation to access the database of the computerized program before the Board will issue a certificate of registration to dispense controlled substances or dangerous drugs. **Section 2** sets forth that: (1) the Board will deem such registration as proof that the practitioner is authorized to access the database of the computerized program; and (2) access to the database of the computerized program is a revocable privilege.

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 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. (Section 58 of Assembly Bill No. 474, chapter 605, Statutes of Nevada 2017, at page 4434 (NRS 639.23916)) **Sections 3 and 4** of this regulation authorize a practitioner and a hospital, respectively, to designate certain persons as delegates for the purpose of accessing the database of the computerized program to obtain: (1) the information needed by a practitioner for the practitioner to create a patient utilization report; or (2) a patient utilization report on behalf of a physician providing service in a hospital emergency department. **Sections 3 and 4** require such a delegate to complete certain courses of training before he or she may access the database of the computerized program. **Sections 3 and 4** hold the practitioner or hospital, respectively, liable for any action of the delegate relating to accessing the database of the computerized program.

Existing law authorizes the Board or the Division to suspend or terminate access to the database of the computerized program if a law enforcement agency or employee violates certain provisions. (NRS 453.165) **Section 5** of this regulation authorizes the Board or the Division to

suspend or terminate, before a hearing, the Internet access of a practitioner or other person to the database of the computerized program if the practitioner or other person violates certain provisions. **Section 7** of this regulation authorizes a practitioner or other person whose Internet access to the database of the computerized program is suspended or terminated pursuant to **section 5** to request from the Board information from the database of the computerized program concerning a patient of the practitioner or other person. **Section 7** provides that the Board will provide the requested information if: (1) the person whose information is being requested is a patient of the practitioner or other person; (2) the person whose information is being requested is not deceased; and (3) the request for information complies with existing law. **Section 8** of this regulation sets forth the notice and hearing requirements that must occur if: (1) a practitioner's or other person's Internet access to the database of the computerized program is suspended or terminated pursuant to **section 5**; or (2) a law enforcement agency's or employee's Internet access to the database of the computerized program is suspended or terminated pursuant to existing law.

Existing law authorizes the Board to suspend any registration before a hearing if the Board finds that there is an imminent danger to the public health or safety which warrants such action. (NRS 453.241) **Section 6** of this regulation authorizes the Board or Executive Secretary of the Board, if a practitioner's or other person's Internet access is suspended or terminated pursuant to **section 5**, to also suspend the practitioner's or other person's registration to dispense controlled substances or certificate of registration to dispense controlled substances or dangerous drugs if the Board finds that there is an imminent danger to the public health or safety that warrants such action.

Existing law requires the information obtained from the database of the computerized program to be disclosed upon the request of a person about whom the information requested concerns or upon the request of that person's attorney. (NRS 453.164) **Section 9** of this regulation: (1) requires the person or his or her attorney to submit such a request by using a notarized authorization form that the Board will provide on its Internet website; and (2) provides that the Board will, upon receiving such a notarized authorization form, disclose the information only to the person about whom the information requested concerns or to that person's attorney.

Section 1. Chapter 453 of NAC is hereby amended by adding thereto the provisions set forth as sections 2 to 9, inclusive, of this regulation.

Sec. 2. 1. *A practitioner or other person who is required to register with the Board pursuant to subsection 1 of NRS 453.226 to dispense controlled substances or NAC 639.742 to*

dispense controlled substances or dangerous drugs must also register with the Board pursuant to this section to access the database of the program established pursuant to NRS 453.162.

2. To register pursuant to this section to access the database, the practitioner or other person must apply to the Board on an application provided by the Board. For purposes of subsection 1 of NRS 453.226, the Board will deem such registration as proof that the practitioner or other person is authorized to access the database.

3. Access to the database is a revocable privilege, and no holder of such access to the database of the program acquires any vested right therein or thereunder.

Sec. 3. 1. Except as otherwise provided in section 4 of this regulation, 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 the information needed by a practitioner for the practitioner to obtain a patient utilization report pursuant to NRS 639.23507.

2. A delegate designated pursuant to subsection 1 must complete the course of training required 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.

Sec. 4. 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 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.*

Sec. 5. 1. *The Board or the Division may suspend or terminate, before a hearing, the Internet access of a practitioner or other person to the database of the program established pursuant to NRS 453.162 if the practitioner or other person violates any provision of NRS 453.162 to 453.165, inclusive, NRS 639.23507 or sections 52 to 58, inclusive, of Assembly Bill No. 474, chapter 605, Statutes of Nevada 2017, at page 4430 (NRS 639.2391 to 639.23916, inclusive).*

2. *As used in this section, "practitioner" does not include a hospital or other institution which is licensed, registered or otherwise authorized in this State to distribute, dispense, conduct research with respect to, administer or use in teaching or chemical analysis a controlled substance in the course of professional practice or research.*

Sec. 6. 1. *If the Internet access of a practitioner or other person to the database of the program established pursuant to NRS 453.162 is suspended or terminated pursuant to section 5 of this regulation, the Board or Executive Secretary of the Board on behalf of the Board may, pursuant to NRS 453.241, also suspend, before a hearing, a registration of the practitioner or other person to dispense controlled substances issued pursuant to NRS 453.226 or a certificate of registration to dispense controlled substances or dangerous drugs issued*

pursuant to NAC 639.742 if the Board finds that there is an imminent danger to the public health or safety that warrants such action.

2. The suspension of a registration pursuant to subsection 1 must continue in effect until the conclusion of the proceedings set forth in NRS 639.241 to 639.2576, inclusive, unless sooner withdrawn by the Board or dissolved by a court of competent jurisdiction.

Sec. 7. 1. A practitioner or other person whose Internet access to the database of the program established pursuant to NRS 453.162 is suspended or terminated pursuant to section 5 of this regulation may submit to the Board a request that the Board provide information which is obtained from the database of the program concerning a patient of the practitioner or other person if:

(a) Such information is necessary for the practitioner or other person to comply with the provisions of this chapter, chapter 639 of NAC or chapter 453 or 639 of NRS; and

(b) The practitioner or other person is registered to dispense controlled substances pursuant to NRS 453.226 or to dispense controlled substances or dangerous drugs pursuant to NAC 639.742.

2. The practitioner or other person must submit to the Board the request for information described in subsection 1 by use of an electronic mail address that the Board will provide on its Internet website.

3. Upon receiving a request for information pursuant to subsections 1 and 2, the Board will provide the requested information to the practitioner or other person if the Board determines that:

(a) The person whose information is being requested is a patient of the practitioner or other person;

(b) The person whose information is being requested is not deceased; and

(c) The request for information complies with this chapter, chapter 639 of NAC and chapters 453 and 639 of NRS.

Sec. 8. 1. If Internet access to the database of the program established pursuant to NRS 453.162 is suspended or terminated pursuant to section 5 of this regulation or NRS 453.165, the Board will provide written notice to the law enforcement agency or employee, person or practitioner whose Internet access to the database of the program is suspended or terminated:

(a) If practicable, before the suspension or termination occurs; or

(b) If notice cannot be provided before the suspension or termination occurs, as soon as practicable after the suspension or termination occurs.

2. In the event of a suspension or termination of Internet access to the database of the program pursuant to section 5 of this regulation or NRS 453.165, 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 suspension or termination unless a continuance is requested by the law enforcement agency or employee, person or practitioner or the law enforcement agency or employee, person or practitioner otherwise prevents the holding or conclusion of the hearing.

3. The determination of the Board is final, except that the propriety of such action is subject to review by a court of competent jurisdiction.

Sec. 9. 1. *If a person wishes to obtain information concerning the person from the database of the program established pursuant to NRS 453.162, the person or his or her attorney must submit to the Board a request for information pursuant to paragraph (a) of subsection 8 of NRS 453.164 using a notarized authorization form which is provided on the Internet website of the Board.*

2. *Upon receiving the notarized authorization form, the Board will disclose the information obtained from the database only to the person about whom the information requested concerns or his or her attorney.*

Sec. 10. NAC 639.742 is hereby amended to read as follows:

639.742 1. A practitioner who wishes to dispense controlled substances or dangerous drugs 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 present proof that he or she is registered pursuant to section 2 of this regulation to access the database of the program established pursuant to NRS 453.162 before the Board may issue 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. A certificate of registration to dispense controlled substances or dangerous drugs is a revocable privilege, and no holder of such a certificate of registration acquires any vested right therein or thereunder.

2. If a facility from which the practitioner intends to dispense dangerous drugs or controlled substances 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, the dispensing practitioner and, if applicable, the owner or owners of the facility, 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;
- (f) All drugs are dispensed only to the patient personally at the facility;
- (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. 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 repack drugs.

5. 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.

REVISED PROPOSED REGULATION OF THE
STATE BOARD OF PHARMACY

LCB File No. R047-18

May 4, 2018

EXPLANATION – Matter in *italics* is new; matter in brackets ~~(omitted material)~~ is material to be omitted.

AUTHORITY: §§1-7, NRS 639.070 and section 58 of Assembly Bill No. 474, chapter 605, Statutes of Nevada 2017, at page 4434 (NRS 639.23916).

A REGULATION relating to controlled substances; defining certain terms for the purposes of provisions relating to the prescription of controlled substances; requiring a review of the medical history of a patient and physical examination of a patient conducted for certain purposes to be targeted to the condition causing the pain of the patient; specifying the conditions under which a practitioner will be determined to have made a good faith effort to obtain the medical records of the patient for certain purposes; specifying certain conditions under which a practitioner will be deemed to have obtained the informed written consent of a patient; clarifying that a practitioner may prescribe a controlled substance under certain conditions; clarifying that a patient may enter into a prescription medication agreement with a group of practitioners; requiring a practitioner to review and update a prescription medication agreement under certain circumstances; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law imposes certain requirements concerning the "initial prescription" of a controlled substance listed in schedule II, III or IV or an opioid that is a controlled substance listed in schedule V, including limits on the prescription of a controlled substance listed in schedule II, III or IV issued for the treatment of "acute pain." (NRS 639.23507; sections 52-54 and 56 of Assembly Bill No. 474, chapter 605, Statutes of Nevada 2017, at pages 4430, 4431 and 4433 (NRS 639.2391-639.23912, 639.23914)) For these purposes, "initial prescription" is defined to mean a prescription originated for a new patient or a new prescription to begin a new "course of treatment" for an existing patient of a practitioner, other than a veterinarian. (Section 51 of Assembly Bill No. 474, chapter 605, Statutes of Nevada 2017, at page 4430 (NRS 639.0082)) **Sections 2 and 3** of this regulation, respectively, define the terms "acute pain" and "course of treatment" for the purposes of these provisions.

Before issuing an initial prescription for a controlled substance listed in schedule II, III or IV for the treatment of pain, existing law requires a practitioner, other than a veterinarian, to: (1) obtain and review the medical history of the patient; (2) conduct a physical examination of the patient; (3) make a good faith effort to obtain and review the medical records of the patient from any other provider of health care who has provided care to the patient; and (4) obtain the informed written consent of the patient to the use of the controlled substance. (Sections 53 and 54 of Assembly Bill No. 474, chapter 605, Statutes of Nevada 2017, at page 4431 (NRS 639.23911, 639.23912)) **Section 5** of this regulation requires such a review or examination to be targeted to the condition causing the pain of the patient. **Section 5** also specifies the conditions under which a practitioner will be deemed to have made a good faith effort to obtain the medical records of the patient. **Section 4** of this regulation provides that a practitioner has obtained the informed written consent of a patient to the use of a controlled substance if the practitioner has: (1) viewed informed written consent previously given by the patient and stored on a database maintained by the practitioner or a group of practitioners with which the practitioner is associated; and (2) discussed the provisions of the informed written consent with the patient, allowed the patient to ask questions about those provisions and answered those questions.

Before issuing an initial prescription for a controlled substance listed in schedule II, III or IV or an opioid that is a controlled substance listed in schedule V and at least once every 90 days thereafter for the duration of the course of treatment using the controlled substance, a practitioner, other than a veterinarian, is required to obtain a patient utilization report regarding the patient from the computerized prescription monitoring program established by the State Board of Pharmacy and the Investigation Division of the Department of Public Safety. The practitioner is required to determine whether the patient has been issued another prescription for the same controlled substance that provides for ongoing treatment using the controlled substance. If the practitioner determines that the patient has been issued such a prescription, the practitioner is prohibited from prescribing the controlled substance. (NRS 639.23507) **Section 6** of this regulation clarifies that a practitioner is not prohibited from: (1) prescribing a controlled substance that is different from a controlled substance for which the patient has an existing prescription; (2) increasing the dosage of a controlled substance that has been prescribed to a patient; or (3) prescribing a controlled substance to continue an ongoing course of treatment or replace doses of a controlled substance that have been lost, stolen or destroyed.

Existing law requires a practitioner to enter into a prescription medication agreement with a patient not later than 30 days after issuing to the patient an initial prescription for a controlled substance listed in schedule II, III or IV for more than 30 days for the treatment of pain. (Section 56 of Assembly Bill No. 474, chapter 605, Statutes of Nevada 2017, at page 4433 (NRS 639.23914)) **Section 7** of this regulation clarifies that a patient can enter into such an agreement with a group of practitioners. **Section 7** also provides that, if such an agreement is entered into before a prescription is issued, the prescribing practitioner is required to review the agreement immediately before issuing the prescription and update the agreement if necessary.

Section 1. Chapter 639 of NAC is hereby amended by adding thereto the provisions set forth as sections 2 to 7, inclusive, of this regulation.

Sec. 2. *As used in section 52 of Assembly Bill No. 474, chapter 605, Statutes of Nevada 2017, at page 4430 (NRS 639.2391), "acute pain" means pain that has an abrupt onset and is caused by injury or another cause that is not ongoing. The term does not include chronic pain or pain that is being treated as part of care for cancer, palliative care, hospice care or other end-of-life care.*

Sec. 3. *As used in NRS 639.23507, sections 51 to 58, inclusive, of Assembly Bill No. 474, chapter 605, Statutes of Nevada 2017, at pages 4430-34 (NRS 639.0082, 639.2391 to 639.23916, inclusive), and sections 2 to 7, inclusive, of this regulation, "course of treatment" means all treatment of a patient for a particular disease or symptom of a disease, including, without limitation, a new treatment initiated by any practitioner for a disease or symptom for which the patient was previously receiving treatment.*

Sec. 4. *As used in section 53 of Assembly Bill No. 474, chapter 605, Statutes of Nevada 2017, at page 4431 (NRS 639.23911), to "obtain informed written consent to the use of the controlled substance" includes, without limitation:*

1. Viewing informed written consent that meets the requirements of subsection 2 of section 54 of Assembly Bill No. 474, chapter 605, Statutes of Nevada 2017, at page 4431 (NRS 639.23912), previously given by the patient and stored on a database maintained by the practitioner or a group of practitioners with which the practitioner is associated; and

2. *Immediately before prescribing the controlled substance, discussing the provisions of the informed written consent described in subsection 1 with the patient, allowing the patient to ask questions about those provisions and answering those questions.*

Sec. 5. 1. *A practitioner conducting a review of the medical history and physical examination of a patient pursuant to section 54 of Assembly Bill No. 474, chapter 605, Statutes of Nevada 2017, at page 4431 (NRS 639.23912), shall target the review and examination to the condition causing the pain of the patient.*

2. *A practitioner makes a good faith effort to obtain and review the medical records of a patient, as required by section 54 of Assembly Bill No. 474, chapter 605, Statutes of Nevada 2017, at page 4431 (NRS 639.23912), if the practitioner makes an effort to obtain all medical records that, in the professional judgment of the practitioner, are necessary to determine whether to prescribe a controlled substance listed in schedule II, III or IV to the patient. In determining whether a medical record is necessary to make such a determination, a practitioner may consider:*

- (a) The time needed to provide care to the patient;*
- (b) The nature of the practice of the practitioner; and*
- (c) Whether the benefit of prescribing the controlled substance without obtaining the medical record outweighs the risk of doing so.*

Sec. 6. *The Board does not construe NRS 639.23507 to prohibit a practitioner from:*

- 1. *Prescribing a controlled substance listed in schedule II, III or IV or an opioid that is a controlled substance listed in schedule V to a patient who has been issued another prescription*

for a different controlled substance listed in schedule II, III or IV or opioid that is a controlled substance listed in schedule V;

2. Increasing the dosage of a controlled substance listed in schedule II, III or IV or an opioid that is a controlled substance listed in schedule V that has been prescribed to a patient;
or

3. Prescribing a controlled substance listed in schedule II, III or IV or an opioid that is a controlled substance listed in schedule V for the purpose of:

(a) Continuing the same course of treatment for which the patient has previously been prescribed the same controlled substance; or

(b) Replacing doses of the controlled substance that have been lost, stolen or destroyed.

Sec. 7. 1. A patient may enter into a prescription medication agreement in satisfaction of the requirements of section 56 of Assembly Bill No. 474, chapter 605, Statutes of Nevada 2017, at page 4433 (NRS 639.23914), with a group of practitioners, including, without limitation, by entering into such an agreement with a member or other agent of the group who has the authority to enter into the agreement on behalf of the group.

2. If a practitioner or group of practitioners enters into a prescription medication agreement with a patient before the issuance to the patient of a prescription for which such an agreement is required by the provisions of section 56 of Assembly Bill No. 474, chapter 605, Statutes of Nevada 2017, at page 4433 (NRS 639.23914), the prescribing practitioner must review the agreement immediately before issuing the prescription, including, without limitation, by using a database maintained by the practitioner or group of practitioners, and update the agreement if necessary.