

NEVADA STATE
BOARD OF PHARMACY

BOARD MEETING

OCTOBER 10-11, 2018

HILTON GARDEN INN
7830 S LAS VEGAS BOULEVARD
LAS VEGAS, NEVADA



Nevada State Board of Pharmacy

431 W. PLUMB LANE • RENO, NEVADA 89509
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October 3, 2018

AMENDED AGENDA

◆ PUBLIC NOTICE ◆

The Nevada State Board of Pharmacy will conduct a meeting beginning Wednesday, October 10, 2018 at 9:00 am. The meeting will continue, if necessary, on Thursday, October 11, 2018 at 9:00 am or until the Board concludes its business at the following location:

Hilton Garden Inn
 7830 S Las Vegas Boulevard
 Las Vegas, 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 September 5-6, 2018, Minutes **(For Possible Action)**
3. Applications for Out-of-State Pharmacy – Non Appearance **(For Possible Action)**
 - A. Advanced Pharmacy Solutions – Laguna Hills, CA
 - B. Aviva Care Pharmacy – Sunrise, FL
 - C. CareMetx Health, LLC – Gaithersburg, MD
 - D. Chesterfield Pharmacy – Garland, TX
 - E. Comprehensive Care Pharmacy – Clinton, TN
 - F. Concentrix CVG – Tucson, AZ
 - G. Fresenius Medical Care North America – Lake Bluff, IL
 - H. Lakeside Pharmacy – Monterey, LA
 - I. Med 4 Home – Kansas City, MO
 - J. PharMerica – Louisville, KY
 - K. PillPack LLC – Manchester, NH
 - L. Pineland Pharmacy – Richardson, TX
 - M. Preveon Specialty Pharmacy – Highland, CA

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

- N. Professional Pharmacy Resources – Pace, FL
- O. St. Joseph's McAuley Pharmacy – Phoenix, AZ

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

- P. Amneal Pharmaceuticals LLC – Glasgow, KY
- Q. Amneal Pharmaceuticals LLC – Glasgow, KY
- R. Aprezia Pharmaceuticals, LLC – Blue Ash, OH
- S. Arnold Dental Supply Company, Inc. – Lynnwood, WA
- T. Burke Therapeutics, LLC – Hot Springs, AR
- U. DSC Logistics, LLC – Rancho Cucamonga, CA
- V. DSC Logistics, LLC – Jefferson, GA
- W. Eyevance Pharmaceuticals LLC – Fort Worth, TX

- X. Humco Holding Group, Inc. – Texarkana, TX
- Y. JAMS Wholesale Distribution Services LLC – Coconut Creek, FL
- Z. NDC Homecare LLC – LaVerge, TN
- AA. Shire Rare Disease U.S. Biotech, Inc. – Lexington, MA
- BB. Spectra Medical Devices, Inc. – Wilmington, MA
- CC. Triad Isotopes – Memphis, TN
- DD. Wolf Medical Supply – Sunrise, FL

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

- EE. Angelini Pharma Inc. – Gaithersburg, MD
- FF. Crown Medical Solutions, LLC – Lemon Grove, CA
- GG. Mainlands Medical Inc. – Pinellas Park, FL

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

- HH. LVS Surgery Center LLC – Las Vegas, NV
- II. Preferred Pharmacy – Las Vegas, NV

◆ REGULAR AGENDA ◆

4. Disciplinary hearings pursuant to NRS 639.247 Note: The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of any of the below named parties.
(For Possible Action)

- | | | |
|----|--------------------------|------------------|
| A. | David J. Adams, DO | (17-095-CS-S) |
| B. | Robert Gaimaro, PA | (17-103-CS-S) |
| C. | Lucas Meyers, R.Ph | (16-089-RPH-A-S) |
| D. | Thy Thai Nguyen, R.Ph | (16-089-RPH-B-S) |
| E. | Walgreens #03922 | (16-089-PH-A-S) |
| F. | Walgreens Co. | (16-089-PH-B-S) |
| G. | Tiffany C. Hall, PT | (18-057-PT-S) |
| H. | Veronica S. Ashworth, PT | (18-064-PT-S) |
| I. | Michael Bell, DDS | (17-102-CS-S) |
| J. | Venus Vedadi, R.Ph | (17-112-RPH-S) |
| K. | Joyce Chang, MD | (18-029-CS-S) |

5. Application for Nevada Pharmacy – Appearance **(For Possible Action)**

Genoa Healthcare, LLC – Las Vegas, NV

6. Applications for Out-of-State Pharmacy – Appearance **(For Possible Action)**

- A. Advanced InfusionCare – Valdosta, GA
- B. Marian Pharmaceuticals – Daphne, AL
- C. NexGen Compounding Pharmacy – Weatherford, TX
- D. SMP Pharmacy Solutions #2 – Miami, FL

7. Application for Out-of-State Outsourcing Facility – Appearance
(For Possible Action)

Athenex Pharma Solutions, LLC – Clarence, NY

8. Application for Nevada Medical, Devices, Equipment and Gases – Appearance
(For Possible Action)

iSleep, LLC – Reno, NV

9. Request for Removal of Restriction from Working as a Managing Pharmacist – Appearance Note: The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of any of the below named parties.
(For Possible Action)

Ronald H. Engberson

10. Requests for Renewal of Pharmacist License - Appearance Note: The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of any of the below named parties.
(For Possible Action)

- A. Moshe Lalehzari
- B. Phic Kaing Lim

11. Request for an Intern License – Appearance Note: The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of any of the below named parties. (For Possible Action)

Thomas Ealy

12. General Counsel Report

13. Approval of 2019 Board Meeting Dates

14. Executive Secretary Report:

- A. Financial Report
- B. Temporary Licenses

- C. Staff Activities
 - 1. Meetings with other health care boards
 - 2. Presentation to Nevada Society of Physicians
 - 3. Presentation at Banner in Fallon
 - 4. Presentation at Nevada Cancer Society
 - 5. Presentation at Annual Crime Lab Meeting
 - 6. Annual Report
 - 7. Roseman student rotation completed
- D. Report to Board
 - 1. Licensing software update
- E. Board Related News
 - 1. District Meeting October 14-17, 2018 Kansas City
 - 2. NABP Member Forum November 28-29, 2018
- F. Licensing Activities Report

◆ WORKSHOP ◆

Thursday, October 11, 2018 – 9:00 am

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

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

Amendment of Nevada Administrative Code (NAC) 639.250: Restrictions on supervision. The proposed amendment to NAC 639.250 will allow for an increase in pharmaceutical technician to pharmacist ratio in certain pharmacy settings

16. Date and Location of Next Scheduled Board Meeting:

December 5-6, 2018 – Reno, Nevada

17. 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

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MINUTES

September 5 & 6, 2018

BOARD MEETING

Hyatt Place
1790 E. Plumb Ln.
Reno, Nevada

Board Members Present:

Leo Basch	Kevin Desmond	Wayne Mitchell	Jason Penrod
Melissa Shake	Robert Sullivan	Kirk Wentworth	

Board Staff Present:

Larry Pinson	Dave Wuest	S. Paul Edwards	Shirley Hunting
Brett Kandt	Yenh Long	Joe Depczynski	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 September 5, 2018 9:05 AM

Don Mello addressed the Board with concerns about access to his pharmacy records while receiving care. Mr. Mello asked Board Staff to acknowledge receipt of his complaint and requested statistics about total complaints to the Board. President Basch thanked Mr. Mello for his comments.

2. Approval of July 18-19, 2018 Minutes

President Basch requested a correction to p.10 to clarify that Dr. Craig Weingrow's Controlled Substance Registration and Practitioner Dispensing Registration were revoked for not less than one year, effective immediately.

Melissa Shake requested clarification on p.11 regarding whether there was public comment.

Board Action:

Motion: Wayne Mitchell moved to approve the July 2018 Board Meeting Minutes with the suggested corrections.

Second: Jason Penrod

Action: Passed unanimously

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

- A. American Service and Product, Inc. – Orland Park, IL
- B. Avera eCare Pharmacy – San Antonio, TX
- C. Caremart Pharmacy LLC – South Richmond Hill, NY
- D. Crestview Pharmacy Services LLC – Tempe, AZ
- E. CTCA/Rx – Newnan, GA
- F. CVS/pharmacy #10762 – Ashland, VA
- G. Dolphin Health Pharmacy – Oakland, CA
- H. Gaston Pharmacy #1 – Dallas, TX
- I. Hudgins Pharmacy, Inc. – Mathews, VA
- J. Metro Drugs Pharmacy Department – Hoboken, NJ
- K. Midtown Express Pharmacy – Nashville, TN
- L. Omnicare Clinical Intervention Center – Spartanburg, SC
- M. Rainwood Rx LLC – Elkhorn, NE
- N. RARx, LLC – Nashville, TN
- O. Route 300 Pharmacy – Newburgh, NY
- P. SRX Pharmacy – Tampa, FL
- Q. Tarrytown Expocare, LLC – Austin, TX
- R. Uptown Drugs Pharmacy – Allen Park, MI
- S. Valencia Pharmacy, Inc. – Houston, TX
- T. Walnut Creek Rx LLC – Omaha, NE

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

- U. Lakeview Pharmacy of Racine Inc. – Racine, WI
- V. Phar-More Rx, LLC – Bala Cynwyd, PA
- W. Premier Pharmacy Services – Cliffside, NJ

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

- X. Alcon Laboratories, Inc. – Ft Worth, TX
- Y. Aquestive Therapeutics, Inc. – Warren, NJ
- Z. AveXis, Inc. – Libertyville, IL
- AA. Circassia Pharmaceuticals Inc. – Morrisville, NC
- BB. Crosstex International, Inc. – Hauppauge, NY
- CC. Direct Success Pharmacy Department – Farmingdale, NJ
- DD. Exelixis U.S., LLC – Alameda, CA

EE. Horizon Medicines LLC – Lake Forest, IL
 FF. Innogenix, LLC. – Amityville, NY
 GG. Interchem Corporation – Allendale, NJ
 HH. JM Logistical Services LLC – Laredo, TX
 II. Medunik USA, Inc. – Rosemont, PA
 JJ. Melinta Therapeutics, Inc. – Lincolnshire, IL
 KK. Oak Drugs Inc. – Chestnut Ridge, NY
 LL. Pharma-C, Inc. – Paramus, NJ
 MM. Primus Pharmaceuticals, Inc. – Scottsdale, AZ
 NN. Quagen Pharmaceuticals LLC – West Caldwell, NJ
 OO. Salus Medical, LLC – Phoenix, AZ
 PP. Schnucks Pharmacy Distribution Center – Earth City, MO
 QQ. ScieGen Pharmaceuticals Inc. – Hauppauge, NY
 RR. Scripts Wholesale Inc. – Brooklyn, NY
 SS. Spectrum Chemical Mfg. Corp. – New Brunswick, NJ
 TT. Western Wellness Solutions, LLC – San Francisco, CA
 UU. World Gen, LLC – Paramus, NJ
 VV. WG Critical Care, LLC – Paramus, NJ
 WW. Xellia Pharmaceuticals USA, LLC – Bedford, OH
 XX. XPO Logistics Supply Chain, Inc. – Ft. Worth, TX

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

YY. Aeroflow Urology, Inc. – Arden, NC
 ZZ. Avondale HME 3, Inc. – Temecula, CA
 AAA. Back Braces Plus, Inc. – Pinellas Park, FL
 BBB. B Braun Interventional Systems, Inc. – Breingsville, PA
 CCC. Butterfly Network – Guilford, CT
 DDD. C&E Medical, INC. – San Diego, CA
 EEE. Cardinal Health 200 LLC – Atlanta, GA
 FFF. Cardinal Health 200 LLC – Chicopee, MA
 GGG. Cardinal Health 200 LLC – Crystal Lake, FL
 HHH. Cardinal Health 200 LLC – Deland, FL
 III. Cardinal Health 200 LLC – Norfolk, NE
 JJJ. Cardinal Health 200 LLC – Wabasha, MN
 KKK. Clarify Medical, Inc. – San Diego, CA
 LLL. Discovery Medical Supply – Largo, FL
 MMM. Essential HME 2, Inc. – El Cajon, CA
 NNN. Gemstar Inc. – Monsey, NY
 OOO. SD Orthotics, Inc. – National City, CA
 PPP. XPO Logistics Supply Chain, Inc. – New Jersey, NJ

Applications for Nevada Pharmacy – Non-Appearance

QQQ. ER at Aliante, a Department of Mountain View Hospital – North Las Vegas, NV
 RRR. Sav-on Pharmacy #3489 – Las Vegas, NV

Application for Nevada Medical, Devices, Equipment and Gases – Non Appearance

SSS. Lincare Inc. – Fallon, NV

President Basch disclosed that he works for HCA, the same company as ER at Aliante (QQQ) but he can participate without bias.

President Basch asked the Board about concerns with Lincare Inc. (SSS). David Wuest explained that those concerns have been addressed during recent inspections.

Melissa Shake expressed concern that B Braun Interventional System's (BBB) application did not specify what products the company sold. Kirk Wentworth expressed concern that Dolphin Health Pharmacy's (G) website contains pre-printed prescriptions that are not in compliance with Nevada law.

Board Action:

Motion: Jason Penrod moved to approve the Consent Agenda with the requirement that B Braun Interventional Systems (BBB) provide a summarized list of the products it dispenses and Dolphin Health Pharmacy (G) remove/edit the pre-printed prescriptions from its website in accordance to Nevada law.

Second: Melissa Shake

Action: Passed unanimously

4. Discipline

A. Anteeah McClelland, PT (18-027-PT-S)

S. Paul Edwards, Esq. appeared before the Board to prosecute the case on behalf of the State.

Respondent Anteeah McClelland was not present, nor did counsel appear on her behalf.

Melissa Shake disclosed that respondent used to be employed by Walgreens, where Ms. Shake is presently employed. Ms. Shake felt she could participate in the matter fairly and without bias.

Paul Edwards moved to have Exhibits 1 through 4 admitted to the record.

President Basch admitted Exhibits 1 through 4 into the record.

Mr. Edwards described the facts of the case and offered proof that Board Staff served the Accusation as required by Nevada law. He indicated that he would ask the Board to enter default in light of Ms. McClelland's failure to respond to the Accusation and failure to appear.

Mr. Edwards also presented and described Exhibits 1 through 4 to prove the factual allegations stated in the Accusation.

Board Action:

Motion: Jason Penrod moved to find that Board Staff properly served Ms. McClelland.

Second: Wayne Mitchell

Action: Passed unanimously

Board Action:

Motion: Melissa Shake moved to find that the Board has jurisdiction over the matter.

Second: Jason Penrod

Action: Passed unanimously

Mr. Edwards asked that the Board find Ms. McClelland in default for being properly served but not responding to the allegations, and further for findings that the evidence proves each of the factual allegations.

Board Action:

Motion: Jason Penrod moved that the evidence provided by the Board Staff proves each of the factual allegations.

Second: Melissa Shake

Action: Passed unanimously

Mr. Edwards states that based on the Board's findings of fact, Ms. McClelland is guilty of violations set forth in Causes of Actions 1 through 4.

Board Action:

Motion: Jason Penrod moved for a conclusion that the findings of fact prove that Ms. McClelland is guilty of violations set for in Causes of Action 1 through 4.

Second: Melissa Shake

Action: Passed Unanimously

Mr. Edwards recommended that the Board revoke Ms. McClelland's Pharmaceutical Technician Registration, Certificate of Registration No. PT18976 and include in the Board's Order that Ms. McClelland may not reapply for not less than one year after the effective date of the Order, and in order to re-apply, she must pay an administrative fee of \$500.

Board Action:

Motion: Jason Penrod moved to revoke Ms. McClelland's Pharmaceutical Technician Registration, Certificate of Registration No. PT18976, for not less than one year, and that in order for her to re-apply for registration she must appear before the Board and pay an administrative fee of \$500.

Second: Melissa Shake

Action: Passed unanimously

B. Noah D. Silva, PT (18-059-PT-N)

Paul Edwards appeared before the Board to prosecute the case on behalf of the State.

Respondent Noah D. Silva was not present, nor did counsel appear on his behalf.

Paul Edwards moved to have Exhibits 1 through 5 admitted to the record.

President Basch admitted Exhibits 1 through 5 into the record.

Mr. Edwards described the facts of the case and offered proof that Board Staff served the Accusation as required by Nevada law. He indicated that he would ask the Board to enter default in light of Ms. McClelland's failure to respond to the Accusation and failure to appear.

Mr. Edwards also presented and described Exhibits 1 through 4 to prove the factual allegations stated in the Accusation.

Board Action:

Motion: Jason Penrod moved for a finding that the Board served Mr. Silva in accordance to Nevada law.

Second: Melissa Shake

Action: Passed unanimously

Board Action:

Motion: Jason Penrod moved that Board has jurisdiction over this matter.

Second: Melissa Shake

Action: Passed unanimously

Mr. Edwards recited the factual allegations of the case. Based on those factual allegations, the Executive Secretary brought four Causes of Actions related to diversion.

Board Action:

Motion: Melissa Shake moved to make findings of fact for factual allegations 2 through 5 based on the evidence presented and based on Mr. Silva's failure to appear and to respond to the Accusation.

Second: Jason Penrod

Action: Passed unanimously

Mr. Edwards stated that based on the findings of fact and the evidence presented, Mr. Silva was guilty of the violations stated in Causes of Actions 1 through 4.

Board Action:

Motion: Jason Penrod moved that the findings of fact and the evidence provided through Exhibit 1 through 5 demonstrated that Mr. Silva was guilty of the violations alleged in Causes of Actions 1 through 4.

Second: Melissa Shake

Action: Passed unanimously

Based on the Board's conclusion that Mr. Silva is guilty of the violations set forth in Causes of Action 1 through 4, Mr. Edwards recommended that the Board revoke Mr. Silva's Pharmaceutical Technician Registration, Certificate of Registration No. PT19453, for not less than one year. If Mr. Silva reapplies after one year, he must first pay an administrative fee of \$500 to partially offset the Board's costs of prosecuting the case and appear before the Board.

Board Action:

Motion: Jason Penrod moved to revoke Mr. Silva's Pharmaceutical Technician Registration, Certificate of Registration No. PT19453, for not less than one year, and to require Ms. Silva to pay an administrative fee of \$500 and to appear before the Board if he applies for reinstatement.

Second: Kevin Desmond

Action: Passed unanimously

C. Ivan Goldsmith, MD

(17-101-CS-S)

Brett Kandt, Esq. appeared before the Board to prosecute the case on behalf of the State.

E. Brent Bryson, Esq. and John Clarke, Esq. appeared as counsel for Dr. Ivan Goldsmith.

Dr. Goldsmith appeared and was sworn by President Basch.

Mr. Bryson moved to have the case dismissed on the basis that media coverage may have biased the Board Members.

Mr. Kandt addressed Mr. Bryson's motion and recommended that the Board proceed with the hearing.

President Basch and each Board Member affirmed that he or she had not been influenced by any media coverage of the case and that each could participate in the hearing fairly and without bias.

Board Action:

Motion: Jason Penrod moved to deny Mr. Bryson's motion to dismiss.

Second: Kevin Desmond

Action: Passed Unanimously

Mr. Bryson asked the Board to deny the prosecution's previously-filed motion to quash the subpoena for investigator Matthew Wehn.

President Basch asked Mr. Bryson questions to probe the relevance of Mr. Wehn's anticipated testimony.

Mr. Kandt stipulated to stay the motion until the after the defense presented its case and cross-examined other witnesses, reserving the resolution of the State's motion to quash until that time.

Mr. Kandt declined to invoke the role of exclusion.

Mr. Bryson invoked the role of exclusion and witnesses were asked to retire to the hallway until called.

Mr. Kandt presented the State's opening statement.

Mr. Bryson stated that the respondent Dr. Goldsmith would assert his 5th Amendment right against self-incrimination, then presented Dr. Goldsmith's opening statement.

Mr. Kandt called Yen Long, Pharm.D., Administrator of the Nevada Prescription Monitoring Program as the State's first witness.

Dr. Long appeared and was sworn by President Basch. She then answered questions and offered testimony during direct and cross examination by counsel.

During Dr. Long's examination, Mr. Kandt offered exhibits marked as 1 through 8 and B through D, to which Mr. Bryson made certain objections. President Basch probed each objection and ruled to admit Exhibits 1 through and B through D into the record.

During Dr. Long's cross-examination, Mr. Bryson offered Exhibits A and E, to which Mr. Kandt offered no objection. President Basch admitted Exhibits A and E into the record.

Board Members questioned Dr. Long about the PMP, to which she provided testimony to the Board Members' satisfaction.

Mr. Bryson called Detective Matthew Wehn to testify before the Board.

Detective Matthew Wehn appeared and was sworn by President Basch prior to answering questions and offering testimony during direct and cross examination by counsel.

Mr. Bryson called Inspector Luis Curras to testify before the Board.

Inspector Luis Curras appeared and was sworn by President Basch prior to answering questions and offering testimony during direct and cross examination by counsel.

Mr. Kandt and Mr. Bryson each provided closing arguments.

Mr. Kandt asked the Board to make findings of fact based upon the facts alleged in paragraphs 1-11 of the accusation and the evidence presented, with the additional finding that Dr. Goldsmith's PMP account is the only possible source of the PMP information published by the Las Vegas Review Journal.

The Board Members deliberated.

Board Action:

Motion: Jason Penrod moved the Board to conclude that it has jurisdiction over Dr. Goldsmith and this matter.

Second: Melissa Shake

Action: Passed unanimously

President Basch and Mr. Penrod read and discussed articles 2-11a of the Accusation, which contained the factual allegations against Dr. Goldsmith.

Board Action:

Motion: Kirk Wentworth moved to find the factual allegations in paragraphs 2-11a are true and correct.

Second: Jason Penrod

Action: Passed unanimously

The Board Members deliberated about the applicable law listed in the Notice of Intended Action and Accusation and whether Dr. Goldsmith had violated those provisions.

Board Action:

Motion: Jason Penrod moved to find Ivan Goldsmith guilty of the First Cause of Action.

Second: Kirk Wentworth

Action: Passed unanimously

Board Action:

Motion: Jason Penrod moved to find Ivan Goldsmith guilty of the Second Cause of Action.

Second: Kevin Desmond

Action: Passed unanimously

Board Action:

Motion: Wayne Michell moved to find Ivan Goldsmith guilty of the Third Cause of Action.

Second: Jason Penrod

Action: Passed unanimously

Board Action:

Motion: Jason Penrod moved to find Ivan Goldsmith guilty of the Fourth Cause of Action.

Second: Kevin Desmond

Action: Passed unanimously

Board Action:

Motion: Kevin Desmond moved to find Ivan Goldsmith guilty of the Fifth Cause of Action.

Second: Jason Penrod

Action: Passed unanimously

Mr. Kandt offered documents that were previously marked as Exhibits 9 and 10 to support the State's request for reimbursement of its attorneys' fees and costs for prosecuting the case.

President Basch admitted Exhibits 9 and 10 into the record.

Mr. Kandt recommended that the Board require Dr. Goldsmith to implement policies and procedures to ensure that neither he nor anyone in his office may further misuse Dr. Goldsmith's access to the PMP and to provide a copy of those policies and procedures to Board Staff.

Mr. Kandt further recommended that the Board order Dr. Goldsmith to pay a \$10,000 fine, \$2,000 per cause of action, as well as \$16,130.68 in attorneys' fees and costs.

Mr. Bryson addressed Mr. Kandt's recommendations and deliberated.

Board Action:

Motion: Jason Penrod moved for an order requiring Dr. Goldsmith to implement policies and procedures to ensure there is no further misuse of his access to the PMP, to provide a copy of those policies and procedures to Board Staff within 30 days of the effective date of the Board's order, to pay a fine of \$10,000 and the reasonable sum of \$16,000 in attorney fees and costs within 30 days of the effective date of the Board's Order. He further moved that Dr. Goldsmith's Controlled Substance Registration, Certificate of Registration No. CS20816 and Dispensing Registration, Certificate of Registration No. PD00413, be revoked. The revocation would be stayed and Dr. Goldsmith's registrations would be placed on probation for not less than one year.

Second: Melissa Shake

Action: Passed Unanimously

5. Request for Renewal of Pharmacist License:

Esther Kim

Esther Kim appeared and was sworn by President Basch prior to answering questions and providing testimony.

Paul Edwards provided some background as to Ms. Kim's request to renew her license.

Ms. Kim provided reasons for why she is asking for renewal. She explained her prior California discipline discussed the status of her California pharmacist license. Ms. Kim also

explained to the Board that she has been doing many things to change and educate herself in order to become more qualified for a renewal.

Mr. Edwards stated the facts of the accusations against Ms. Kim in California. The Board discussed the accusation.

The Board tabled Ms. Kim's renewal of her pharmacist license at her request pending resolution of the matter in California.

6. Request for Pharmacist License by Reciprocation:

Salem Mihalick

Salem Mihalick appeared and was sworn by President Basch prior to answering questions or providing testimony.

Ms. Mihalick described her Colorado discipline, the resolution of the requirements imposed by the Colorado Board, and her current work situation in Colorado.

President Basch questioned Ms. Mihalick about drug abuse and discussed with the Board Ms. Mihalick's request for reciprocation.

Board Action:

Motion: Jason Penrod moved to approve Ms. Mihalick's application for reciprocation pending a successful PRN-PRN evaluation. If PRN-PRN recommends a treatment plan she must enroll and comply with all terms. If she falls out of compliance her registration would be suspended immediately. Staff to confirm license in good standing in Colorado.

Second: Melissa Shake

Action: Passed unanimously

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

Marian Pharmaceuticals – Daphne, AL

Tabled to future meeting.

8. Application for Out-of-State Wholesaler – Appearance

Glasshouse Pharmaceuticals LLC – Mississauga, Ontario, Canada

Jan Sahai appeared and was sworn by President Basch prior to answering questions or providing testimony.

David Wuest provided background about the company and discussed the Board's history of approving licenses for entities outside of the United States.

Mr. Sahai described the details of his business to the Board's satisfaction.

The Board discussed the application for Out-of-State Wholesaler requested by Mr. Sahai.

Board Action:

Motion: Jason Penrod moved to approve the Out-of-State Wholesaler license with conditions that Glasshouse Pharmaceuticals LLC will only provide FDA approved products and will verify that all downstream distributors are properly licensed and compliant with Nevada Pharmacy laws.

Second: Melissa Shake

Action: Passed unanimously

9. Request to Engage in the Practice of Pharmacy at a Site Other Than a Licensed Pharmacy – Appearance

Rosemary Gonzalez, R.Ph

Rosemary Gonzalez appeared and was sworn by President Basch prior to answering questions or providing testimony.

Paul Edwards provided background regarding the applicant's request. The applicant is asking to perform MTM outside of a pharmacy with a collaborative practice agreement.

Ms. Gonzalez elaborated on her current practice and the collaborative practice agreement. Ms. Gonzalez answered questions about her background to the Board's satisfaction.

Board Action:

Motion: Jason Penrod moved to approve Rosemary Gonzalez to Engage in the Practice of Pharmacy at a Site Other Than a Licensed Pharmacy.

Second: Kevin Desmond

Action: Passed unanimously

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

A. Metro Drugs 3rd Ave Corp – New York, NY

Evon Zampitella appeared and was sworn by President Basch prior to answering questions or providing testimony.

President Basch explained to Ms. Zampitella why the Board asked Metro Drugs to appear before the Board.

Ms. Zampitella explained to the Board the process and procedures of how Metro Drugs operates. Ms. Zampitella explained that the company is up to USP 800 standards and has been inspected routinely.

The Board discussed Metro Drugs and the conditions to which they will allow the Out-of-State Compounding license.

Board Action:

Motion: Jason Penrod moved to approve the Out-of-State Compounding Pharmacy License for Metro Drugs 3rd Ave Corp pending positive inspection by Board Staff at the expense of the applicant and completion of corrected application.

Second: Kevin Desmond

Action: Passed unanimously

B. Talon Compounding Pharmacy – San Antonio, TX

Ronda Wenzel appeared and was sworn by President Basch prior to answering questions or providing testimony.

Ms. Wenzel explained that this is an application for a change in ownership. Talon Compounding is working toward compliance with USP 800. Talon Compounding will be replacing the former pharmacist manager with Ms. Wenzel.

Ms. Wenzel answered questions about her past work experience and training to the satisfaction of the Board.

Board members discussed the request for change in ownership.

Board Action:

Motion: Jason Penrod moved to approve Talon Compounding Pharmacy's change of ownership with conditions. Talon Compounding will work with Board Staff to come into compliance with Nevada law.

Second: Melissa Shake

Action: Passed unanimously

C. TwelveStone Medical, Inc. – Murfreesboro, TN

Lee Golden appeared and was sworn by President Basch prior to answering questions or providing testimony.

President Basch explained that TwelveStone Medical is applying for an Out-of-State Pharmacy Compounding License.

Mr. Golden explained that TwelveStone Medical will not be providing sterile compounding products to Nevada and asked the Board if modifications are necessary to the application. Mr. Golden also explained the company's operations and listed the states into which the company provides sterile products.

The Board asked Mr. Golden about details of the non-sterile products TwelveStone Medical will provide to Nevada.

Mr. Golden answered questions to the satisfaction of the Board.

Board Action:

Motion: Jason Penrod moved to approve TwelveStone Medical, Inc for an Out-of-State Pharmacy Compounding License. The applicant must modify their application to remove sterile compounding.

Second: Kevin Desmond

Action: Passed unanimously

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

A. Cantrell Drug Company – Little Rock, AR

James McCarley appeared and was sworn by President Basch prior to answering questions or providing testimony.

Dave Wuest provided background about Cantrell Drug Company and its recent interactions with the FDA, which led to the recent suspension of its license.

Mr. McCarley read a prepared statement giving background about himself and his company. Mr. McCarley explained the outcome of the company's most recent inspections and discussed the precautions his company has taken to ensure it is in compliance with Nevada law. Mr. McCarley requested that the Board approve Cantrell Drug Company's request for Out-of-State Outsourcing Facility pending a passed inspection by the FDA.

Yenh Long read a timeline that the Board Staff put together as a background to Mr. McCarley's testimony.

The Board deliberated and questioned Mr. McCarley to clarify certain facts. At Mr. McCarley's request, the Board tabled the application to allow Board Staff more time to obtain information and review additional documentation.

- 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

Melissa Shake recused from 11B-F because of her employment.

President Basch disclosed that he sees PharMedium packaging in his hospital where he works but can continue without bias.

Andrew Harrison and Ty Duginske appeared and were sworn by President Basch prior to answering questions or providing testimony.

Dave Wuest provided background about PharMedium and the recent actions taken by multiple Boards in other states. Mr. Wuest explained that Board Staff has reviewed the items PharMedium sent to the Board Office to ensure changes have been made.

Yenh Long provided a timeline created by the Board Staff of PharMedium's recent actions and disciplines.

Mr. Harrison and Mr. Duginske answered questions from the Board regarding their companies process and current standing with other Boards.

At the applicant's request, the Board tabled PharMedium's application for Out-of-State Outsourcing Facility pending Board Staff's review of additional information, including PharMedium's unredacted FDA 483, its most recent California Audit and additional documentation required by Board Staff. PharmMedium will be required to reappear in order to be approved.

F. SCA Pharmaceuticals LLC – Winsor, CT

Kevin Desmond disclosed that his company receives product from SCA but can participate without bias.

Wayne Mitchell disclosed that his company receives product from SCA but can participate without bias.

Cindy Mittman appeared and was sworn by President Basch prior to answering questions or providing testimony.

Ms. Mittman provided a letter of authorization to the Board.

President Basch and Dave Wuest questioned Ms. Mittman about company details pertaining to SCA.

Ms. Mittman provided information to the Board about SCA, inspections, and policy and procedures initiated to ensure compliance.

Yenh Long and Mr. Weust questioned Ms. Mittman about the company's redacted FDA 483, the 2018 inspection done by the FDA and went through each individual observation. Ms. Mittman answered all questions to the Board's satisfaction.

Ms. Long stated that she felt comfortable with SCA that it appears they addressed all the observations documented in the redacted 483.

Board Action:

Motion: Jason Penrod moved to approve SCA Pharmaceuticals pending the receipt of unredacted 483's and responses to the Board Staff for review.

Second: Kirk Wentworth

Action: Passed Unanimously

12. Request to Add Compounding and Shipping of Sterile Compounded Drugs to an Existing Out-of-State Pharmacy License – Appearance

Schraft's 2.0 – Cedar Knolls, NJ

Adam Hait appeared and was sworn by President Basch prior to answering questions and providing testimony.

Mr. Hait provided background about the products Schraft's will be supplying to Nevada and the standards at which they operate.

The Board questioned Mr. Hait about policy and procedures.

David Wuest and Yenh Long questioned Mr. Hait about the products they will be compounding and providing to the State of Nevada.

Board Action:

Motion: Jason Penrod moved to approve Schraft's 2.0 to perform sterile compounding pending receipt of VPP inspection. Board Staff is authorized to review and evaluate the VPP inspection document.

Second: Wayne Mitchell

Action: Passed unanimously

13. Application for Nevada Wholesaler – Appearance

Forte Bio-Pharma, LLC – Las Vegas, NV

Jim Ferris appeared and was sworn by President Basch prior to answering questions or providing testimony.

Mr. Ferris provided background about his facility and what drug it will be supplying to Nevada.

President Basch questioned Mr. Ferris about his pharmaceutical background.

The Board continued to question Mr. Ferris about the medication his company will be providing to Nevada and the policy and procedures related to Forte Bio-Pharma.

The Board expressed concerns about relationships between Forte Bio-Pharma and physicians, application completeness and past history of employees.

Mr. Ferris answered questions from the Board to the satisfaction of the Board.

Board Action:

Motion: Jason Penrod moved to approve Forte Bio-Pharma, LCC pending receipt of written clarification on Whittenbrock's criminal history question and Ansarinia's criminal history. Board Staff is authorized to review and evaluate.

Second: Melissa Shake

Action: Passed unanimously

14. Applications for Nevada Pharmacy – Appearance

A. Sisu Healthcare Solutions, Inc. – Las Vegas, NV

Tom Dodge and Marcus Ulm appeared and were sworn by President Basch prior to answering questions or providing testimony.

Mr. Dodge and Mr. Ulm answered questions from the Board about the policies and procedures regarding their company. They explained the details surrounding their company and what kind of medications they will be providing to the public.

Jason Penrod questioned Mr. Dodge about his past criminal history and what he is currently doing to minimize chances of poor decisions.

Mr. Dodge answered all the questions about his past criminal and work history. Mr. Dodge explained what happened during his past inspections from the Board of Pharmacy.

Board Action:

Motion: Jason Penrod moved to approve Sisu Healthcare Solutions, Inc.'s application for a Nevada Pharmacy pending positive initial inspection. Additional inspections by Board Staff at 3 and 6 months at Sisu's expense. Pharmacy

Staff to receive formal training by a Board Staff-approved third party company. Board Staff to inspect to ensure pharmacy staff's sterile compounding competence. Board Staff authorized to approve third party sterile compounding training company.

Second: Kevin Desmond

Action: Passed unanimously

B. SNNAC, LLC – Reno, NV

Sunil Skaria appeared and was sworn by President Basch prior to answering questions or providing testimony.

President Basch disclosed that he received questions regarding SNNAC but can participate without bias.

Mr. Skaria explained to the Board what SNNAC does in the State of Nevada and the current situation surrounding employment.

Board questioned the policy and procedures regarding SNNAC and what practices will take place at their practice

Mr. Skaria answered the questions about SNNAC to the Board's satisfaction.

Board Action:

Motion: Wayne Mitchell moved to approve SNNAC, LLC application for a Nevada Pharmacy pending a positive inspection from Board Staff. SNNAC shall hire Pharmacist in Charge within 60 days.

Second: Melissa Shake

Action: Passed unanimously

15. Request to Retake the Nevada MPJE Examination – Appearance

Nazanin Kazeminy

Nazanin Kazeminy was not present at the Board Meeting.

Melissa Shake recused because Ms. Kazeminy was previously her intern.

Ms. Shake stated that Ms. Kazeminy was told that she did not have to appear before the Board.

Brett Kandt provided the Board with a background about Ms. Kazeminy's test history and the options they have to move forward.

Board Action:

Motion: Robert Sullivan moved to approve Nazanin Kazeminy to retake the MPJE.

Second: Kevin Desmond

Action: Passed unanimously

16. General Counsel Report

Brett Kandt reported that currently there is no pending litigation. Mr. Kandt reported that he responded to the Executive Branch Audit on behalf of the Board.

17. Approval of 2019 Board Meeting Dates

Tabled until future meeting.

18. Executive Secretary Report:

- A. Financial Report:
 - 1. Treasurer's Report
- B. Temporary Licenses
- C. Staff Activities:
 - 1. Meetings with other health care boards
 - 2. Treasurer training
 - 3. Governor's Opioid Accountability Meeting
 - 4. Critical Point Training, Yenb completed sterile compounding training
 - 5. Yenb participated in the National Board of Pharmacy Steering Committee
 - 6. Annual Report, update
 - 7. Paul presented at the Rotary Club Reno
 - 8. Participation in the Nevada Healthcare Option Meetings
 - 9. Roseman student rotation started August 20th
 - 10. Organized Crime Drug Enforcement Task Force National Award
 - 11. NASCSA
- D. Report to Board:
 - 1. Licensing software update
- E. Board Related News
 - 1. District Meeting October 14-17 Kansas City
 - 2. NABP Member Forum November 28-29 2018
 - 3. NABP Executive Forum October 2-3 2018
- F. Licensing Activities Report

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

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

Amendment of Nevada Administrative Code (NAC) 639.250: Restrictions on supervision. The proposed amendment to NAC 639.250 will allow for an increase in pharmaceutical technician to pharmacist ratio in certain pharmacy settings.

Tabled to future meeting.

20. Notice of Proposed Regulation Public Hearing Pursuant to NRS 233B.061(2):

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. R144-18)

The proposed amendments relate to controlled substances. They clarify the requirements a practitioner must follow when obtaining informed written consent to prescribe a controlled substance, entering into prescription medication agreements concerning a class of certain controlled substances and establishing a manner for obtaining an assessment of a patient's risk for abuse, dependency and addiction; and providing other matters properly relating thereto.

Tabled to future meeting.

21. Date and Location of Next Scheduled Board Meeting:

October 10-11, 2018 – Las Vegas, NV

22. Public Comment

There was no public comment.

3

22
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: Advanced Pharmacy Solutions

Physical Address: 26611 Cabot Road, Suite B, Laguna Hills CA 92653

Mailing Address: 26611 Cabot Road, Suite B

City: Laguna Hills State: CA Zip Code: 92653

Telephone: 949-348-7900 Fax: 949-348-7920

Toll Free Number: 800-464-7736 (Required per NAC 639.708)

E-mail: slee@aps-rx.net Website: https://www.aps-rx.net

Managing Pharmacist: John JACKSON License Number: 31998 Calif
7176 Nev

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

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☐ 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: Aviva Care Pharmacy

Physical Address: 2053 North University Drive Sunrise FL 33322

Mailing Address: 2053 North University Drive

City: Sunrise State: Florida Zip Code: 33322

Telephone: 954 451 - 5578 Fax: 954 - 451 - 5208

Toll Free Number: 844-236-5644 (Required per NAC 639.708)

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

Managing Pharmacist: Vilna Roberts License Number: PS 57438

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,**

C

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☐ **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: CareMetx Health, LLC

Physical Address: 704 Quince Orchard Rd., Suite 150, Gaithersburg, MD 20878

Mailing Address: Same as above

City: _____ State: _____ Zip Code: _____

Telephone: 877-885-1101 Fax: 877-885-1103

Toll Free Number: 877-885-1101 (Required per NAC 639.708)

E-mail: spmanagement@caremetx.com Website: www.caremetx.com

Managing Pharmacist: Darvin Joy License Number: Maryland #21717

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: _____

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☐ 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: CHESTERFIELD PHARMACY

Physical Address: 102 N. SHILOH STE 305, GARLAND, TX 75042

Mailing Address: 102 N. SHILOH STE 305

City: GARLAND State: TX Zip Code: 75042

Telephone: (972) 272-0840 Fax: (214) 594-9669

Toll Free Number: (888) 776-5192 (Required per NAC 639.708)

E-mail: CHESTERFIELDPHARMACY@GM, Website: NONE

Managing Pharmacist: COURTNEY HICKS STEGMAN License Number: 44428

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

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☒ 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: Comprehensive Care Pharmacy

Physical Address: 910 North Charles G Seivers Blvd

Mailing Address: 910 North Charles G Seivers Blvd

City: Clinton State: TN Zip Code: 37716

Telephone: 865-264-4099 Fax: 888-216-1471

Toll Free Number: 833-256-9227 (Required per NAC 639.708)

E-mail: comprehensivecarepharmacy@gmail.com Website: www.comprehensivecarepharmacy.com

Managing Pharmacist: Chris Helms License Number: 8806

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: _____

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NEVADA STATE BOARD OF PHARMACY

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☐ New Pharmacy or ☒ **Ownership Change** (Provide current license number if making changes: **PH 02747**)

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: Concentrix CVG

Physical Address: 3760 N. Commerce Drive, Suite 160

Mailing Address: same as above

City: Tucson

State: Arizona

Zip Code: 85705

Telephone: 520-407-7421

Fax: 520-407-7335

Toll Free Number: 800-925-4733

(Required per NAC 639.708)

E-mail: john.belobraydic@walgreens.com

Website: _____

Managing Pharmacist: John Belobraydic

License Number: S008583 (AZ)

TYPE OF PHARMACY **AND**

SERVICES PROVIDED

Yes/No

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

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: Non Dispensing Call Center

****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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☐ **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: Fresenius Medical Care North America

Physical Address: 101 Waukegan Road, Suite 100

Mailing Address: c/o RA Licensing, 920 Winter Street, Waltham, MA 02451

City: Lake Bluff State: IL Zip Code: 600044

Telephone: 847-473-0855 Fax: 781-466-0682

Toll Free Number: 866-577-8632 (Required per NAC 639.708)

E-mail: Frank.Petrillo@fmc-na.com Website: www.fmcna.com

Managing Pharmacist: Seth D. Feldman License Number: IL Lic. #051.034337

TYPE OF PHARMACY **AND**

SERVICES PROVIDED

Yes/No

- ☐ ☒ Retail
- ☐ ☒ Hospital (# beds ____)
- ☐ ☒ Internet
- ☐ ☒ Nuclear
- ☐ ☒ Ambulatory Surgery Center
- ☐ ☒ Community
- ☒ ☐ Other: Attachment #6

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: Attachment #6

****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

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☐ 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: Lakeside Pharmacy

Physical Address: 6280 Highway 129, Monterey LA 71354

Mailing Address: 6280 Highway 129, Monterey LA 71354

City: Monterey State: LA Zip Code: 71354

Telephone: 318-386-2344 Fax: 318-386-2366

Toll Free Number: 833-301-8594 (Required per NAC 639.708)

E-mail: cedwardmaier@yahoo.com

Website: _____

Managing Pharmacist: Charles Maier License Number: 15447

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)

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: **PH01418**)

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: Lincare Pharmacy Services, Inc. dba Med 4 Home

Physical Address: 10800 N. Congress Avenue

Mailing Address: 10800 N. Congress Avenue

City: Kansas City State: MO Zip Code: 64153

Telephone: 816-801-7505 Fax: 816-895-6862

Toll Free Number: 800-804-2084 (Required per NAC 639.708)

E-mail: eweight@secure.med4home.com Website: med4home.com

Managing Pharmacist: Evan Weight License Number: 2012025448

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

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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: Pharmacy Corporation of America d/b/a PharMerica

Physical Address: 1901 Campus Place STE 100 Louisville, KY 40299

Mailing Address: same as above

City: _____ State: _____ Zip Code: _____

Telephone: 800-947-5556 Fax: 800-947-5557

Toll Free Number: 800-947-5556 (Required per NAC 639.708)

E-mail: compliance@pharmerica.com Website: www.pharmerica.com

Managing Pharmacist: David Gresham License Number: 008718

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

- ☐ ☒ Retail
- ☐ ☒ Hospital (# beds _____)
- ☐ ☒ Internet
- ☐ ☒ Nuclear
- ☐ ☒ Ambulatory Surgery Center
- ☐ ☒ Community
- ☒ ☐ Other: Clinical Practice
Non-dispensing pharmacy

All boxes must be checked

For the application to be complete

Yes/No

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

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

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)

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: PillPack LLCPhysical Address: 250 Commercial St., Suite 2012Mailing Address: Same as physical.City: Manchester State: NH Zip Code: 03101Telephone: 855-745-5725 Fax: 603-935-9108Toll Free Number: 855-745-5725 (Required per NAC 639.708)E-mail: nick@pillpack.com Website: www.Pillpack.comManaging Pharmacist: Nicholas Guletsky License Number: R2431(NH)**TYPE OF PHARMACY AND****SERVICES PROVIDED**

Yes/No

- ☒ ☐ Retail
☐ ☐ Hospital (# beds ____)
☐ ☐ Internet
☐ ☐ Nuclear
☐ ☐ Ambulatory Surgery Center
☐ ☐ Community
☒ ☐ Other: 30 day home delivery with
patient-specific multi-dose packaging.

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

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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: PINELAND PHARMACY

Physical Address: 502 BUSINESS PARKWAY

Mailing Address: 502 BUSINESS PARKWAY

City: RICHARDSON State: TX Zip Code: 75081

Telephone: (214) 579-9967 Fax: (409) 420-3101

Toll Free Number: (800) 991-3059 (Required per NAC 639.708)

E-mail: PINELANDPHARMACY@GMAIL.COM Website: NONE

Managing Pharmacist: STEWART HOUSTON BYERS License Number: 29768

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

M

NEVADA STATE BOARD OF PHARMACY

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: WeCare Specialty Pharmacy, Inc. dba Preveon Specialty Pharmacy

Physical Address: 7223 Church Street, Suite A-19, Highland, CA 92346

Mailing Address: 2121 N D Street

City: San Bernardino State: California Zip Code: 92405

Telephone: (909) 266-0016 Fax: (909) 708-4138

Toll Free Number: (877) 843-5181 (Required per NAC 639.708)

E-mail: wecarespecialty@gmail.com Website: www.preveon.com

Managing Pharmacist: Jefmar Dickey License Number: 65988

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)

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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: Professional Pharmacy Resources

Physical Address: 4854 Woodbine Rd Unit 5

Mailing Address: 4854 Woodbine Rd Unit 5

City: Pace State: FL Zip Code: 32571

Telephone: 850-463-0022 Fax: 866-685-7608

Toll Free Number: 866-236-5040 (Required per NAC 639.708)

E-mail: pharmacist@propharmrx.com Website: propharmrx.com

Managing Pharmacist: Bryan Henderson License Number: PS31350

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

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

DH-SJ-1

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: St. Joseph's McAuley PharmacyPhysical Address: 500 West Thomas Road, Suite 190, Phoenix, AZ 85013Mailing Address: 500 West Thomas Road, Suite 190, Attn Sophia JensenCity: Phoenix State: AZ Zip Code: 85013Telephone: 602-406-3970 Fax: 602-406-7145Toll Free Number: 888-294-8348 (Required per NAC 639.708)E-mail: StJosephOutpatientPharmacy@DignityHealth.orgWebsite: <https://www.dignityhealth.org/arizona/locations/stjosephs/services/pharmacy>Managing Pharmacist: Sophia Jensen License Number: S017376**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 – (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 01141)

Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

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

☐ Partnership - Pages 1,2,3,7

☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6

☐ Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Amneal Pharmaceuticals LLC

Physical Address: 118 Beaver Trail

City: Glasgow

State: KY

Zip Code: 42141

Telephone Number: (866) 525-7873

Fax Number: (866) 525-7874

Toll Free Number: N/A

E-mail: APL@slny.com

Website: www.amneal.com

Facility Manager: Anthony Wayne Hodges

Professional qualifications and experience of facility manager: Mr. Hodges is certified in various technology protocols and maintains all internal controls for safety and efficiencies within the company. He has over 16 years of security and technical experience, and over 11 years of managerial experience.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies

☐ Practitioners

☒ Hospitals

☒ Wholesalers

☒ Other: Distribution sites with organization, manufacturers, distributors, and US Government

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices

☐ Hypodermic Devices

☐ Poisons or Chemicals

☐ Veterinary Legend Drugs

☒ Controlled Substances (include copy of DEA)

☐ Other: _____

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 02165)
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Amneal Pharmaceuticals LLC

Physical Address: 40 Aberdeen Drive

City: Glasgow State: KY Zip Code: 42141

Telephone Number: (866) 525-7270 Fax Number: (866) 525-7271

Toll Free Number: N/A

E-mail: APL@slny.com Website: www.amneal.com

Facility Manager: David Lee Groce

Professional qualifications and experience of facility manager: _____

Warehouse Manager experience since 1994 (please see attached resume) _____

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers
☐ Other: Distribution sites with organization, manufacturers, and US Government

Type of Products to be handled or wholesaled by firm:

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

R

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 02165)
 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: Aprecia Pharmaceuticals, LLC

Physical Address: 10901 Kenwood Road

City: Blue Ash State: OH Zip Code: 45242

Telephone Number: (513) 864-4110 Fax Number: (845) 544-2481

Toll Free Number: N/A

E-mail: APA@slny.com Website: www.aprecia.com

Facility Manager: Kyle E. Smith

Professional qualifications and experience of facility manager: MBA, BS Chemical and Biomolecular 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: _____



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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(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: Arnold Dental Supply Company, Inc.

Physical Address: 16531 13th Ave, Suite A102

City: Lynnwood State: WA Zip Code: 98037

Telephone Number: (425) 712-8786 Fax Number: (425) 712-8677

Toll Free Number: (800) 562-6645

E-mail: leticia@arnold-dental.com Website: www.arnold-dental.com

Facility Manager: Leticia Guerrero - Quality Assurance Manager

Professional qualifications and experience of facility manager: Over 9 years of operations experience in manufacturing/supply chain within a regulated part of health care/pharmaceutical industry.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☐ Wholesalers
☒ Other: Licensed Dental Schools and Dental Labs

Type of Products to be handled or wholesaled by firm:

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

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

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 (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: Burke Therapeutics, LLC
 Physical Address: 1205 Albert Pike, Ste B
 Mailing Address: 3633 Central Ave
 City: Hot Springs State: AR Zip Code: 71913
 Telephone: 501-620-4449 Fax: 501-321-2886
 Toll Free Number: N/A
 E-mail: tdugan@burkepharmaceutical.com Website: burketherapeutics.com
 Facility Manager: Tim Dugan
 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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U

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 01564**)
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: DSC Logistics, LLC
Physical Address: 11599 Arrow Route
City: Rancho Cucamonga State: CA Zip Code: 91730
Telephone Number: (909) 390-4880 Fax Number: (909) 605-1027
Toll Free Number: N/A
E-mail: mark.diaz@dsclogistics.com Website: www.dsclogistics.com
Facility Manager: Mark Diaz
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: Nursing Homes, Acute Care Centers

Type of Products to be handled or wholesaled by firm:

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

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 02199)
 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: DSC Logistics, LLC

Physical Address: 874 Thomas Parkway

City: Jefferson State: GA Zip Code: 30549

Telephone Number: (706) 708-3005 Fax Number: (706) 367-1074

Toll Free Number: N/A

E-mail: ryan.aberg@dsclogistics.com Website: www.dsclogistics.com

Facility Manager: Ryan Aberg

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: Nursing Homes, Acute Care Centers

Type of Products to be handled or wholesaled by firm:

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

W⁴

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: Eyevance Pharmaceuticals LLC

Physical Address: 777 Taylor Street, Suite 1050

City: Fort Worth State: TX Zip Code: 76102

Telephone Number: 817-677-6120 Fax Number: n/a

Toll Free Number: n/a

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

Facility Manager: Jerry St. Peter

Professional qualifications and experience of facility manager: Chief Executive Officer with more than 28 years of executive leadership in specialty pharmaceutical strategic planning, marketing, sales, managed markets, reimbursement, financial management and business development.

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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☐ New Wholesaler or ☒ Ownership Change (Provide current license number if making changes: WH01966)
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: Humco Holding Group, Inc.

Physical Address: 7400 Alumax Drive

City: Texarkana State: TX Zip Code: 75501

Telephone Number: 903-334-6200 Fax Number: 903-334-6300

Toll Free Number: 800-662-3435

E-mail: licensing@humco.com

Website: https://www.humco.com/

Facility Manager: Ivan Gonzalez

Professional qualifications and experience of facility manager: Please see attached resume.

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

☐ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☒ Controlled Substances (include copy of DEA)
☒ Other: prescription drugs (human), precursor chemicals, API, and OTC drugs

Y

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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- ☒ 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: JAMS Wholesale Distribution Services LLC

Physical Address: 4811 Lyons Technology Parkway Units 03404

City: Coconut Creek State: FL Zip Code: 33073

Telephone Number: 888-570-5607 Fax Number: 800-542-8544

Toll Free Number: _____

E-mail: pete@petebizzaro.com Website: www.jamswholesale.com

Facility Manager: Peter Bizzaro

Professional qualifications and experience of facility manager: Designated Rep at Location since 2010. Oversees day to day functions at location and fully understands all wholesale distributor rules & Regulations.

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

Type of Products to be handled or wholesaled by firm:

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

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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

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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: NDC Homecare LLC

Physical Address: 407 New Sanford Rd

City: Lafayette State: TN Zip Code: 37086

Telephone Number: 615 366 3230 Fax Number: n/a

Toll Free Number: _____

E-mail: compliance@ndc-inc.com Website: www-ndchomecare.com

Facility Manager: Tammy Beasley

Professional qualifications and experience of facility manager: see attached resume

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

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AA

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

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Shire Rare Disease U.S. Biotech, Inc.

Physical Address: 300 Shire Way

City: Lexington State: MA Zip Code: 02421

Telephone Number: 617-349-0200 Fax Number: 617-652-0282 674

Toll Free Number: N/A

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

Facility Manager: John Morelli

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:

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

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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(non-refundable and not transferable money order or cashier's check only)
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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: SPECTRA MEDICAL DEVICES, INC.

Physical Address: 260 H FORDHAM RD.

City: WILMINGTON State: MA Zip Code: 01887

Telephone Number: 978-657-0889 Fax Number: 978-651-4166

Toll Free Number: none

E-mail: MPUOPOLO@SPECTRAMEDICAL.COM Website: WWW.SPECTRAMEDICAL.COM

Facility Manager: ANTHONY C ARRIGO

Professional qualifications and experience of facility manager: 46 YEARS IN THE MEDICAL DEVICE AND KIT COMPONENT BUSINESS

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: _____

CC

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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☒ 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 ownershipFacility Name: Jubilant DraxImage Radiopharmacies, Inc. dba Triad IsotopesPhysical Address: 1835 Nonconah Boulevard, Suite 153City: Memphis State: TN Zip Code: 38132Telephone Number: 901-345-3434 Fax Number: 901-345-2463Toll Free Number: 855-862-8371E-mail: STaylor@triadisotopes.comWebsite: www.triadisotopes.comFacility Manager: Steve TaylorProfessional qualifications and experience of facility manager: See attached CV**Types of licensed outlets or authorized persons firm will serve:**

☐ Pharmacies ☒ Practitioners ☒ Hospitals ☐ Wholesalers
☒ Other: Authorized users / Imaging centers

Type of Products to be handled or wholesaled by firm:

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

DD

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

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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 ownershipFacility Name: NDC Homecare LLC dba Wolf Medical SupplyPhysical Address: 13951 Northwest 9th StCity: Surprise State: FL Zip Code: 33325Telephone Number: 615 366 3530 Fax Number: noneToll Free Number: noneE-mail: compliance@ndc-inc.com Website: www.ndchomecare.comFacility Manager: Jason SolomonProfessional 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: _____

EE

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 INFORMATIONFacility Name: Angelini Pharma Inc.Physical Address: 8322 Helgerman Court, Gaithersburg, MD 20877

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

Mailing Address: (Same)

City: _____ State: _____ Zip Code: _____

Telephone: 301-330-7597 Fax: 301-330-6432E-mail: Vsena-weltin@angelini-us.com Website: www.angelini-us.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 5:00Fri: 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: Valeria Sena-Weltin**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: OTC devices, prescription ("federal legend") devices

**If providing these types of services you are required to have intended for chronic wound care, and disinfectants for catheters, ports, and skin care in the event of an emergency. Provide name and telephone:

Name: _____ Telephone: _____

FF

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 INFORMATIONFacility Name: Crown Medical Solutions, LLC.Physical Address: 2741 Lemon Grove Avenue, Ste. 101
(This must be a business address, we can not issue a license to a home address)Mailing Address: 2741 Lemon Grove Avenue, Ste. 101City: Lemon Grove State: CA Zip Code: 91945Telephone: 619-207-4004 Fax: 844-313-8267E-mail: info@crownmedicalsolutions.com Website: _____**DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING**Mon: 9 to 3:00 Tue: 9 to 3:00 Wed: 9 to 3:00 Thu: 9 to 3:00Fri: 9 to 3:00 Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____**MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis**Name: Michelle King**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>off the shelf orthotics</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/ATelephone: N/A

GG

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 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 INFORMATIONFacility Name: MAINLANDS MEDICAL, INC.Physical Address: 9371 US HWY 19 N SUITE D
(This must be a business address, we can not issue a license to a home address)Mailing Address: 9371 US HWY 19 N SUITE DCity: PINELLAS PARK State: FL Zip Code: 33782Telephone: 7274418300 Fax: 7274461928E-mail: info@mainlandsmedical.com Website: _____**DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING**

Mon: 9AM to 5PM Tue: 9AM to 5PM Wed: 9AM to 5PM Thu: 9AM to 5PM
 Fri: 9AM to 5PM Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basisName: 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: <u>Off the shelf orthotics</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: _____

HH

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

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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. **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: WV Surgery Center LLC

Physical Address: 1050 S Rainbow Blvd

City: Las Vegas State: NV Zip Code: 89145

Telephone: (702) 2355778 Fax: _____

Toll Free Number: _____ E-mail: _____

Website: _____

Managing Pharmacist: Mary Gear License Number: 10687

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: _____

II

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

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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. **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: PREFERRED PHARMACY
 Physical Address: 8352 W. WARM SPRINGS SUITE 300
 City: LAS VEGAS State: NV Zip Code: 89113
 Telephone: 702 701 8943 Fax: 702 - 701 - 8939
 Toll Free Number: N/A E-mail: SARIF.CHOROYAHOO.COM
 Website: N/A
 Managing Pharmacist: LALBHAI PATEL License Number: 16527

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: _____

4

MATRIX GUIDELINE FOR DISCIPLINARY ACTIONS

	1st Action	2nd Action	3rd Action
Non ingested error	Letter	Letter	Hearing
No counseling	\$750.00	Counseling CE + \$1000.00	Hearing
Administrative fee	\$495.00	\$495.00	\$495.00
Ingested no potential harm	\$500.00	\$1000.00	Hearing
Ingested with potential harm or adverse outcomes	\$1000.00	Hearing	Hearing
Ingested with negative outcome or patient discomfort.			
No institution intervention	Hearing	Hearing	Hearing
Ingested with significant negative health circumstance.			
With institution admit	Hearing	Hearing	Hearing
Ingested with death related to inappropriate drug therapy	Hearing	Hearing	Hearing

The investigative committee will review each case individually and may recommend a board hearing, particularly with mitigating circumstances such as inappropriate technician involvement or pharmacist malfeasance.

In certain cases with ingested errors and significant negative health circumstances requiring institutional care, the investigative committee recommendation will be a board hearing.

In all death cases resulting from inappropriate drug therapy a board hearing will occur.

Attorney fees will be added costs in contested disciplinary actions requiring extensive attorney preparation and presentation and are not described in the above matrix.

The board has directed that ownership may be charged in disciplinary cases. In non-ingested errors copies of admonition letters will be sent to management. Accumulative actions for ownership monitoring will be based upon a 3 year period. All actions including non-ingested errors will be given a case number and monitored.

The Board has the authority to fine from \$0.00 to \$10,000 for each Cause of Action.

Updated August 2014

FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
RPH HC during data entry selected propranol rather than Protonix as prescribed then unintentionally deleted the prescription. The patient ingested the wrong medication for 20 days with alleged adverse effects. RPH AD was PIC at the time of the violations.	Fatigue and lightheadedness.	HC: letter of reprimand; \$2,750 fine; 4 additional hours of CE on error prevention and patient counseling AD: letter of reprimand and 4 additional hours of CE on pharmacy management.	\$1,000 fine; \$1,500 administrative fee; create training module for all NV CVS pharmacy personnel on the proper procedure to cancel or inactivate and not delete a prescription returned because of an error.
RPH MT verified as accurate Adderall XR 25 mg. capsules rather than the prescribed Adderall ER 20 mg. capsules. She failed to act upon the DUR alert which indicated the potential for duplicate therapy and failed to counsel. The patient ingested the wrong medication for 30 days.	None reported.	Letter of reprimand; \$2,750 fine; and 4 additional hours of CE on error prevention and patient counseling.	\$1,500 administrative fee.
RPH DR entered 500 mg. vials for injection, rather than the ampicillin 500 mg. capsules as prescribed. RPH MG verified, labeled and dispensed ampicillin 500 mg. vials for injection, rather than the ampicillin 500 mg. capsules prescribed. RPH EB failed to adequately provide counseling.	Non-ingested.	RPH DR: registration is suspended; the suspension is stayed and RPH registration placed on probation for three months; four additional CEs on error prevention; \$3,000 fine. RPH MG: letter of reprimand: \$1,000 fine. RPH EB: letter of reprimand: \$750 fine; 2 additional CEs on patient counseling.	\$1,500 administrative fee; create training module for all NV CVS pharmacy personnel on the proper procedure to cancel or inactivate and to not delete a prescription returned because of an error.
RPH JF created multiple fraudulent prescriptions for himself, family members and for technicians TB and IK.	N/A	RPH JF, technicians TB and IK registrations revoked.	N/A
RPH RE committed multiple compounding violations.	Non-Ingsted	RPH registration suspended; suspension stayed and registration placed on probation for 30 days; \$2,000 fine; \$1,500 administrative fee; no sterile	Develop policies and procedures.

FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
		compounding; no non-sterile compounding until pharmacy staff complete a Board-approved compounding course.	
RPH DB verified as accurate Phenobarbital 15 mg. tablets with instructions to take 1 tablet twice daily; rather than the Phenobarbital 60 mg. tablets as prescribed. The patient ingested the wrong medication for 6 days.	Increased seizure activity.	Fined \$1,000; two additional hours of CE on error prevention; and public letter of reprimand.	\$1,500 administrative fee.
RPH NZ created a fraudulent prescription for a dangerous drug (Singulair) for herself and billed that prescription to an insurance provider. Respondent then furnished the dangerous drug to another person without a legal prescription.	N/A	Revoked	N/A
PT KY diverted 50-100 carisoprodol tablets monthly from her employing pharmacy beginning June 2015 until October 2017.	N/A	Revoked	N/A
TDs TJ and RVM dispensed controlled substances and dangerous drugs to patients without the prescriber's handwritten signature on each prescription; falsified the prescriber's signature on prescriptions for controlled substances and dangerous drugs; accessed the prescriber's inventory of controlled substances and dangerous drugs and dispensed them when the prescriber was not on-site at his medical office; dispensed controlled substances and dangerous drugs to patients who were not present at the prescriber's medical office,	N/A	Technician dispensing registrations revoked.	N/A

FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
including dispensing using the U.S. Mail and Federal Express; falsely documented patient initials and dates of service on patient informed consent labels.			
Action to parallel CA order which found RPH RD guilty of subverting or attempting to subvert an investigation of the CA board; aiding or abetting violations of pharmacy law; violation of the statutes regulating controlled substances.	N/A	Three year probation; cannot own NV pharmacy; notify Board Staff if he falls out of compliance with CA Order.	N/A
Action to parallel CA order which found PT CM guilty of engaging in the practice of pharmacy without being a registered pharmacist, (2) fraudulently holding herself out as a pharmacist when she is not, and (3) signing documents that falsely indicate that she is a pharmacist.	N/A	Revocation.	N/A
Physician RT aided and abetted his staff in the unlicensed practice of pharmacy by allowing them to use his authority to obtain and possess an inventory of controlled substances and dangerous drugs; issue prescriptions for controlled substances and/or dangerous drugs using pre-signed and copied prescription blanks or a stamp of his signature to patients with whom he had no bona fide therapeutic relationship; allowing his unlicensed staff access to his inventory of controlled substances and dangerous drugs when he was not on site at his facility; allowing his	N/A	Revocation	N/A

FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
unlicensed staff to dispense prescriptions for controlled substances and dangerous drugs without him first personally checking the medications and initialing them before they were dispensed.			
Physician CW allowed his staff to dispense and be dispensed, controlled substances and dangerous drugs to patients without his handwritten signature on each written prescription; allowed members of his office staff to falsify his signature on prescriptions for controlled substances and dangerous drugs that his medical office had already dispensed and that were required to bear his personal signature prior to dispensing; allowed unlicensed members of his office staff to sign prescriptions for controlled substances and dangerous drugs as if they were licensed practitioners with authority to prescribe and to sign valid prescriptions; allowed office staff access to the room or cabinet in which controlled substances and/or dangerous drugs are stored when he was not on-site at the facility; allowed his staff to dispense controlled substances or dangerous drugs when he was not on-site at his facility; allowed members of his office staff to dispense to patients who were not at his medical facility, including dispensing by U.S. Mail and Federal Express; allowed members of his office staff to falsely	N/A	Revocation.	N/A

FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
document patient initials and dates of service on patient informed consent forms.			
Pharmacists RA and NQ were responsible for a prescription that was mislabeled and dispensed with the wrong patient name; counseling was not provided.	Patient alleged that she experienced stomach issues.	RA voluntary surrender. NQ letter of reprimand; four additional hours of CE and retraining of the pharmacy staff in effective processes, error prevention and counseling.	\$1,000 administrative fee.
PTs AM and ND diverted controlled substances from their employing pharmacy.	N/A	Revocation.	N/A
IG used his PMP account for the unauthorized purpose of accessing the patient utilization report of an individual who was not his patient. He disclosed the patient's information to the press.	N/A	IG's CS and PD registrations are revoked; the revocation is stayed and the registrations are placed on probation for one year. IG shall implement internal controls and procedures; pay a \$10,000 fine; pay \$16,000 attorney's fees and costs.	N/A

4A

FILED

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.
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- 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
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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
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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.

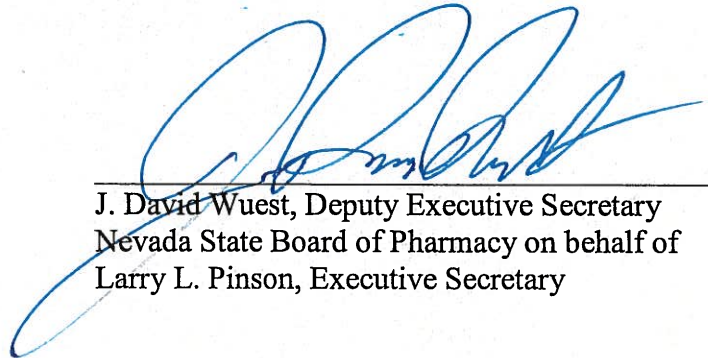
By providing pre-signed prescription blanks to Dr. Foote, who is not licensed to prescribe controlled substances, and facilitating the issuance of prescriptions for a controlled substance to patients with whom he does not have a bona fide therapeutic relationship, Dr. Adams committed an act that would 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.

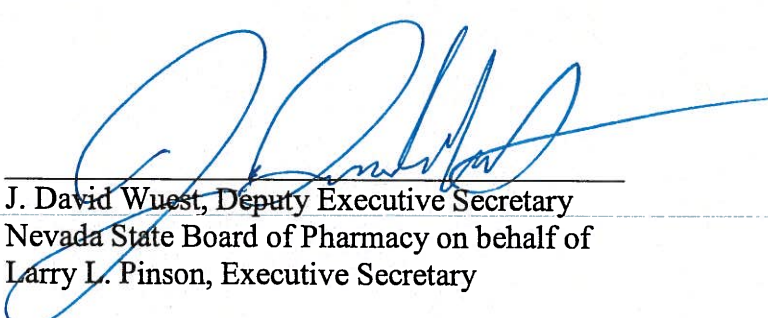
IV.

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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**DAVID J. ADAMS, D.O., Certificate of
Registration No. CS11506,**

Respondent.

) ANSWER AND
) NOTICE OF DEFENSE

) **CASE NO. 17-095-CS-S.**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none")

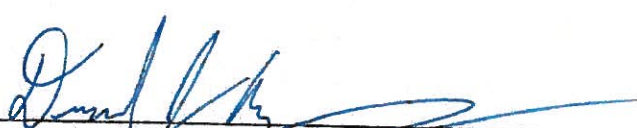
See attached.

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

See attached.

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

DATED this 31 day of May, 2018.



Respondent DAVID J. ADAMS, D.O.
Certificate of Registration No. CS11506

ADAMS, David
Case no. 17-095-CS-S
May 31, 2018

As you have a copy of my settlement agreement with the Osteopathic Board, I will dispense with responding to each Cause of Action in the Notice of Intended Action and Accusation. Instead, I submit this answer to express my remorse with regards to both my actions and my failure to recognize that my prescribing arrangement with Dr. Foote could violate state or federal law. I had no intention to violate the law or circumvent this Board's authority. At the time, I truly believed that I was supporting the physician I had agreed to supervise, and that my oversight of my cough syrup prescriptions left in the care of a licensed physician was sufficient in terms of compliance and patient safety. I acknowledge how misguided my reasoning was, and I plead with the Board to allow me to retain my controlled substances registration so that I may practice solely as an anesthesiologist, under prescribing restrictions already in place with the Nevada State Board of Osteopathic Medicine.

I have made several mistakes over the last few years, and I intend to spend the rest of my career regaining the reputation I had prior to working with Dr. Foote. While I had no intention of violating the law, I realize I should not have trusted the judgment of a physician who could not prescribe. I should have personally consulted the Pharmacy Board and the Osteopathic Board regarding the acceptability of clinic operations. I was present in the clinic typically three times per day, and closely monitored patient treatment by reviewing records on a daily basis, but I fully understand and accept that those controls were no replacement for my personal care of those patients.

As an anesthesiologist, a suspension or revocation of my CS registration would devastate my practice and my livelihood. I cannot maintain my hospital privileges, or perform my duties, without a CS registration. As the Board is aware, as part of my settlement with the Osteopathic Board, I agreed not to write any prescriptions whatsoever, or my medical license will be suspended. I agreed to practice only within facilities licensed under NRS Chapter 449. The Osteopathic Board basically allowed me to continue practicing as an anesthesiologist, and in no other area of medicine. As a result, without my CS registration to continue my anesthesia practice, I would effectively not be able to practice medicine at all and will lose my livelihood entirely.

With regards to my criminal case, I have come to a verbal agreement with the District Attorney whereby the felony charges against me will be reduced to a single misdemeanor. I expect a written Cooperation Agreement to that effect to be executed prior to my appearance scheduled for July 18, 2018 and I will provide the Board with a copy.

I have been practicing anesthesia for 16 years in both California and Nevada. Prior to this instance, I had never been disciplined by any licensure board, and I have never had any malpractice complaints. By all accounts, I am known as a good anesthesiologist.

I am also known as a man of good character, with deep love of my country and respect for its laws. I went to medical school relatively late in life, after serving as a C-130 navigator in the Air Force. I was commended for my eight years of military service, including three overseas tours and eight combat missions. I had intended to return to serve as an Air Force physician, however a motorcycle accident caused by a drunk driver left me with severe injuries requiring seven surgeries and

ADAMS, David
Case no. 17-095-CS-S
May 31, 2018

intensive rehabilitation. It was that experience, however, that triggered my interest in anesthesiology.

Respectfully, I beg the Board to allow me to retain the privilege of having a CS registration so that I may continue to practice anesthesia. I have already agreed not to write any prescriptions and I will be cooperating with the District Attorney's office in providing testimony regarding the operations of the clinic in which I had worked. I have learned that I have no place in an outpatient clinic setting, and I have no intention of practicing, if I am permitted to do so, in any environment other than a surgical suite. I have no history of complaints or discipline with regard to anesthesia, and my continued practice of anesthesia would not pose any harm to public safety or threat to the public interest. I have many contacts in professional sports who are willing to help me design and implement a community education program to deter prescription drug abuse in the midst of the opioid crisis. Please do not allow one mistake, related to a Schedule V substance, define and destroy my entire career and livelihood.

NV STATE BOARD OF
OSTEOPATHIC MEDICINE

APR 12 2018

FILED

BEFORE THE NEVADA STATE BOARD OF OSTEOPATHIC MEDICINE

IN THE MATTER OF:

DAVID ADAMS, D.O.,
License No. 1074,

Respondent.

Case No. AD1706001

SETTLEMENT AGREEMENT AND ORDER

The Nevada State Board of Osteopathic Medicine (the Board), by and through its investigating board member Ronald Hedger, D.O. (hereinafter "IBM") and its counsel Louis Ling hereby enters into this settlement agreement with David Adams, D.O. (License No. 1074), represented by Maria Nutile of the law firm of Nutile Law. Pursuant to chapter 233B and chapter 633 of the Nevada Revised Statutes (NRS) and Nevada Administrative Code (NAC), it is hereby stipulated and agreed, by and between the parties in the above-entitled matter, that this matter shall be fully and finally settled and resolved upon terms and conditions set out herein.

PERTINENT FACTS

1. 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.

2. 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.

3. 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.

1 Foote did not have a DEA registration or a Nevada Controlled Substances Registration, meaning that
2 Dr. Foote was prohibited from prescribing, administering, possessing, or distributing controlled
3 substances to his patients.

4 4. When Dr. Foote's license was restored with conditions in June 2016, Dr. Adams assisted Dr.
5 Foote with Dr. Foote's general practice from Dr. Foote's office at Las Vegas Pain and Wellness Center,
6 6773 W. Charleston Boulevard in Las Vegas, Nevada. The practices developed and implemented by
7 Dr. Foote and Dr. Adams were that Dr. Foote would see a patient at his office, and when Dr. Foote
8 determined that a patient would need medications, Dr. Foote would prescribe any dangerous drugs
9 himself and Dr. Adams would prescribe any controlled substances for the patient. When Dr. Adams
10 prescribed controlled substances for Dr. Foote's patients, he did so on a prescription blank containing
11 his name on top, along with Dr. Foote's name, and the address of the Las Vegas Pain and Wellness
12 Center, indicating that he was doing so as a physician employed at or working from Dr. Foote's practice
13 at the Las Vegas Pain and Wellness Center.

14 5. The focus of the Board's investigation was prescriptions Dr. Adams wrote for Dr.
15 Foote's patients for promethazine HCL and codeine phosphate syrup, a controlled substance in
16 Schedule V. Regarding these prescriptions, Dr. Adams did not see, touch, or examine any of Dr.
17 Foote's patients who received these prescriptions. Instead, Dr. Foote provided Dr. Adams'
18 prescriptions to Dr. Foote's patients by filling in the patients' names in prescription blanks from Las
19 Vegas Pain and Wellness Center on which Dr. Adams had pre-signed and pre-filled out the drug
20 information, leaving the patient name blank. Dr. Adams provided such prescription blanks to Dr. Foote
21 for Dr. Foote to complete and provide to Dr. Foote's patients. Dr. Adams would ratify the
22 promethazine HCL and codeine phosphate syrup prescriptions filled out and issued by Dr. Foote after
23 reviewing Dr. Foote's chart notes for the patients and after the prescriptions had been issued. Dr.
24 Adams made no medical notes of his own regarding any of the patients to whom his pre-signed
25 prescriptions were issued by Dr. Foote.

26 6. On November 30, 2017, Dr. Foote's office was searched pursuant to a warrant by officers
27 and agents from the federal Drug Enforcement Agency (DEA) Tactical Diversion Squad. Based upon
28

1 the evidence seized and admissions made by Dr. Foote, Dr. Foote was arrested and was booked into the
 2 Clark County Detention Center.

3 7. As part of the investigation of Dr. Foote's medical practice, Dr. Foote was interviewed at
 4 length on November 30, 2017. Dr. Adams was interviewed on December 13, 2017. The interviews and
 5 evidence obtained pursuant to the DEA's investigation showed that Dr. Foote's examinations of his
 6 patients were cursory and inadequate, that based upon these examinations he would render a diagnosis
 7 that was merely pretextual, and then based upon the pretextual diagnosis he would issue prescriptions to
 8 the patients for promethazine HCL and codeine phosphate syrup using the pre-signed prescription
 9 blanks provided to him by Dr. Adams. Dr. Foote would then collect cash from the patient.

10 8. The interviews and evidence obtained pursuant to the DEA's investigation included
 11 admissions by Dr. Adams that he knew of Dr. Foote's practices, that he knowingly provided pre-signed
 12 blank prescriptions from Las Vegas Pain and Wellness Center for Dr. Foote to facilitate his practice.
 13 The pre-signed prescriptions blanks would be prepared by Dr. Adams for promethazine HCL and
 14 codeine phosphate syrup 473 ml., and that Dr. Adams acknowledged that he did not know or
 15 understand the quantity measurement for 473 ml. or whether it was large or small.

16 9. On February 14, 2018, a criminal complaint was filed in the Las Vegas Justice Court against
 17 Dr. Adams (Case No. 18F02513X), charging Dr. Adams with four counts of conspiracy to violate the
 18 controlled substances act (NRS 453.401(1)(a)) and four counts of possession of signed prescription
 19 blanks (NRS 453.331(1)(a)). All eight counts are felonies. Dr. Adams' initial appearance regarding the
 20 criminal complaint is scheduled for March 14, 2018.

21 10. Based upon the above facts, on February 27, 2018, the IBM and the Board's Executive
 22 Director issued an Order of Summary Suspension which was subsequently served on Dr. Adams.

23 ACKNOWLEDGMENTS AND APPLICABLE LAW

24 This Settlement Agreement and Order is made and based upon the following
 25 acknowledgments by the parties:

26 1. Dr. Adams is aware of, understands, and has been advised of the effect of this Settlement
 27 Agreement and Order, which he has carefully read and fully acknowledged. Dr. Adams consulted with
 28

1 and was represented by competent counsel of his choice, namely Maria Nutile of the law firm of Nutile
2 Law.

3 2. Dr. Adams has entered into the Settlement Agreement and Order, and he is aware of his
4 rights to contest the charges pending against him. These rights include representation by an attorney at
5 his own expense, the right to a public hearing on any charges or allegations formally filed, the right to
6 confront and cross-examine witnesses called to testify against him, the right to present evidence on his
7 own behalf, the right to testify on his own behalf, the right to obtain any other type of formal judicial
8 review of this matter, and any other rights which may be accorded to him pursuant the provisions of
9 Chapters 233B, 622, 622A, and 633 of the NRS and the NAC. Dr. Adams is waiving all these rights in
10 exchange for the Board's acceptance of this Settlement Agreement and Order.

11 3. Should the Settlement Agreement and Order be rejected by the Board, it is agreed that
12 presentation to and consideration by the Board of such proposed Settlement Agreement and Order or
13 other documents or matters pertaining to the consideration of this Settlement Agreement and Order
14 shall not unfairly or illegally prejudice the Board or any of its members from further participation,
15 consideration, adjudication, or resolution of these proceedings and that no Board member shall be
16 disqualified or challenged for bias.

17 4. Dr. Adams and the Board acknowledge that NRS 633.691 provides immunity for the Board,
18 its employees, and its retained specialists from any potential action that might be brought by Dr. Adams
19 and that for the purposes of NRS 633.691, Dr. Adams acknowledges that the Board, its employees, and
20 its retained specialists have acted in good faith throughout the conduct of this matter. Dr. Adams and
21 the Board further acknowledge that NRS 633.691 provides osteopathic physicians such as Dr. Adams
22 with certain protections against administrative actions by the Board, which protections are inapplicable
23 in this matter.

24 5. Dr. Adams acknowledges that the Settlement Agreement and Order shall only become
25 effective after both the Board and he have duly executed it.

26 6. Dr. Adams enters into this Settlement Agreement and Order after being fully advised of his
27 rights and as to the consequences of this Settlement Agreement and Order. This Settlement Agreement
28

1 and Order embodies the entire agreement reached between the Board and Dr. Adams. It may not be
 2 altered, amended, or modified without the express consent of the parties.

3 7. In an effort to avoid the cost and uncertainty of a hearing, the parties have agreed to settle
 4 this matter. In settling this matter, Dr. Adams admits that the facts contained in the "Pertinent Facts"
 5 section constitute violations of NRS 633.131(1)(k) and NRS 633.511(1)(a). If the Board approves this
 6 Settlement Agreement and Order, it shall be deemed and considered disciplinary action by the Board
 7 against Dr. Adams.

8 8. Both parties acknowledge that it is in the best interests of each to resolve this matter without
 9 a full hearing on the merits because of the cost and risk involved for each party.

10 9. Both parties acknowledge that the Board has jurisdiction to consider and ratify this
 11 settlement agreement and order because Dr. Adams is an osteopathic physician licensed by the Board.
 12 Dr. Adams expressly, knowingly, and intentionally waives the 21-day notice requirement contained in
 13 the Nevada Open Meeting Law and acknowledges that this settlement agreement and order may be
 14 presented to the Board for its consideration and potential ratification at the Board's meeting on April
 15 10, 2018.

16 STIPULATED ADJUDICATION

17 Based upon the above acknowledgments of the parties and their mutual agreement, the parties
 18 stipulate and agree that the following terms of discipline should be imposed by the Board in this matter:

19 1. Dr. Adams shall pay the sum of \$4,645.00 as payment of the Board's actual costs for the
 20 investigation and prosecution of this matter and shall pay the sum of \$5,000.00 as a fine pursuant to
 21 NRS 633.651(1)(f). Dr. Adams shall make an initial payment in the amount of \$2,411.00 to be
 22 received with the execution of this Settlement Agreement and Order. Thereafter, Dr. Adams shall pay
 23 at least \$603.00 per month until paid in full, to be received by the last day of each month beginning
 24 April 30, 2018 unless and until his terms of repayment are otherwise modified as is set out in the terms
 25 of Dr. Adams's probation that follow.

26 2. Dr. Adams agrees that his license shall be suspended for a period of 27 days, commencing
 27 February 27, 2018 and ending at 11:59 p.m. on March 25, 2018.
 28

1 3. Dr. Adams's license shall be on probation for a period of two years commencing on March
2 26, 2018. The terms and conditions of probation shall be as follows:

3 (a) Dr. Adams shall maintain his license on either active or inactive status throughout the term
4 of probation.

5 (b) Dr. Adams shall comply with all laws related to the practice of osteopathic medicine,
6 whether state or federal, whether statutory or regulatory, and whether contained in NRS and NAC
7 chapters 633, 453, 454, 585, and 639.

8 (c) Dr. Adams shall confine his practice to anesthesia in facilities licensed pursuant to NRS
9 chapter 449, and as such, may only possess and administer such controlled substances as are necessary
10 to provide anesthesia services in such facilities. Dr. Adams shall not practice medicine in any setting
11 other than a facility licensed pursuant to NRS chapter 449 and shall not prescribe or dispense any
12 controlled substances to any patients.

13 (d) Dr. Adams shall take and successfully complete the PACE Physician Prescribing Course
14 offered at and through the University of California, San Diego, at any time before his probationary term
15 ends. Dr. Adams shall provide to the Board's office written evidence of his successful completion of
16 the course.

17 (e) The Board may monitor Dr. Adams's prescribing of controlled substances through
18 reasonable random audit of his records and through review of his prescriber's profile.

19 (f) Dr. Adams' probationary period shall not expire if he has violated any of its terms, has failed
20 to pay the sums due, or has failed to successfully complete the PACE course under the preceding
21 subsection (d).

22 4. After the probationary term has expired, Dr. Adams agrees he shall continue to confine his
23 practice to anesthesia in facilities licensed pursuant to NRS chapter 449, and as such, will only possess
24 and administer such controlled substances as are necessary to provide anesthesia services in such
25 facilities. If Dr. Adams desires to practice medicine in any setting other than a facility licensed
26 pursuant to NRS chapter 449 and from such a practice desires to prescribe or dispense any controlled
27 substances to patients, he will notify the Board in writing of the details related to any such proposed
28 practice and will not engage in any such practice until he appears at the next regularly scheduled

Nevada State Board of Osteopathic Medicine
2275 Corporate Circle, Suite 210 - Henderson, NV 89074
(702) 732-2147

1 meeting of the Board at which he shall make a presentation and answer questions from the Board. The
2 Board, in its reasonable discretion, may agree with, object to, or require terms and conditions related to
3 Dr. Adams engaging in the practice proposed by Dr. Adams.

4 5. Upon approval of this Settlement Agreement and Order by the Board, the Board's staff shall
5 execute such documents as necessary to rescind the Order of Summary Suspension and to void out the
6 entry related thereto in the National Practitioners Data Bank.

7 6. Dr. Adams shall meet with the Board or its representatives upon reasonable request and shall
8 reasonably cooperate with such representatives in their supervision, monitoring, investigation, or
9 auditing to assure compliance with the terms and conditions of this order.

10 7. Dr. Adams's failure to comply with any term or condition of this Settlement Agreement and
11 Order may result in further discipline by the Board, up to and potentially including revocation of his
12 license. The Board's staff may take any and all actions it deems necessary to collect any sums ordered
13 that remain unpaid. If the Board's staff is required to pursue judicial action to affect such collections, it
14 shall be entitled to recover its attorney's fees and costs incurred in pursuing such judicial action.

15 Signed this 20th day of March, 2018.

16 Respondent David Adams, D.O.

Nutile Law

17
18 By 
19 David Adams, D.O., Respondent

By 
20 Maria Nutile
21 Counsel for Respondent

22 Nevada Board of Osteopathic Medicine

Louis Ling, Esq.

23 By 
24 Ronald Hedger, D.O.
25 Investigating Board Member

By 
26 Louis Ling
27 Board Counsel




ORDER

WHEREAS, on April 10, 2018, the Nevada State Board of Osteopathic Medicine approved and adopted the terms and conditions set forth in the Settlement Agreement and Order with David Adams, D.O. IT IS SO ORDERED.

SIGNED AND EFFECTIVE this 11 day of April, 2018.

NEVADA STATE BOARD OF OSTEOPATHIC MEDICINE


Paul Mausling, D.O., Vice President and Presiding Officer

4B

SEP 11 2018

NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 17-103-CS-S
)	
Petitioner,	)	AMENDED
v.	)	NOTICE OF INTENDED ACTION
	)	AND ACCUSATION
ROBERT GAIMARO, PA)	
Controlled Substance Registration No. CS14259,)	
)	
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 (Board) has jurisdiction over this matter and this respondent because at the time of the events alleged herein, Robert Gaimaro, PA (Gaimaro), Controlled Substance Registration No. 14259, was registered by the Board.

FACTUAL ALLEGATIONS

II.

Gaimaro was granted an account to access the Nevada Prescription Monitoring Program (PMP) for purposes authorized under federal and state law on December 12, 2013.

III.

Before receiving access, Gaimaro signed a Practitioner Certification Statement on December 12, 2013, stating that he understood and agreed under penalty of perjury that he was responsible for all patient information accessed through his account, that he would treat PMP information as confidential, that he would protect any PMP information in his possession or control in accordance with federal and state laws governing health care information, and that he would safeguard his password and not share his login credentials with any other person.

IV.

Before receiving a PMP query result, the practitioner must agree to the terms of the Acknowledgement that "...use of this PMP system is permitted only in connection with providing medical or pharmaceutical care to a patient..."

V.

Stephen Paddock (Paddock) was the perpetrator of the October 1, 2017, Las Vegas mass shooting, and committed suicide immediately after the incident sometime before midnight.

VI.

On October 4, 2017, Gaimaro's PMP account was used to query the PMP database one (1) time using search parameters for the query to access Paddock's confidential patient information, and obtain patient utilization reports detailing Paddock's prescription-controlled substance utilization history.

VII.

The search conducted at 09:35:24 a.m., yielded specific prescription information regarding one prescription filled by Paddock at a Walgreens in Reno, Nevada in 2017.

VIII.

Gaimaro did not have a practitioner/patient relationship with Paddock. Gaimaro had no lawful purpose for accessing the patient utilization report of Paddock.

IX.

Gaimaro failed to maintain the security of his password. This failure allowed unauthorized access to Paddock's PMP report for no legally authorized purpose.

APPLICABLE LAW

X.

The Board administers the Prescription Monitoring Program (PMP), which maintains a database of all transactions for schedule II, III, IV and V controlled substances prescribed and dispensed in Nevada. *See* NRS 453.162 through 453.165, *inclusive*.

XI.

At the time of the events alleged herein, NRS 639.23507(1) authorized a practitioner to obtain a patient utilization report from the PMP before prescribing a controlled substance to his patients under certain circumstances, to assess whether the prescription is medically necessary.¹

XII.

Patient utilization reports and data in the PMP database constitute Protected Health Information (PHI) as defined in 45 C.F.R. § 160.103. They are protected from unauthorized access, use and disclosure under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). 45 C.F.R. Part 160 and Part 164, Subparts A and E (HIPPA Privacy Rule).

XIII.

Patient utilization reports and all data in the PMP database are also confidential and protected from unauthorized use or disclosure under state law. NRS 453.164(8).

XIV.

Unauthorized access, use or disclosure of PHI carries civil and criminal penalties under federal law. Pub.L. 104-191, 42 U.S.C. § 1320d-5 and 6.

XV.

Unauthorized access, use or disclosure of information in the PMP database also constitutes a crime under state law. NRS 453.552(2).

FIRST CAUSE OF ACTION

XVI.

By accessing or allowing his staff to access Paddock's confidential data in the PMP database when Paddock was deceased and never his patient, Gaimaro performed his duties as the holder of a Nevada Controlled Substance Registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct or conduct contrary to the public interest

¹ Assembly Bill (AB) 474, 79th Legislative Session (2017), amended NRS 639.23507(1). Those amendments became effective January 1, 2018 and are therefore immaterial to this action.

pursuant to NAC 639.945(1)(i). Gaimaro's Controlled Substance Registration, Certificate of Registration No. CS14259, is therefore subject to discipline pursuant to NRS 639.210(4) and NRS 639.255.

SECOND CAUSE OF ACTION

XVII.

By accessing or allowing his staff to access Paddock's confidential data in the PMP database when Paddock was deceased and never his patient, Gaimaro violated the HIPAA Privacy Rule. His Controlled Substance Registration, Certificate of Registration No. CS14259 is therefore subject to discipline pursuant to NRS 639.210(11) and NRS 639.255.

THIRD CAUSE OF ACTION

XVIII.

By accessing or allowing his staff to access Paddock's confidential data in the PMP database when Paddock was deceased and never his patient, Gaimaro violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.164(7) and/or the HIPAA Privacy Rule. Gaimaro's Controlled Substance Registration, Certificate of Registration No. CS14259 is therefore subject to discipline pursuant to NRS 639.210(12) and NRS 639.255.

FOURTH CAUSE OF ACTION

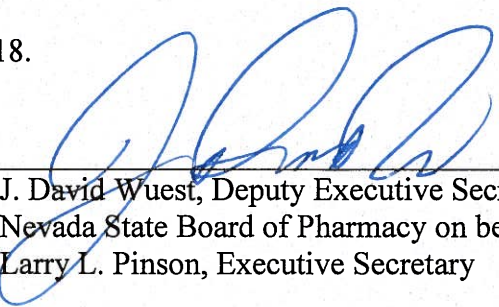
XIX.

By accessing or allowing his staff to access Paddock's confidential data in the PMP database when Paddock was deceased and never his patient, Gaimaro 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).

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

[SIGNATURE ON FOLLOWING PAGE]

Signed this 11th day of September 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 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. 17-103-CS-S
)	
Petitioner,)	
v.	)	AMENDED
	)	STATEMENT TO THE
ROBERT GAIMARO, PA	)	RESPONDENT AND
Controlled Substance Registration No. CS14259,	)	NOTICE OF HEARING
)	
Respondent.)	
	/	

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B, 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, October 10, 2018, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.

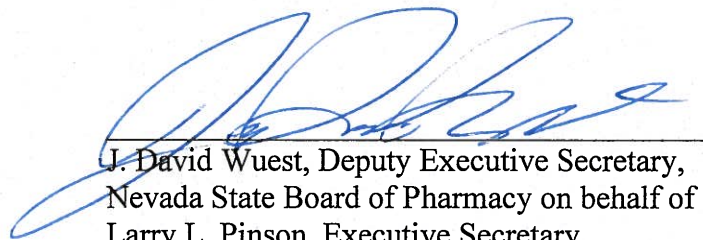
IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

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 11th day of September 2018.



J. David Wuest, Deputy Executive Secretary,
Nevada State Board of Pharmacy on behalf of
Larry L. Pinson, Executive Secretary

SEP 17 2018

NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 17-103-CS-S
)	
Petitioner,)	
v.)	
)	
ROBERT GAIMARO, APRN)	
Controlled Substance Registration No. CS14259,	)	ANSWER AND NOTICE
	)	OF DEFENSE
Respondent.)	
	/	

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

1. I Robert A. Gaimaro PA-C, Object in part that I failed to maintain security of my password. I do not share my password with anyone. I believe that the incident on October 4th was an action of an unauthorized person for the purpose of malice. I believe that my password and login information may have stored in memory and thats how the report of Mr. Paddock was retrieved. I had no intention or concern to have access Mr. Paddock prescription history as he was not a patient of mine at any time. I did not realized that my PMP account was locked out until further in the day I had to retrieve a patient report and was unsuccessful. At that time I contacted the Nevada Board of Pharmacy, and was told why the account was locked out. I reported such circumstance to my clinic administrator, Erica Zembrano and my Medical Director, Dr. Raymond P. Nicholl MD.

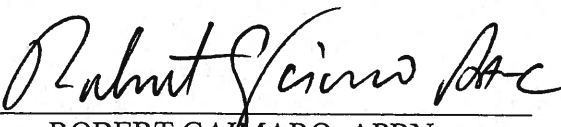
I object to the section FIRST CAUSE OF ACTION, XVI. that states " that by accessing or allowing his staff to access Paddocks confidential data in the PMP database when Paddock was deceased and never his patient, Gaimaro performed his duties as the holder of a Nevada Controlled Substance Registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct or conduct contrary to the public interest." I never queried, or authorized anyone to search in the PMP site on Mr. Paddock prescription history.

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

2. I Robert A. Gaimaro, admit that I should have taken more precaution in making sure that all PMP software should have been logged out and assure that no one could re enter the site with my credentials. However, I deny ever giving my password or access to anyone to use my PMP account. The site keeps the log in information in memory. Therefore, this makes it accessible to anyone to pull up the PMP site and search an inquiry. The clinic had a breach in security hardware and since has invested in highly secure software, that makes it difficult, or impossible to have access to any clinical, patient, or laboratory information. This includes the PMP web site. I have showed the Nevada Board of Pharmacy investigator when he visited my office in March of 2018, how the PMP site would stay open for more than 15 minutes, and would also retain the login information in memory . Since the incident on October 4th, I have changed all passwords, on all my computers, EHR, Laboratory, Radiology, and PMP account login.

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 17 day of September 2018


ROBERT GAIMARO, APRN

NOTICE TO RESPONDENT

Nevada State Board of Pharmacy

Re: Robert A. Gaimaro PA-C

Controlled Substance Registration No. CS14259

Written Statement of Compliance

I Robert A. Gaimaro write this statement of compliance, on this date of September 10, 2018.

I reviewed all security measures, which includes but not limited to all clinical sensitive patient information, including all passwords, login credentials, PMP site, Practitioner Certification Statement, reviewed and signed on November 20, 2017, and to comply with all state and federal laws. I have reviewed HIPPA privacy rules, and attest to follow these rules. I will not leave any computer, medical records, laboratory, or PMP sites unattended or vulnerable.

I have reviewed HIPPA regulations and understand such regulations. I have reviewed PHI Protected Health Information.

**RAPID CARE MEDICAL CLINIC****4270 S. DECATUR BLVD. SUITE A1 ★ LAS VEGAS, NV 89103****Phone (702) 798-7770****Fax (702) 895-7776**

November 20, 2017

Robert A. Gaimaro PA-C

Re: Computer Password and Login information.

Dear Mr. Gaimaro:

I received your letter with concerns over an unauthorized entry to one of your medical information sites. Indeed, I reviewed and did see that many sites the login information remains in memory. I also reviewed that even when the search browser has been cleared, it still keeps the login information on memory.

To remediate such issues, we are taking action in upgrading our computer systems and firewall hardware to assure that the system does not allow any login credentials and passwords to be saved. I will be personally going to the clinic and upgrading all computer security features.

I understand your frustration over this matter and the uncertainty that it creates. The IT department will continue to investigate in regards to the illegal search related to a Prescription Monitoring Program system.

Sincerely,

Deepak Shroff IT Administrator.

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 11th day of September, 2018, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

**Robert Gaimaro, PA
4270 S. Decatur Blvd., Suite A1
Las Vegas, NV 89103**



SHIRLEY HUNTING

4C

FILED**AUG 09 2018****NEVADA STATE BOARD
OF PHARMACY****BEFORE THE NEVADA STATE BOARD OF PHARMACY****NEVADA STATE BOARD OF PHARMACY,****Petitioner,****v.****LUCAS MEYERS, RPH****Certificate of Registration No. 16064,****THY THAI NGUYEN, RPH****Certificate of Registration No. 15730****WALGREENS PHARMACY #03922****Certificate of Registration No. PHN01127, and****WALGREENS CO., an Illinois Corporation,****Respondents.****) CASE NOS. 16-089-RPH-A-S****) 16-089-RPH-B-S****) 16-089-PH-A-S****) 16-089-PH-B-S****) 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 and these respondents because at the time of the events alleged herein, respondents Lucas Meyers (Meyers), Certificate of Registration No. 16064, and Thy Thai Nguyen (Nguyen), Certificate of Registration No. 15730, were pharmacists registered by the Board. Additionally, respondent Walgreens Pharmacy #03922 (Walgreens #03922), Certificate of Registration No. PHN01127, located in Las Vegas, Nevada, was a pharmacy registered by the Board at the time of the events

alleged herein. Respondent Walgreens Co. is an Illinois corporation that is the owner of each of the individual Walgreens facilities named herein at the time of the events alleged.

II.

Walgreens #03397, located in Chandler, Arizona, was not registered with the Board at the time of the events alleged herein. Walgreens Mail Service Pharmacy #02445 (Walgreens Mail Service), Certificate of Registration No. PH01964, located in Orlando, Florida, was a pharmacy registered by the Board at the time of the events alleged herein. Both pharmacies are work shifting operations designed to provide support to Walgreens retail pharmacies in Nevada.

III.

Korakot Sayangbarp (Sayangbarp) is a pharmacist licensed in Florida and an employee of Walgreens Mail Service. Sayangbarp is not licensed to practice pharmacy in Nevada.

DISCIPLINARY HISTORY

IV.

In January 2016, the Board entered a Stipulation and Order in the case of *Board of Pharmacy v. Walgreens Pharmacy #03922, Case 15-028-PH-S* finding Walgreens #03922 responsible for violations resulting from a dispensing error. The Board ordered Walgreens to distribute a copy of the Accusation and Order(s) in that case to all of its pharmacists involved in filling prescriptions for Nevada residents and to review and educate each pharmacist as to a pharmacist's responsibilities under Nevada law.

V.

In March 2016, the Board entered an Amended Findings of Fact, Conclusions of Law and Order in the case of *Board of Pharmacy v. Respondent Lucas Meyers, Case No. 15-028-RPH-B-S* finding Meyers responsible as the pharmacist on duty for violations resulting from a dispensing error. The Board ordered Meyers to complete two additional one-hour CE units, one each on the topics of pharmacy recordkeeping and error prevention.

FACTUAL ALLEGATIONS

VI.

On February 29, 2016, eight-week-old patient M.B. received a new prescription from her physician for Amoxicillin 125mg/5ml oral suspension with instructions to “take 5ml (125mg) once a day for 30 days after completing [an] Omnicef 10-day course.” The prescription allowed for one refill.

VII.

M.B.’s mother, A.C., tendered the prescription to Walgreens #03922 in Nevada on February 29, 2016, where pharmaceutical technician Jonathan Diego (Diego) entered the prescription data into Walgreens’ computer system, designated as Prescription No. 3261261-03922.

VIII.

Diego submitted the prescription data into a data entry verification queue for pharmacist approval.

IX.

On March 1, 2016, at Walgreens #03397 in Arizona, a pharmacist retrieved the data for Prescription No. 3261261-03922 from the queue and performed data verification.

X.

At Walgreens Mail Service in Florida, Sayangbarp later received six (6) drug utilization review (DUR) alerts for Prescription No. 3261261-03922. Sayangbarp overrode all six (6) DUR alerts simultaneously and sent the prescription to the queue for filling.

XI.

After data verification and the DUR review, pharmaceutical technician Ava Ghayour-Najafabadi at Walgreens #03922 in Nevada filled the prescription and performed the final product review.

XII.

On March 8, 2016, A.C. picked up Prescription No. 3261261-03922 from Walgreens #03922 in Nevada. At the point of sale, pharmaceutical technician Brenda Facunla reconstituted two 100ml bottles of Amoxicillin 125mg/5ml suspension, constituting a total dosage for thirty (30) days, and dispensed them to A.C.

XIII.

The instructions on the label for Prescription No. 3261261-03922 appeared as follows:

AMOXICILIN 125MG/5ML SUSP 100ML
QTY 200 1 REFILL BEFORE 02/28/17
SHAKE LIQUID WELL AND GIVE ...5 ML BY MOUTH ONCE DAILY FOR
30 DAYS ATER COMPLETING OMNICEF 10 DAY COURSE. DISCARD
REMAINDER

XIV.

There was no expiration date indicated on the label of either of the 100ml bottles of reconstituted Amoxicillin for Prescription No. 3261261-03922.¹

XV.

Meyers was the pharmacist of record for Prescription No. 3261261-03922. Meyers did not verify the final product before sale and dispensing to the patient.

XVI.

The counseling pharmacist of record was Meyers. Meyers failed to offer or provide counseling to A.C. on Prescription No. 3261261-03922.

XVII.

On or about March 11, 2016, A.C. began administering the Amoxicillin from Prescription No. 3261261-03922 to M.B. as directed on the prescription label.

¹ The manufacturer's guidelines state that any unused portion of reconstituted Amoxicillin Suspension for oral use should be discarded after 14 days. Walgreens dispensed 2 100ml bottles of reconstituted Amoxicillin Suspension on March 8, 2016. Based on the manufacturer's guidelines, the dispensed medication expired on March 22, 2016.

XVIII.

Throughout the course of administration, A.C. noticed the Amoxicillin Suspension turning from its original pink color to a yellow color.

XIX.

On March 30, 2016, A.C. returned the Amoxicillin bottles to Walgreens #03922 in Nevada.

XX.

A pharmacist at Walgreens #03922 confirmed that the Amoxicillin Suspension had expired and Walgreens discarded both bottles of the medication.

XXI.

M.B. ingested the expired Amoxicillin for approximately nine (9) days.

XXII.

Walgreens failed to produce a duplicate label or any documentation of the expiration date for Prescription No. 3261261-03922 upon request from the Board's investigator.

XXIII.

Walgreens altered the records for Prescription No. 3261261-03922 during the course of the Board's investigation. Walgreens initially provided an Audit/Board of Pharmacy Inspection Report (Audit Report) that identified "59610" as the identification number for the Walgreens location where the pharmacists from the facilities in Arizona and Florida performed data review and DUR alert overrides. Walgreens was unable to explain what "59610" represents, and later gave the Board Investigator an altered Audit Report that no longer included "59610" and instead indicates that data review was performed at location number "3397", the Arizona facility, and DUR review was performed at "2445", the Walgreens Mail Service in Florida.

FIRST CAUSE OF ACTION

**Failure to Verify Pharmaceutical Technician's Work
(Respondent Meyers)**

XXIV.

NAC 639.252(2) provides:

If a pharmaceutical technician performs one or more of the functions necessary to prepare a prescription, the pharmacist supervising the pharmaceutical technician is responsible for the filled prescription, including, but not limited to, verifying:

- (a) The selection and strength of the drug;
- (b) The dosage form; and
- (c) The labeling of the prescription.

NAC 639.945(i) defines unprofessional conduct and conduct contrary to the public interest to include performing duties in an "incompetent, unskillful or negligent manner."

Meyers violated NAC 639.252(2) and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(i) by allowing a pharmaceutical technician under his supervision to perform the final product review and verification of Prescription No. 3261261-03922 without subsequently reviewing the technician's work to verify the selection and strength of the drug, the dosage form and the labeling of the prescription. For that conduct Meyers is subject to discipline pursuant to NRS 639.210(4) and (12), and NRS 639.255.

SECOND CAUSE OF ACTION

**Failure to Document Expiration Date on Prescription Label
(Respondent Meyers)**

XXV.

NRS 639.2801 sets forth the requirements for prescription labeling and states in relevant part:

Unless specified to the contrary in writing on the prescription by the prescribing practitioner, all prescriptions filled by any practitioner must be dispensed in a container to which is affixed a label or other device which clearly shows:

....

7. The expiration date of the effectiveness of the drug or medicine dispensed, if that information is included on the original label of the manufacturer of that drug or medicine. If the expiration date specified by the manufacturer is not less than 1 year after the date of dispensing, the practitioner may use a date that is 1 year after the date of dispensing as the expiration date.

Meyers violated NRS 639.2801(7) and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(i) by failing to properly document the expiration date on the label or bottle for Prescription No. 3261261-03922, which resulted in M.B. ingesting nine (9) days of expired medication. For that conduct Meyers is subject to discipline pursuant to NRS 639.210(4) and (12), and NRS 639.255.

THIRD CAUSE OF ACTION

Failure to Adequately Counsel (Respondent Meyers)

XXVI.

NRS 639.266 requires a pharmacist, on receipt of a prescription and after review of the patient's record, to communicate with the patient, or a person caring for the patient, matters that will enhance the patient's therapy through drugs. NAC 639.707(1) and (2) require that counseling to include, among other things, the name of the drug, dosage and administration instructions, the intended use of the drug, common side effects, and other information that is necessary for the safe and effective use of the drug.

Meyers violated NRS 639.266, NAC 639.707(1) and (2) and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(i) by failing to adequately counsel M.B.'s caregiver regarding the new prescription for Amoxicillin 125mg/5ml suspension. For that conduct, Meyers is subject to discipline pursuant to NRS 639.210(4) and (12), and NRS 639.255.

FOURTH CAUSE OF ACTION

Failure to Maintain and Produce Prescription Records (Respondent Walgreens #03922)

XXVII.

Prescription records must be readily retrievable and maintained and produced in conformance with NRS 454.286; NRS 639.326, NRS 639.328, NAC 639.910, NAC 639.930 and NAC 639.935. By failing to timely produce records to Board Staff upon request and to maintain an accurate recordkeeping system that would produce readily retrievable prescription records, specifically, a duplicate label and/or record indicating the expiration date for Prescription No. 3261261-03922, Walgreens #03922 violated NRS 454.286; NRS 639.326, NRS 639.328, NAC 639.910, NAC 639.930 and NAC 639.935 and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(m). For that conduct, Walgreens #03922 is subject to discipline pursuant to NRS 639.210(4), (12) and (17) and NRS 639.255.

FIFTH CAUSE OF ACTION

Managing Pharmacist Responsibilities (Respondent Nguyen)

XXVIII.

NRS 639.0087 defines “managing pharmacist” as “a registered pharmacist who is responsible for the operation of a pharmacy.” A managing pharmacist is responsible for the acts and omissions of pharmaceutical technicians and other personnel. NAC 639.702. A managing pharmacist is also responsible for ensuring that a pharmacy’s computer system retains prescription and patient information. NAC 639.910(2). Whenever a managing pharmacist designates another pharmacist to assume the managing pharmacist’s duties in his or her absence “[t]he managing pharmacist is responsible for the activities of the designee.” NRS 639.220(3)(c).

The Board may suspend or revoke a registration pursuant to NRS 639.210(15) when a person has “as a managing pharmacist, violated any provision of law or regulation concerning recordkeeping or inventory in a store over which he or she presides, or has knowingly allowed a violation of any provision of this chapter or other state or federal laws or regulations relating to the practice of pharmacy by personnel of the pharmacy under his or her supervision.”

As the managing pharmacist/pharmacist in charge of Walgreens Pharmacy #03922 at the time of each of the violations alleged above, Nguyen is responsible for those violations pursuant to NRS 639.210(15) NRS 639.220(3)(c), NAC 639.702 and NAC 639.910(2). Nguyen has also engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(m). Nguyen is therefore subject to discipline pursuant to NRS 639.210(4), (12), (15) and (17) and NRS 639.255.

SIXTH CAUSE OF ACTION

Altering Prescription Records

(Respondent Walgreens #03922 and Walgreens Co.)

XXIX.

NAC 639.751(1)(b) and (2), and NAC 639.930(3) require a pharmacy computer system to have adequate safeguards to identify whether information in the system concerning a prescription has been modified or manipulated, and, where information was modified or manipulated, identify the manner, date and person who modified or manipulated the information. NAC 639.930(4) and (5) require the pharmacy’s computer system to maintain the information identified per NAC 639.930(3) and to prevent the removal of that information and the record of a prescription once the system assigns a number to the prescription. *See also* NAC 639.935(3)(g)(3) (computer system must produce printed records of history of each modification or manipulation of information concerning the prescription). By altering the Audit/Board of Pharmacy Inspection Report for Prescription No. 3261261-03922, specifically, by altering the store number from

“59610” in the data review field to “3397” and changed the DUR review field to “2445”, Walgreens #03922 and Walgreens Co. violated NAC 639.751(1)(b) and (2), NAC 639.930(3), (4) and (5), and NAC 639.935(3)(g)(3). For that conduct, Walgreens #03922 and Walgreens Co. are subject to discipline pursuant to NRS 639.210(12) and NRS 639.255.

SEVENTH CAUSE OF ACTION

Pharmacy/Pharmacy Owner Responsibility (Respondent Walgreens #03922 and Walgreens Co.)

XXX.

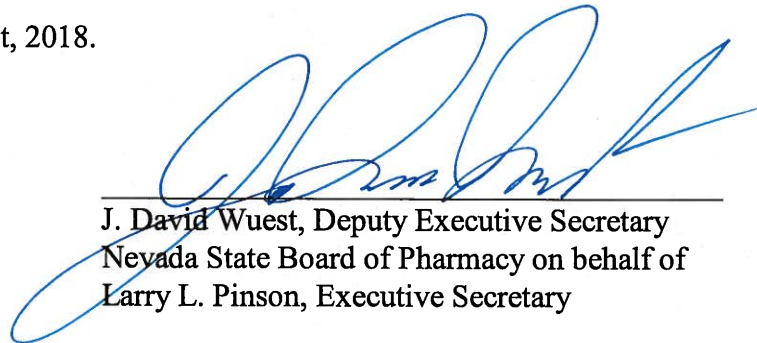
NRS 639.230(5) provides: “Any violation of any of the provisions of this chapter by a managing pharmacist or by personnel of the pharmacy under the supervision of the managing pharmacist is cause for the suspension or revocation of the license of the pharmacy by the Board.” A pharmacy that requires or allows a pharmacist to use the services of a pharmaceutical technician in violation of law is subject to disciplinary action. NAC 639.260. The owner of a pharmacy is responsible for the acts and omissions of pharmaceutical technicians and other personnel. NAC 639.702. It is unprofessional conduct and conduct contrary to the public interest to operate a pharmacy at a location other than the location at which the pharmacy is licensed to operate (NAC 639.945(1)(f)) and to perform any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration. (NAC 639.945(1)(k)). The owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ. NAC 639.945(2).

As the pharmacy/pharmacy at which the violations of law alleged above occurred, Walgreens #03922 and Walgreens Co. are responsible for those violations, including those of its employees pursuant to NRS 639.230(5), NAC 639.260, NAC 639.702 and NAC 639.945(2). Walgreens #03922 and Walgreens Co. also engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(f) and (k) by performing data verification of Prescription No. 3261261-03922 at Walgreens #03397 in Arizona, which was not

registered with the Board at the time of the violations alleged herein. Walgreens #03922 and Walgreens Co. are therefore subject to discipline pursuant to NRS 639.210(4) and (12) and NRS 639.255.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of these respondents.

Signed this 9th day of August, 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 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
	)	NOTICE OF INTENDED ACTION
Petitioner,	)	AND ACCUSATION
v.	)	RIGHT TO HEARING
)	
LUCAS MEYERS, RPH	)	CASE NO. 16-089-RPH-A-S
Certificate of Registration No. 16064)	
)	
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, October 10, 2018, 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.

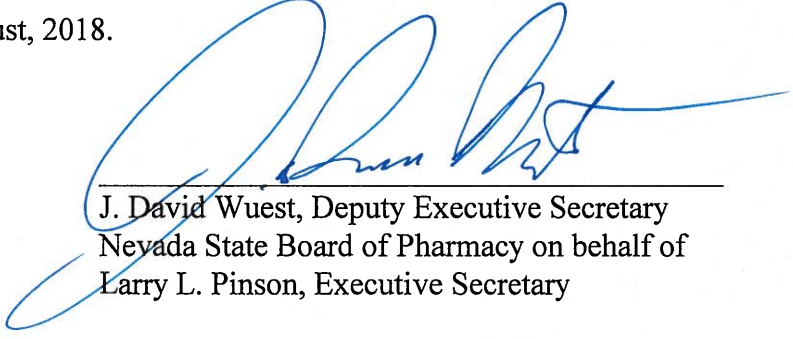
IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

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 9th day of August, 2018.



J. David Wuest, Deputy Executive Secretary
Nevada State Board of Pharmacy on behalf of
Larry L. Pinson, Executive Secretary

FILED**SEP 10 2018****NEVADA STATE BOARD
OF PHARMACY**

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 Walgreens Co.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	CASE NOS. 16-089-RPH-A-S
	)	16-089-RPH-B-S
Petitioner,	)	16-089-PH-A-S
	)	16-089-PH-B-S
v.)	
)	
LUCAS MEYERS, RPH	)	ALL RESPONDENTS' ANSWER
Certificate of Registration No. 16064,	)	AND NOTICE OF DEFENSE
)	
THY THAI NGUYEN, RPH)	
Certificate of Registration No. 15730)	
)	
WALGREENS PHARMACY #03922)	
Certificate of Registration No. PHN01127, and)	
)	
WALGREENS CO., an Illinois Corporation,)	
)	
Respondents.)	
)	
)	

Respondents, Lucas Meyers ("Mr. Meyers"), Thy Thai Nguyen ("Ms. Nguyen") Walgreens Pharmacy #03922 (Walgreens #03922), and Walgreens Co., by and through their counsel William J. Stilling, of and for Stilling & Harrison, PLLC answer and provide notice of their defense to the Notice of Intended Action and Accusation ("Notice") in the above-entitled matter and declare as follows.

REQUEST FOR HEARING

Respondents request a hearing on the Notice of Intended Action and Accusation and will be available on October 10, 2018 in Las Vegas, Nevada.

RESPONSES TO ALLEGATIONS AND CAUSES OF ACTION

In answer to the Notice of Intended Action and Accusation, Respondents jointly admit, deny, and allege as follows:

JURISDICTION

I.

Respondents admit the allegations in paragraph I.

FACTUAL ALLEGATIONS

II.

As to paragraph II, Respondents admit Walgreens Mail Service Pharmacy #02445 ("Mail Service Pharmacy"), Certificate of Registration No. PH01964, located in Orlando, Florida, was a pharmacy registered by the Board at the time of the events alleged herein and that the Mail Service provided work shifting operations designed to provide support to Walgreens retail pharmacies in Nevada. Respondents deny the allegation that Walgreens #03397 was located in Chandler, Arizona and that it was not registered with the Board at the time of the events alleged herein. Respondents further deny that the Walgreens in Chandler, AZ was involved in the processing of prescriptions described in the Notice.

Data verification for Prescription No. 3261261-03922 was performed at AllianceRx Walgreens Prime #03397, registration No. PH00988, located in Tempe Arizona, which was first licensed April 28, 1995 according to the Nevada Board of Pharmacy License Verification List as of 8/17/2018. *See Exhibit A.*

III.

Respondents admit the allegations in paragraph III.

IV.

Respondents admit that in January 2016, the Board entered a Stipulation and Order in Case 15-028-PH-S wherein Walgreens admitted it owned the pharmacy in which an error occurred and was therefore strictly liable as the owner under NAC 639.945(2). The Board ordered Walgreens to distribute a copy of the Accusation and Order(s) in the case to all of its pharmacists involved in filling prescriptions for Nevada residents. Respondents deny all other allegations in paragraph IV.

V.

Respondents admit that in March 2016, the Board entered Amended Findings of Fact, Conclusions of Law and Order in Case No. 15-028-RPH-B-S finding Mr. Meyers responsible for the dispensing errors of others in the pharmacy because he was the pharmacist and that the Board ordered Meyers to complete two additional one-hour CE units, one each on the topics of pharmacy recordkeeping and error prevention.

On March 16, 2016, Respondents filed an Amended Application and Request for Rehearing in Case 15-028, based in part that the Board's decision constituted impermissible rule-making without following the Nevada Administrative Procedures Act. The Board filed a Response on May 20, 2016. The rehearing for Case 15-028 was set for July 20, 2016. On July 20, 2016, the parties filed a Stipulation to Continue Hearing because some of the issues raised in that case were to be the subject of a public hearing to be held by the Board on July 21, 2016. The Board voted to table the rehearing until a future date. Subsequent to that hearing, a Pharmacy Practice Committee was appointed to address these issues. The Committee met several times, but as far as Respondents

know, the Board has not acted on the Committee's recommendations. Case 15-028 remains tabled and pending.

VI.

Respondents are without knowledge or information sufficient to form a belief about the truth of the allegations in paragraph VI.

VII.

Respondents admit the allegations in paragraph VII.

VIII.

Respondents admit the allegations in paragraph VIII.

IX.

Respondents admit that on March 1, 2016, at Walgreens #03397 in Tempe, Arizona, a pharmacist retrieved the data for Prescription No. 3261261–03922 from the queue and performed data verification.

X.

Respondents admit pharmacist Sayangbarp at the Florida Mail Service Facility was presented with six DUR alerts for prescription no. 3261261–03922, overrode those DURs, and placed the prescription into the queue for filling. Respondents deny all other allegations in paragraph X.

XI.

Respondents admit that after data verification and the DUR review, pharmaceutical technician Ava Ghayour–Najafabadi at Walgreens #03922 in Nevada filled the prescription and performed the product verification. Respondents deny all other allegations in paragraph XI.

XII.

Respondents admit the allegations in paragraph XII.

XIII.

Respondents admit the allegations in paragraph XIII.

XIV.

Respondents deny the allegations in paragraph XIV.

XV.

Respondents admit Mr. Meyers was the pharmacist of record for Prescription No. 3261261-03922. Respondents deny all other allegations in paragraph XV.

XVI.

Respondents deny the allegations in paragraph XVI. Mr. Meyers offered counseling, which was denied as documented in the Walgreens Audit/Board of Pharmacy Inspection Report ("Audit Report") for Prescription No. 3261261-03922.

XVII.

Respondents are without knowledge or information sufficient to form a belief about the truth of the allegations in paragraph XVII.

XVIII.

Respondents are without knowledge or information sufficient to form a belief about the truth of the allegations in paragraph XVIII.

XIX.

Respondents admit the allegations in paragraph XX.

XX.

A pharmacist at Walgreens #03922 confirmed that the remaining Amoxicillin Suspension had expired, and Walgreens discarded both bottles of the medication.

XXI.

Respondents are without knowledge or information sufficient to form a belief about the truth of the allegations in paragraph XXI.

XXII.

Walgreens #03922 timely responded to the Board's investigator and provided all records required by applicable Nevada laws and regulations. Respondents deny the allegations in paragraph XXII, particularly to the extent those allegations imply Walgreens did not meet its legal obligations.

XXIII.

Respondents deny the allegations in paragraph XXIII. Walgreens provided the Board with an Audit Report in or about March 2016 in response to the Board investigator's request. At that time, Walgreens data system used "59610" as generic identifier for the Walgreens central processing pharmacies that provided data verification and DUR review. Board investigators expressed dissatisfaction about the use of a generic number. Walgreens modified its data system so that the system would pull the actual Walgreens pharmacy number and insert that specific number in place of the generic "59610." Later, in May 2018, the Board's investigator requested clarification about the information in the documents he had received two years earlier. Specifically, he wanted to know which facility 59610 represented. In response to the Board investigator's request for clarification, Walgreens personnel provided another Audit Report for Prescription No. 3261261-03922. Because Walgreens IT personnel had changed the way Walgreens data system populates fields in Audit Reports that involve central processing, the clarifying Audit Report contained specific pharmacy numbers—"3397" for the Tempe, AZ facility and "2445" for the Orlando, FL facility—rather than the generic number "59610" that had been

used previously. This clarifying report provided additional, more specific information to the Board just as the Board or its representative(s) had requested.

FIRST CAUSE OF ACTION

**Failure to Verify Pharmaceutical Technician's Work
(Respondent Meyers)**

XXIV.

Respondents deny the allegations in paragraph XXIV except for the recitation of specific laws and regulations, which Respondents neither admit nor deny because the laws and regulations speak for themselves.

SECOND CAUSE OF ACTION

**Failure to Document Expiration Date on Prescription Label
(Respondent Meyers)**

XXV.

Respondents deny the allegations in paragraph XXV except for the recitation of specific laws and regulations, which Respondents neither admit nor deny because the laws and regulations speak for themselves.

THIRD CAUSE OF ACTION

**Failure to Adequately Counsel
(Respondent Meyers)**

XXVI.

Respondents deny the allegations in paragraph XXVI, except for the recitation of specific laws and regulations, which Respondents neither admit nor deny because the laws and regulations speak for themselves. Furthermore, NAC 639.707(5) does not require a pharmacist to counsel a patient or person caring for the patient if such person refuses to accept counseling. Mr. Meyers documented that counseling was declined for Prescription No. 3261261-03922.

FOURTH CAUSE OF ACTION
Failure to Maintain and Produce Prescription Records
 (Respondent Walgreens #03922)

XXVII.

Respondents deny the allegations in paragraph XXVII except for the recitation of specific laws and regulations, which Respondents neither admit nor deny because the laws and regulations speak for themselves. Furthermore, none of the laws or regulations cited in the Notice requires a pharmacy to produce an exact duplicate of the label or the expiration date.

FIFTH CAUSE OF ACTION
Managing Pharmacist Responsibilities
 (Respondent Nguyen)

XXVIII.

Respondents deny the allegations in paragraph XXVIII except for the recitation of specific laws and regulations, which Respondents neither admit nor deny because the laws and regulations speak for themselves. Furthermore, even if a managing pharmacist is “responsible for” acts or omissions of others, such responsibility does not constitute a violation of the applicable laws and regulations. There are no facts alleged in the Notice to support a claim of Ms. Nguyen “knowingly” allowing a violation of any law or regulation.

SIXTH CAUSE OF ACTION
Altering Prescription Records
 (Respondent Walgreens #03922 and Walgreens Co.)

XXIX.

Respondents deny the allegations in paragraph XXIX except for the recitation of specific laws and regulations, which Respondents neither admit nor deny because the laws and regulations speak for themselves. Furthermore, there is no allegation that any Respondent altered signatures and therefore no allegation supports a violation of NAC 693.751 relating to alteration of signatures.

The Sixth Cause of Action is contrary to the public interest and sound public policy because it attempts to punish Walgreen #03922 and Walgreen Co. for expending the time and resources necessary to provide more specific information about which centralized processing facility performed services for a prescription in response to a request by the Board or its representative(s) that such information be included on Audit Reports. Providing more specific information pursuant to such a request does not constitute a violation of any law or regulation cited in the Notice.

SEVENTH CAUSE OF ACTION
Pharmacy/Pharmacy Owner Responsibility
 (Respondent Walgreens #03922 and Walgreens Co.)

XXX.

Respondents deny the allegations in paragraph XXX except for the recitation of specific laws and regulations, which Respondents neither admit nor deny because the laws and regulations speak for themselves. Furthermore, the specific allegation in the Seventh Cause of Action that pharmacy #03397 in Tempe, AZ was not registered with the Board is incorrect. The Board's website link for verifying licenses confirms that facility #03397 has been licensed in Nevada since April 28, 1995. *See Exhibit A.*

OTHER DEFENSES

Each cause of action fails to state a claim upon which relief can be granted.

RESERVATION OF RIGHTS, DEFENSES, AND GENERAL DENIAL

1. Respondents reserve the right to assert other affirmative defenses in this matter and in any civil litigation that may follow and to provide additional facts and mitigating circumstances.
2. To the extent Respondents did not specifically admit allegations in the Notice of Intent and Accusation, they deny such allegations.

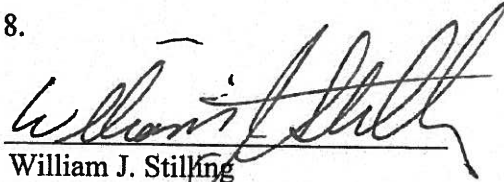
PRAYER FOR RELIEF

1. That the Board find that the allegations in the Notice and all evidence presented to the Board do not support imposing discipline on any of the Respondents.

2. That the Board dismiss all Causes of Action in the Notice.

3. That the Board provide further relief to Respondents as it finds just and proper.

DATED this 10th day of September 2018.



William J. Stilling
STILLING & HARRISON, PLLC
Attorneys for Respondents
Lucas Meyers
Thy Thai Nguyen
Walgreens Pharmacy #03922
Walgreens Co.

Exhibit A

NEVADA STATE BOARD OF PHARMACY

LICENSE VERIFICATION LIST AS OF: 8/17/2018

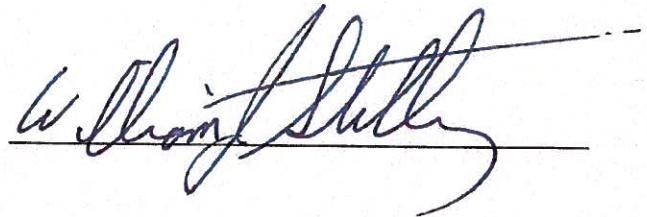
Name	Street Address	City	State	Zip	Phone #	License #	Expires	1st Lic'd Date
AEVA SPECIALTY PHARMACY	6280 S VALLEY VIEW #732	LAS VEGAS	NEVADA	89118	702-558-2382	PHN03106	10/31/18	02/12/14
AEVA SPECIALTY PHARMACY 2	4641 BLUE DIAMOND	LAS VEGAS	NEVADA	89139	702-558-2382	PHN03940	10/31/18	07/25/18
AFFINITY RX	11003 ANTOINE DR #F	HOUSTON	TEXAS	77086	281-444-5200	PH03925	10/31/18	06/12/18
AFFINITY SURGERY CENTER LLC	10135 W TWAIN AVE #110	LAS VEGAS	NEVADA	89147	702-882-5959	ASC03194	10/31/18	07/03/14
AFFORDABLE PHARMACY	8030 FM 1765 #A104	TEXAS CITY	TEXAS	77591	409-229-4636	PH03498	10/31/18	01/21/16
AGEVITAL PHARMACY LLC	1614 MAIN ST	SARASOTA	FLORIDA	34236	941-388-0800	PH03358	10/31/18	04/27/15
AHF PHARMACY	19300 S HAMILTON AVE #170/180	GARDENA	CALIFORNIA	90248	310-464-8241	PH03709	10/31/18	04/17/17
AHF PHARMACY	3201 S MARYLAND PKWY #218	LAS VEGAS	NEVADA	89109	702-826-5310	PH03380	10/31/18	06/18/15
AKINA PHARMACY	4080 LAFAYETTE CENTER DR #270	CHANTILLY	VIRGINIA	20151	855-792-5462	PH03265	10/31/18	12/08/14
ALBERTSON'S-SEAFWAY PHARMACY #4705	12874 E FLORENCE AVE	SANTA FE SPRINGS	CALIFORNIA	90670	800-834-8778	PH03493	10/31/18	01/21/16
ALL CITY PHARMACY LLC	821 N LAMB BLVD #4	LAS VEGAS	NEVADA	89110	702-834-7704	PH03609	10/31/18	09/12/16
ALL IN ONE PHARMACY	2080 E FLAMINGO RD #310	LAS VEGAS	NEVADA	89119	702-697-6501	PH02757	10/31/18	12/15/11
ALL IN ONE PHARMACY	890 MILL ST #203	RENO	NEVADA	89502	775-507-4291	PH03797	10/31/18	10/11/17
ALL MED PHARMACY	1052 S POWERLINE RD #C	DEERFIELD BEACH	FLORIDA	33442	885-241-0927	PH03777	10/31/18	07/26/17
ALL-CARE PHARMACY	8415 N PIMA RD #125	SCOTTSDALE	ARIZONA	85258	480-270-6700	PH03822	10/31/18	12/11/17
ALLCARE PLUS PHARMACY INC.	12 PLYMOUTH ST #100	WORCESTER	MASS.	1608	508-754-8800	PH03615	10/31/18	09/19/16
ALLCARE SPECIALTY PHARMACY LLC	50 BEARFOOT RD	NORTHBOROUGH	MASS.	1532	508-459-3535	PH03045	10/31/18	12/09/13
ALLERGYCHOICES PHARMACY	10620 COLONEL GLENN RD #300	LITTLE ROCK	ARKANSAS	72204	501-217-8880	PH03570	10/31/18	06/08/16
ALLIANCE RX WALGREENS PRIME #03397	2731 NATIONAL DR	ONALASKA	WISCONSIN	54650	608-793-1580	PH02496	10/31/18	04/22/09
ALLIANCE RX WALGREENS PRIME #04566-2	8350 S RIVER PKWY	BEAVERTON	OREGON	97008	866-202-4014	PH03509	10/31/18	04/28/95
ALLIANCE RX WALGREENS PRIME #15438	9505 SW GEMINI DR	CANTON	MICHIGAN	48188	888-282-5166	PH01834	10/31/18	01/21/16
ALLIANCE RX WALGREENS PRIME #15443	41460 HAGGERTY CIRCLE S	FRISCO	TEXAS	75033	214-387-3500	PH01156	10/31/18	08/07/97
ALLIANCE RX WALGREENS PRIME #15463	10530 JOHN W. ELLIOTT DR #100	BETHESDA	MARYLAND	20814	800-541-4959	PH03349	10/31/18	04/27/15
ALLIANCE RX WALGREENS PRIME #16280	6931 ARLINGTON RD #400	FRISCO	TEXAS	75033	866-574-1414	PH02023	10/31/18	03/03/05
ALLIANCE RX WALGREENS PRIME #16287	10930 JOHN W. ELLIOTT DR #200	PITTSBURGH	PENNSYLVANIA	15275	888-347-3416	PH01440	10/31/18	09/27/99
ALLIANCE RX WALGREENS PRIME #16567	130 ENTERPRISE DR	IRVING	TEXAS	75063	877-357-7463	PH02062	10/31/18	07/25/05
ALLIANCE RX WALGREENS PRIME #16568	2901 KINWEST PKWY #250	ORLANDO	FLORIDA	32819	407-591-4063	PH02830	10/31/18	06/11/12
ALLIANCE RX WALGREENS PRIME #20579	2354 COMMERCE PARK DR #100	IRVING	TEXAS	75063	888-282-4801	PH03740	10/31/18	06/05/17
ALLIANCE RX WALGREENS PRIME #12314	2901 KINWEST PKWY #350	BEAVERTON	OREGON	97008	503-643-8511	PH02337	10/31/18	01/17/08
ALLIVET	9775 SW GEMINI DR #1	HIALEAH	FLORIDA	33014	877-500-9944	PH02568	10/31/18	12/07/09
ALLURE PHARMACY	480 W 83RD ST	LOS ANGELES	CALIFORNIA	90049	310-826-1111	PH03413	10/31/18	07/27/15
ALLYSCRIPTS	11670 SAN VICENTE BLVD #A	SCOTTSDALE	ARIZONA	85269	844-309-7171	PH03645	10/31/18	12/12/16
ALORE LLC	201 LONNIE E CRAWFORD BLVD #8	SALEM	OREGON	97302	877-814-2968	PH03821	10/31/18	12/11/17
ALPHA-OMEGA PHARMACY LLC	999 COMMERCIAL ST SE	CLEARWATER	FLORIDA	33764	352-600-7950	PH03646	10/31/18	12/12/16
ALTA RX LLC	4625 E BAY DR #313	SANDY	UTAH	84070	801-716-7200	PH03206	10/31/18	07/29/14
ALTA-ROSE SURGERY CENTER	9883 S 500 W	LAS VEGAS	NEVADA	89106	702-386-9906	ASC02399	10/31/18	09/02/08
AMBER PHARMACY	501 S ROSE ST #110	OMAHA	NEBRASKA	68138	402-896-5000	PH02178	10/31/18	09/06/06
AMBUATORY SURGICAL CENTER OF SOUTHERN N	10004 S 152ND ST #A	LAS VEGAS	NEVADA	89113	702-952-1660	ASC03932	10/31/18	07/19/18
AMBUATORY SURGICAL CENTER OF SOUTHERN N	6950 S CIMARRON RD #100	LAS VEGAS	NEVADA	89147	702-952-1660	ASC02400	10/31/18	09/02/08
AMERICA'S BEST CARE PLUS INC.	3820 S HUALAPAI WAY #100	FORT PAYNE	ALABAMA	35968	256-997-1770	PH02462	10/31/18	11/24/08
AMERICAN INTEGRATIVE PHARMACY	1825 EVERETT DR W	LOMITA	CALIFORNIA	90717	310-539-1750	PH03139	10/31/18	04/28/14
AMERICAN MEDICAL DIRECT	1852 LOMITA BLVD #204	SAN ANTONIO	TEXAS	78248	210-832-8300	PH02946	10/31/18	04/26/13
AMERICAN OUTCOMES MANAGEMENT L.P.	1862 W BITTERS #301	FORT WORTH	TEXAS	76109	817-361-7699	PH02005	10/31/18	01/14/05
AMERICAN SPECIALTY PHARMACY	6310 SOUTHWEST BLVD #204	SAN ANTONIO	TEXAS	78229	210-417-4567	PH03514	10/31/18	01/27/16
AMERITA INC.	2414 BABCOCK RD #106	PRESCOTT	ARIZONA	86305	928-708-0025	PH02576	10/31/18	01/19/10
AMERITA INC.	1151 IRON SPRINGS RD #G	TULSA	OKLAHOMA	74146	918-493-2727	PH02937	10/31/18	04/25/13
AMERITA INC.	12515 E 55TH ST	SALT LAKE CITY	UTAH	84119	801-908-6100	PH02448	10/31/18	09/15/08
AMEX PHARMACY	2446 PROGRESS DR	MELBOURNE	FLORIDA	32901	321-872-0723	PH03085	10/31/18	01/28/14
AMOP PHARMACY	1515 ELIZABETH ST #J	WARREN	MICHIGAN	48089	586-772-6872	PH03084	10/31/18	01/28/14

CERTIFICATE OF SERVICE

I hereby certify that on September 10, 2018, I caused to be served a true and correct copy of the foregoing **ANSWER AND NOTICE OF DEFENSE** by the method indicated below to:

S. Paul Edwards
Nevada State Board of Pharmacy
431 W. Plumb Lane
Reno, NV 89509
pedwards@pharmacy.nv.gov

- ☐ U.S. Mail postage prepaid
- ☐ Hand delivery
- ☐ Overnight Mail
- ☐ Facsimile
- ☒ Electronic Mail



CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 9th day of August, 2018, I served a true and correct copy of the foregoing document by Certified U.S.

Mail to the following:

**Lucas Meyers, RPh
7248 Old Mission Drive
Las Vegas, NV 89128**


SHIRLEY HUNTING

4D

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	STATEMENT TO THE RESPONDENT
	)	NOTICE OF INTENDED ACTION
Petitioner,	)	AND ACCUSATION
v.	)	RIGHT TO HEARING
)	
THY THAI NGUYEN, RPH	)	CASE NO. 16-089-RPH-B-S
Certificate of Registration No. 15730)	
)	
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, October 10, 2018, 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.

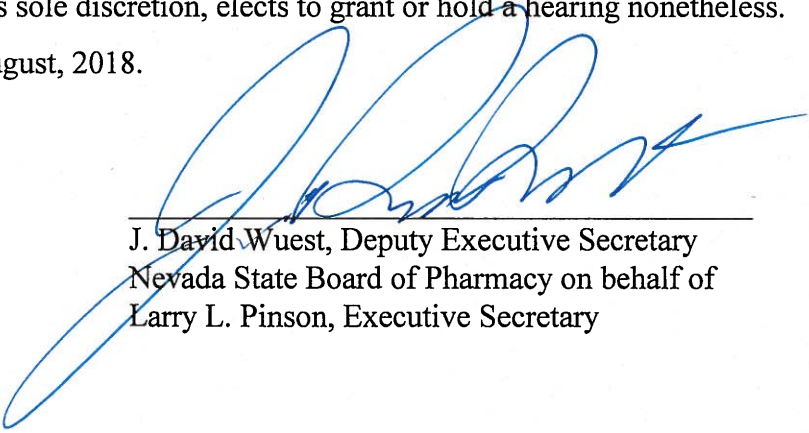
IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

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 9th day of August, 2018.



J. David Wuest, Deputy Executive Secretary
Nevada State Board of Pharmacy on behalf of
Larry L. Pinson, Executive Secretary

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 9th day of August, 2018, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

**Thy Thai Nguyen, RPh
4025 Wake Forest Drive
Las Vegas, NV 89129**



SHIRLEY HUNTING

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	ANSWER AND
	)	NOTICE OF DEFENSE
Petitioner,)	
v.)	
)	
THY THAI NGUYEN, RPH	)	CASE NO. 16-089-RPH-B-S
Certificate of Registration No. 15730)	
)	
Respondent.)	
	/	

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections, or insert "none").

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 August, 2018.

THY THAI NGUYEN, RPH

4E

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	STATEMENT TO THE RESPONDENT
	)	NOTICE OF INTENDED ACTION
Petitioner,	)	AND ACCUSATION
v.	)	RIGHT TO HEARING
)	
WALGREENS PHARMACY #03922)	CASE NO. 16-089-PH-A-S
Certificate of Registration No. PHN01127)	
)	
Respondent.	/	

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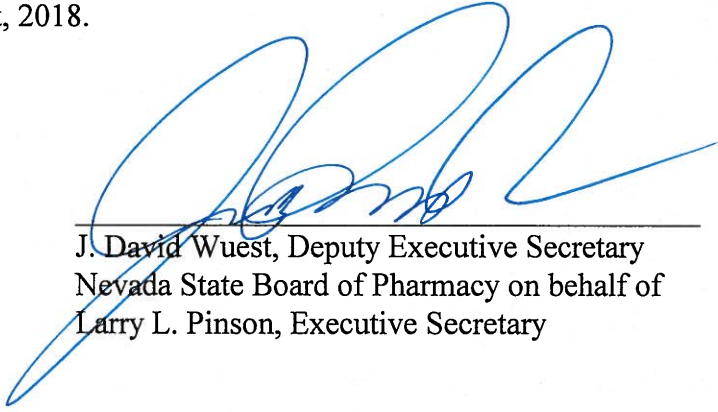
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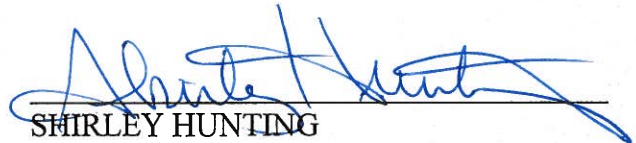
J. David Wuest, Deputy Executive Secretary
Nevada State Board of Pharmacy on behalf of
Larry L. Pinson, Executive Secretary

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 9th day of August, 2018, I served a true and correct copy of the foregoing document by Certified U.S.

Mail to the following:

Walgreens Pharmacy #03922
7599 W. Lake Mead Blvd.
Las Vegas, NV 89128


SHIRLEY HUNTING

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	ANSWER AND
	)	NOTICE OF DEFENSE
Petitioner,)	
v.)	
)	
WALGREENS PHARMACY #03922)	CASE NO. 16-089-PH-A-S
Certificate of Registration No. PHN01127)	
)	
Respondent.	/	

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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 August, 2018.

Type or print name

AUTHORIZED REPRESENTATIVE FOR
WALGREENS PHARMACY #03922

4F

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	STATEMENT TO THE RESPONDENT
	)	NOTICE OF INTENDED ACTION
Petitioner,	)	AND ACCUSATION
v.	)	RIGHT TO HEARING
)	
WALGREENS CO., an Illinois Corporation)	CASE NO. 16-089-PH-C-O
)	
Respondent.)	
	/	

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

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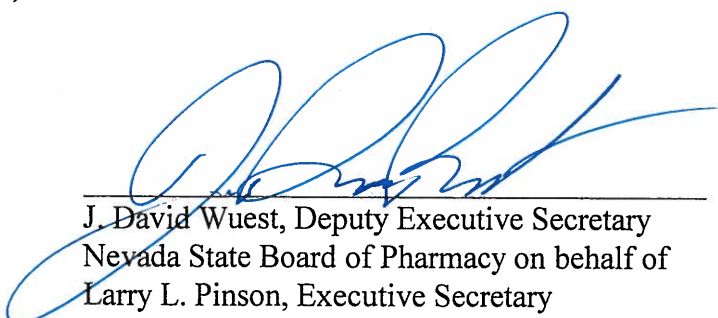
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V.

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.

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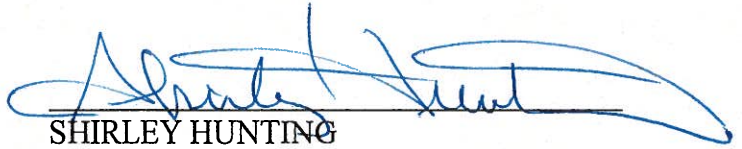
J. David Wuest, Deputy Executive Secretary
Nevada State Board of Pharmacy on behalf of
Larry L. Pinson, Executive Secretary

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 9th day of August, 2018, I served a true and correct copy of the foregoing document by Certified U.S.

Mail to the following:

William Stilling, Esq.
215 South State Street, Suite 500
Salt Lake City, UT 84111



SHIRLEY HUNTING

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 9th day of August, 2018, I served a true and correct copy of the foregoing document by Certified U.S.

Mail to the following:

**Walgreens Co.
Corporate Office
300 Wilmot Road, MS 3215
Deerfield, IL 60015**



SHIRLEY HUNTING

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	ANSWER AND
	)	NOTICE OF DEFENSE
Petitioner,)	
v.)	
)	
WALGREENS CO., an Illinois Corporation	)	CASE NO. 16-089-PH-C-O
)	
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:

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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 August, 2018.

Type or print name

AUTHORIZED REPRESENTATIVE FOR
WALGREENS CO., an Illinois Corporation

4G

AUG 08 2018

NEVADA STATE BOARD
OF PHARMACY**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

NEVADA STATE BOARD OF PHARMACY,	)	CASE NOS. 18-057-PT-S
)	
Petitioner,)	
v.	)	NOTICE OF INTENDED ACTION
	)	AND ACCUSATION
TIFFANY CHERIE HALL, PT)	
Certificate of Registration No. PT20933)	
)	
Respondents.)	
	/	

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 and this respondent because at the time of the events alleged herein, Respondent Tiffany Cherie Hall, PT (Ms. Hall), held a Nevada Pharmaceutical Technician Registration, Certificate No. PT20933, issued by the Pharmacy Board.

II.

On May 7, 2018, the Board received a Pharmaceutical Technician Application from Ms. Hall signed by her and dated May 2, 2018.

III.

The Board issued Certificate of Registration No. PT20933 to Ms. Hall on May 8, 2018.

FACTUAL ALLEGATIONS

IV.

Ms. Hall was arrested in Heber City, Utah on March 22, 2018, for driving under the influence of alcohol/drugs. Wasatch County Justice Court Case No. 185400759.

V.

Ms. Hall did not disclose her arrest record on the Pharmaceutical Technician application. She instead falsely marked “No” on question 3, which ask whether she had “*[b]een charged, arrested or convicted of a felony or misdemeanor in any state?*”

VI.

Ms. Hall then signed the application certifying to the Board that the “information furnished on this document [the application] is true and complete.”

FIRST CAUSE OF ACTION

VII.

“Any person who secures or attempts to secure registration for himself or herself or any other person by making, or causing to be made, any false representation...is guilty of a misdeameanor.” Nevada Revised Statute (NRS) 639.281(1). The statute goes on to state that: “Any certificate issued by the Board on information later found to be false or fraudulent must be automatically cancelled by the Board.” NRS 639.281(2).

By falsely marking “No” on question 3 on her application, which asks whether she had “*[b]een charged, arrested or convicted of a felony or misdemeanor in any state?*”, and by signing the application certifying that the information she provided was “true and correct”, Hall violated NRS 639.281(a) and engaged in unprofessional conduct, as defined in Nevada Administrative Code (NAC) 639.945(1)(h). Her actions are grounds for discipline pursuant to NRS 639.210(1), (4), (9), (10), (12), NRS 639.281(2) and NRS 639.255.

SECOND CAUSE OF ACTION

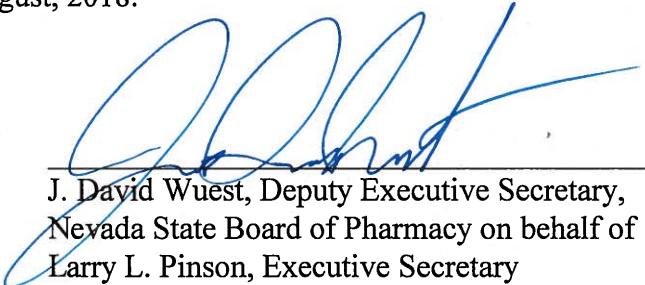
VIII.

“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). 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).

Hall is guilty of unprofessional conduct as that term is defined in NAC 639.945(1)(h). That violation is grounds for discipline pursuant to Nevada Revised Statute (NRS) 639.210(1), (4), (9), (12), and (15), NRS 639.281(2) and NRS 639.255.

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

Signed this 8th day of August, 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 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. 18-057-PT-S
)	
Petitioner,)	
v.)	
	)	STATEMENT TO THE RESPONDENT
TIFFANY CHERIE HALL, PT	)	NOTICE OF INTENDED ACTION
Certificate of Registration No. PT20933,	)	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, 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, October 10, 2018, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.

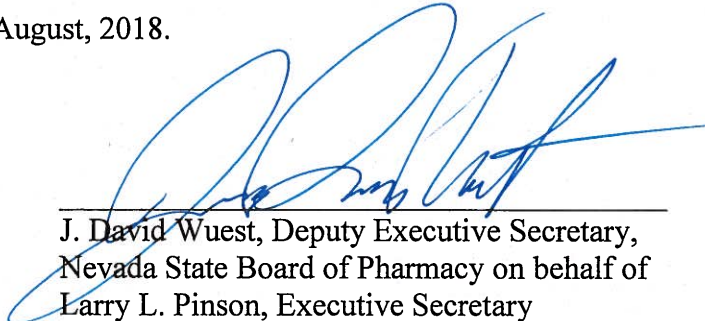
IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

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 9th day of August, 2018.



J. David Wuest, Deputy Executive Secretary,
Nevada State Board of Pharmacy on behalf of
Larry L. Pinson, Executive Secretary

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 18-057-PT-S
)	
Petitioner,)	
v.)	
)	
TIFFANY CHERIE HALL, PT	)	ANSWER AND NOTICE
Certificate of Registration No. PT20933,	)	OF DEFENSE
)	
Respondent.)	
	/	

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

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.

TIFFANY CHERIE HALL, PT

4H

FILED**AUG 09 2018****NEVADA STATE BOARD
OF PHARMACY****BEFORE THE NEVADA STATE BOARD OF PHARMACY**

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 18-064-PT-S
)	
Petitioner,)	
v.)	
	)	NOTICE OF INTENDED ACTION
VERONICA STAR ASHWORTH, PT	)	AND ACCUSATION
Certificate of Registration No. PT00939,)	
)	
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 (Board) has jurisdiction over this matter and this respondent because at the time of the events alleged herein, Respondent Veronica Star Ashworth, PT (Ashworth), held a Nevada Pharmaceutical Technician Registration, Certificate No. PT00939, issued by the Pharmacy Board.

FACTUAL ALLEGATIONS**II.**

In February 2018, Walgreens Pharmacy #3844 (Walgreens) terminated Ashworth from her employment as a pharmaceutical technician for diversion of controlled substances.

III.

Ashworth admitted to diverting controlled substances from Walgreens in a written statement and verbally during an interview conducted by a Walgreens' asset protection manager.

IV.

Ashworth admitted to diverting 800 Oxycodone 15 mg tablets, 800 Percocet 10/325 mg. tablets and 2,000 Oxycodone 30 mg. tablets over an approximately one-year period.

V.

Ashworth diverted the controlled substances for personal use and to sell to pay her personal bills.

VI.

Ashworth initially diverted the drugs by removing tablets from stock bottles. She later stole customers' filled controlled substance prescriptions and deleted the prescription information from the pharmacy computer system.

VII.

Walgreens reported the theft to law enforcement and Ashworth was placed under arrest.

FIRST CAUSE OF ACTION

VIII.

NRS 453.331(d) states, in relevant part, that "[i]t is unlawful for a person knowingly or intentionally to . . . [a]cquire or obtain . . . possession of a controlled substance . . . by misrepresentation, fraud, forgery, deception, subterfuge or alteration." NRS 639.210(12) states that a violation or attempt to violate "any law or regulation relating to drugs, the . . . distribution of drugs or the practice of pharmacy . . . committed by the holder of a certificate, license [or] registration" is grounds for suspension or revocation of any certificate, license or permit licensed by the Board. By diverting controlled substances as alleged herein, Ashworth violated NRS 453.331(1)(d) and is subject to discipline pursuant to NRS 639.210(12) and NRS 639.255.

SECOND CAUSE OF ACTION

IX.

NRS 453.336(1) states, in relevant part, that "a person shall not knowingly or intentionally possess a controlled substance, unless the substance was obtained directly from, or

pursuant to, a [lawful] prescription or order of a [practitioner]”. NRS 639.210(12) says that a violation or attempt to violate “any law or regulation relating to drugs, the . . . distribution of drugs or the practice of pharmacy . . . committed by the holder of a certificate, license [or] registration . . .” is grounds for suspension or revocation of any certificate, license or permit licensed by the Board. By diverting controlled substances as alleged herein, Ashworth violated NRS 453.336(1) and is subject to discipline pursuant to NRS 639.210(12) and NRS 639.255.

THIRD CAUSE OF ACTION

X.

NRS 453.337(1) states, in relevant part, that unless otherwise authorized, “it is unlawful for a person to possess for the purpose of sale . . . any controlled substance classified in schedule I or II.” NRS 639.210(12) says that a violation or attempt to violate “any law or regulation relating to drugs, [or] the . . . distribution of drugs . . . committed by the holder of a certificate, license [or] registration . . .” is grounds for suspension or revocation of any certificate, license or permit licensed by the Board. By diverting controlled substances as alleged herein, Ashworth violated, violated NRS 453.337(1) and is subject to discipline pursuant to NRS 639.210(12), as well as NRS 639.255.

FOURTH CAUSE OF ACTION

XI.

NAC 639.945(1)(g) states that “[s]upplying or diverting drugs . . . which are legally sold in pharmacies . . . so that unqualified persons can circumvent any law pertaining to the legal sale of such articles” constitutes “unprofessional conduct and conduct contrary to the public interest.” NRS 639.210(4) says that conduct that is unprofessional or contrary to the public interest is grounds for suspension or revocation of any certificate, license or permit licensed by the Board. By diverting controlled substances as alleged herein, Ashworth has engaged in unprofessional conduct in violation of NAC 639.945(1)(g) and is subject to discipline pursuant to NRS 639.210(4) and NRS 639.255.

FIFTH CAUSE OF ACTION

XII.

NAC 639.945(1)(h) states that “[p]erforming 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.” NRS 639.210(4) says that conduct that is unprofessional or contrary to the public interest is grounds for suspension or revocation of any certificate, license or permit licensed by the Board. By diverting controlled substances as alleged herein, Ashworth has engaged in unprofessional conduct in violation of NAC 639.945(1)(h) and is subject to discipline pursuant to NRS 639.210(4) and NRS 639.255.

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

Signed this 9th day of August, 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 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. 18-064-PT-S
)	
Petitioner,)	
v.)	
	)	STATEMENT TO THE
VERONICA ASHWORTH, PT	)	RESPONDENT AND
Certificate of Registration No. PT00939,	)	NOTICE OF HEARING
)	
Respondent.)	
	/	

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B, 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, October 10, 2018, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.

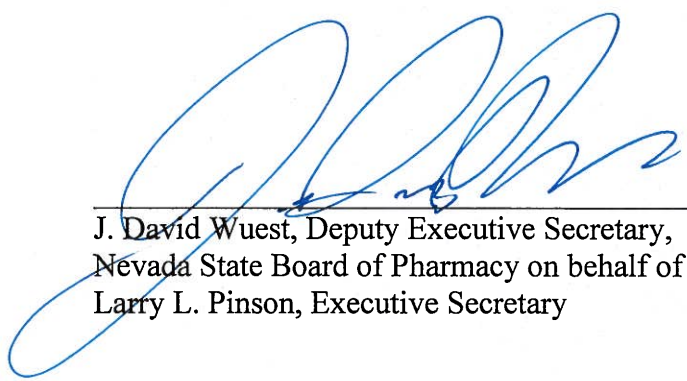
IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

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 9th day of August, 2018.



J. David Wuest, Deputy Executive Secretary,
Nevada State Board of Pharmacy on behalf of
Larry L. Pinson, Executive Secretary

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 10th day of August, 2018, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

**Veronica Star Ashworth
1694 Buck Island Street
Las Vegas, NV 89156**



SHIRLEY HUNTING

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	CASE NO. 18-064-PT-S
)	
Petitioner,)	
v.)	
)	
VERONICA ASHWORTH, PT	)	ANSWER AND NOTICE
Certificate of Registration No. PT00939,	)	OF DEFENSE
)	
Respondent.)	
	/	

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

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 21 day of August, 2018

FILED

AUG 30 2018

**NEVADA STATE BOARD
OF PHARMACY**



VERONICA ASHWORTH, PT

4I

AUG 22 2018

NEVADA STATE BOARD
OF PHARMACY**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

NEVADA STATE BOARD OF PHARMACY,)	CASE NO. 17-102-CS-S
)	
Petitioner,	)	NOTICE OF INTENDED ACTION
v.	)	AND ACCUSATION
)	
MICHAEL DEAN BELL, DDS)	
Certificate of Registration No. CS04818,)	
)	
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 (Board) has jurisdiction over this matter and this respondent because at the time of the events alleged herein, Michael Dean Bell, DDS (Bell), had a Controlled Substance Registration, Certificate No. CS04818 issued by the Board.

FACTUAL ALLEGATIONS**II.**

On April 16, 2015, the Board granted Bell an account for Internet access to the Nevada Prescription Monitoring Program (PMP) for purposes authorized under federal and state law.

III.

Prior to receiving access, Bell signed a Practitioner Certification Statement on April 16, 2015, stating that he understood and agreed under penalty of perjury that he was responsible for all patient information accessed through his account, that he would treat PMP information as confidential, that he would protect any PMP information in his possession or control in accordance with federal and state laws governing health care information, and that he would safeguard his password and not share his login credentials with any other person.

IV.

Before receiving a PMP query result, the practitioner must agree to the terms of the Acknowledgement that "...use of this PMP system is permitted only in connection with providing medical or pharmaceutical care to a patient, which includes evaluating a patient for medical treatment..."

V.

Stephen Paddock (Paddock) was the perpetrator of the October 1, 2017, Las Vegas mass shooting, and committed suicide immediately after the incident sometime before midnight.

VI.

On October 4, 2017, Bell's PMP account was used to query the PMP database eight (8) separate times using different search parameters for each query, to access Paddock's confidential patient information and patient utilization reports detailing Paddock's prescription-controlled substance utilization history.

VII.

Paddock was not a patient of Bell's. Bell had no lawful purpose for accessing the patient utilization report of Paddock.

VIII.

Because the PMP Administrator restricted access to Paddock's confidential patient information on October 4, 2017, Bell did not succeed in accessing Paddock's confidential patient information.

APPLICABLE LAW

IX.

The Board administers the Prescription Monitoring Program (PMP), which maintains a database of all transactions for schedule II, III, IV and V controlled substances prescribed and dispensed in Nevada. *See* NRS 453.162 through 453.165, *inclusive*.

X.

At the time of the events alleged herein, NRS 639.23507(1) authorized a practitioner to obtain a patient utilization report from the PMP before prescribing a controlled substance to his patients under certain circumstances, to assess whether the prescription is medically necessary.¹

XI.

Patient utilization reports and data in the PMP database constitute Protected Health Information (PHI) as defined in 45 C.F.R. § 160.103. They are protected from unauthorized access, use and disclosure under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). 45 C.F.R. Part 160 and Part 164, Subparts A and E (HIPAA Privacy Rule).

XII.

Patient utilization reports and all data in the PMP database are also confidential and protected from unauthorized use or disclosure under state law. NRS 453.164(8).

XIII.

Unauthorized access, use or disclosure of PHI carries civil and criminal penalties under federal law. Pub.L. 104-191, 42 U.S.C. § 1320d-5 and 6.

XIV.

Unauthorized access, use or disclosure of information in the PMP database also constitutes a crime under state law. NRS 453.552(2).

FIRST CAUSE OF ACTION

XV.

By attempting to access Paddock's confidential data in the PMP database when Paddock was deceased and never his patient and by attempting to obtain Paddock's patient utilization report, Bell performed his duties as the holder of a Nevada Controlled Substance Registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct or

¹ Assembly Bill (AB) 474, 79th Legislative Session (2017), amended NRS 639.23507(1). Those amendments became effective January 1, 2018 and are therefore immaterial to this action.

conduct contrary to the public interest pursuant to NAC 639.945(1)(i). Bell's Controlled Substance Registration, Certificate of Registration No. CS04818, is therefore subject to discipline pursuant to NRS 639.210(4) and NRS 639.255.

SECOND CAUSE OF ACTION

XVI.

By attempting to access Paddock's confidential data in the PMP database when Paddock was deceased and never his patient and by attempting to obtain Paddock's patient utilization report, Bell violated the HIPAA Privacy Rule. His Controlled Substance Registration, Certificate of Registration No. CS04818, is therefore subject to discipline pursuant to NRS 639.210(11) and NRS 639.255.

THIRD CAUSE OF ACTION

XVII.

By attempting to access Paddock's confidential data in the PMP database when Paddock was deceased and never his patient and by attempting to obtain Paddock's patient utilization report, Bell violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.164(8) and/or the HIPAA Privacy Rule. His Controlled Substance Registration, Certificate of Registration No. CS04818, is therefore subject to discipline pursuant to NRS 639.210(12) and NRS 639.255.

FOURTH CAUSE OF ACTION

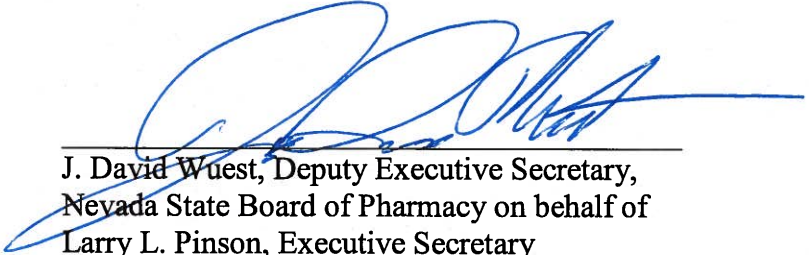
XVIII.

By attempting to access or directing his staff to access Paddock's confidential data in the PMP database when Paddock was deceased and never his patient and by attempting to obtain Paddock's patient utilization report, Bell 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).

XIX.

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the Controlled Substance Registration, Certificate No. CS04818, of Respondent Bell.

Signed this 22nd day of August, 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 the Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

[illegible]

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, October 10, 2018, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.

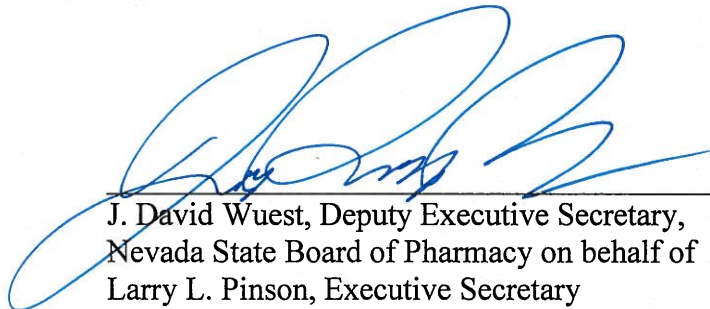
IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

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 22nd day of August, 2018.



J. David Wuest, Deputy Executive Secretary,
Nevada State Board of Pharmacy on behalf of
Larry L. Pinson, Executive Secretary

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	CASE NO. 17-102-CS-S
)	
Petitioner,)	
v.)	
	)	STIPULATION AND ORDER
MICHAEL DEAN BELL, DDS)	
Certificate of Registration No. CS04818,)	
)	
Respondent.	/	

Brett Kandt, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondent MICHAEL DEAN BELL, DDS, Certificate of Registration No. CS04818, by and through his counsel, David Roger, Esq., **HEREBY STIPULATE AND AGREE THAT:**

1. The Board has jurisdiction over Respondent and this matter.
2. On or about August 23, 2018, Board Staff properly served the Notice of Intended Action and Accusation (Accusation) on file in this matter on Respondent, together with a Statement to Respondent and Notice of Hearing.
3. In lieu of filing an Answer to the Accusation, Respondent has entered into this Stipulation.
4. Respondent is fully aware of his right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.
5. Respondent is aware of his right to a hearing on the matters alleged in the Accusation, his right to reconsideration, his right to appeal and any and all other rights which may be accorded to him pursuant to NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).
6. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of his right to challenge any future determination that Respondent has failed to comply

with the provisions of Paragraphs 9, 14 and 15 below, Respondent hereby freely and voluntarily waives his rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to him by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

7. Respondent admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violations alleged in the Accusation, *to wit*, that Respondent attempted to access Stephen Paddock's confidential data in the Nevada Prescription Monitoring Program (PMP) database and attempted to obtain patient utilization reports detailing Paddock's prescription-controlled substance utilization history, after Paddock was deceased and although Paddock was never Respondent's patient.

8. Those violations are plead with particularity in the Accusation and are grounds for action pursuant to NRS 639.210 and NRS 639.255.

9. Based upon the Accusation and the foregoing admissions, the Board and Respondent stipulate to the following penalties. Respondent Michael Dean Bell, DDS, Certificate of Registration No. CS04818, shall:

A. Implement any internal controls and procedures necessary to ensure that his staff do not use his PMP account to query the PMP on his behalf except as authorized by law;

B. Pay a fine of Two-Thousand Dollars (\$2,000.00) associated with the violations indicated above; and

C. Pay an administrative fee of Two-Thousand Dollars (\$2,000.00) to partially reimburse the Board for reasonable attorney's fees and costs incurred in investigating and prosecuting this matter.

10. Any failure by Respondent to comply with the terms of this Stipulation and Order may result in issuance by the Executive Secretary of an order to show cause directing

Respondent to appear before the Board at the next regularly-scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Stipulation and Order by Respondent, the Board may impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapter 639.

11. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on October 10, 2018, in Las Vegas, Nevada. Respondent will appear at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent or his counsel are not present at the meeting.

12. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board it shall be a public record pursuant to NRS 622.330.

13. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

14. Upon approval of this Stipulation by the Board, Respondent shall pay the fine agreed to herein by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, Nevada 89509, within thirty (30) days of the execution of this Order.

15. Upon approval of this Stipulation by the Board, Respondent shall pay the administrative fee agreed to herein by *cashier's check* or *certified check* or *money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, Nevada 89509, within thirty (30) days of the execution of this Order.

16. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any and all additional claims arising from the facts

set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ____ day of October, 2018

RESPONDENT MICHAEL DEAN BELL, DDS
Certificate of Registration No. CS04818

Signed this ____ day of October, 2018

BRETT KANDT, Esq.
General Counsel
Nevada State Board of Pharmacy

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Michael Dean Bell, DDS, Certificate of Registration No. CS04818, in Case No. 17-102-CS-S and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

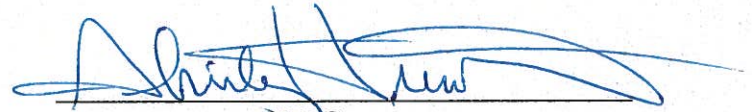
Dated

Leo Basch, President
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 23rd day of August, 2018, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

**Michael Dean Bell, DDS
8068 W. Sahara Avenue #A
Las Vegas, NV 89117**



SHIRLEY HUNTING

NIA 17-102-CS-S

4J

AUG 22 2018

NEVADA STATE BOARD
OF PHARMACY**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

NEVADA STATE BOARD OF PHARMACY,)	CASE NO. 17-112-RPH-S
)	
Petitioner,	)	NOTICE OF INTENDED ACTION
v.	)	AND ACCUSATION
)	
VENUS VEDADI, R.PH.,)	
Certificate of Registration No. 18969,)	
)	
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 (Board) has jurisdiction over this matter and this respondent because at the time of the events alleged herein, Venus Vedadi, R.Ph. (Vedadi), Certificate of Registration No. 18969, was a pharmacist registered by the Board.

DISCIPLINARY HISTORY**II.**

In February 2014, the Board served a Cease and Desist Order and Citation to Vedadi for the unlawful practice of pharmacy. Vedadi worked at various Nevada-licensed pharmacies as an unregistered intern pharmacist for approximately fifteen (15) months. The Board assessed an administrative fine and subsequently approved the renewal of her intern pharmacist registration with conditions.

FACTUAL ALLEGATIONS**III.**

Vedadi was granted an account to access the Nevada Prescription Monitoring Program (PMP) for purposes authorized under federal and state law on September 24, 2015.

IV.

Before receiving access, Vedadi signed a Practitioner Certification Statement on September 24, 2015, stating that she understood and agreed under penalty of perjury that she was responsible for all patient information accessed through her account, that she would treat PMP information as confidential, that she would protect any PMP information in her possession or control in accordance with federal and state laws governing health care information, and that she would safeguard her password and not share her login credentials with any other person.

V.

Before receiving a PMP query result, the practitioner must agree to the terms of the Acknowledgement that "...use of this PMP system is permitted only in connection with providing medical or pharmaceutical care to a patient..."

VI.

Stephen Paddock (Paddock) was the perpetrator of the October 1, 2017, Las Vegas mass shooting, and committed suicide immediately after the incident sometime before midnight.

VII.

On October 2, 2017, Vedadi's PMP account was used to query the PMP database two (2) separate times using different search parameters for each query to access Paddock's confidential patient information, and obtain patient utilization reports detailing Paddock's prescription-controlled substance utilization history.

VIII.

The first search conducted at 08:56:32 a.m., yielded specific prescription information regarding one prescription filled by Paddock at a Walgreens in Reno, Nevada in 2017.

IX.

Vedadi did not have a pharmacist/patient relationship with Paddock. Vedadi had no lawful purpose for accessing the patient utilization report of Paddock.

X.

In a written statement dated February 15, 2018, Vedadi, through her counsel, admitted that she accessed Paddock's PMP report for no legally authorized purpose. Vedadi confirmed that she has not shared her login credentials with any other person or disclosed the information she accessed to anyone.

APPLICABLE LAW

XI.

The Board administers the Prescription Monitoring Program (PMP), which maintains a database of all transactions for schedule II, III, IV and V controlled substances prescribed and dispensed in Nevada. *See* NRS 453.162 through 453.165, *inclusive*.

XII.

At the time of the events alleged herein, NRS 639.23507(1) authorized a practitioner to obtain a patient utilization report from the PMP before prescribing a controlled substance to his patients under certain circumstances, to assess whether the prescription is medically necessary.¹

XIII.

Patient utilization reports and data in the PMP database constitute Protected Health Information (PHI) as defined in 45 C.F.R. § 160.103. They are protected from unauthorized access, use and disclosure under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). 45 C.F.R. Part 160 and Part 164, Subparts A and E (HIPPA Privacy Rule).

XIV.

Patient utilization reports and all data in the PMP database are also confidential and protected from unauthorized use or disclosure under state law. NRS 453.164(8).

¹ Assembly Bill (AB) 474, 79th Legislative Session (2017), amended NRS 639.23507(1). Those amendments became effective January 1, 2018 and are therefore immaterial to this action.

XV.

Unauthorized access, use or disclosure of PHI carries civil and criminal penalties under federal law. Pub.L. 104-191, 42 U.S.C. § 1320d-5 and 6.

XVI.

Unauthorized access, use or disclosure of information in the PMP database also constitutes a crime under state law. NRS 453.552(2).

FIRST CAUSE OF ACTION

XVII.

By accessing Paddock's confidential data in the PMP database when Paddock was deceased and never had a pharmacist/patient relationship with Vedadi, and by obtaining Paddock's patient utilization report, Vedadi performed her duties as the holder of a Nevada Pharmacist Registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i). Vedadi's Nevada Pharmacist Registration, Certificate of Registration No. 18969, is therefore subject to discipline pursuant to NRS 639.210(4) and NRS 639.255.

SECOND CAUSE OF ACTION

XVIII.

By accessing Paddock's confidential data in the PMP database when Paddock was deceased and never had a pharmacist/patient relationship with Vedadi, and by obtaining Paddock's patient utilization report, Vedadi violated the HIPAA Privacy Rule. Her Nevada Pharmacist Registration, Certificate of Registration No. 18969, is therefore subject to discipline pursuant to NRS 639.210(11) and NRS 639.255.

THIRD CAUSE OF ACTION

XIX.

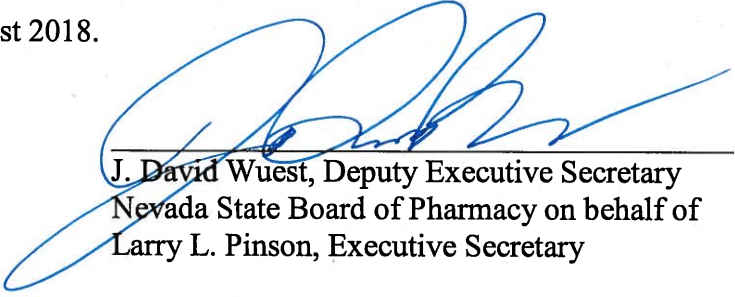
By accessing Paddock's confidential data in the PMP database when Paddock was deceased and never had a pharmacist/patient relationship with Vedadi, and by obtaining

Paddock's patient utilization report, Vedadi violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.164(8) and/or the HIPAA Privacy Rule. Her Nevada Pharmacist Registration, Certificate of Registration No. 18969, is therefore subject to discipline pursuant to NRS 639.210(12) and NRS 639.255.

XX.

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

Signed this 22nd day of August 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 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. 17-112-RPH-S
)	
Petitioner,)	
v.)	
	)	STATEMENT TO THE
VENUS VEDADI, RPH	)	RESPONDENT AND
Certificate of Registration No. 18969,	)	NOTICE OF HEARING
)	
Respondent.)	
	/	

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B, 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, October 10, 2018, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.

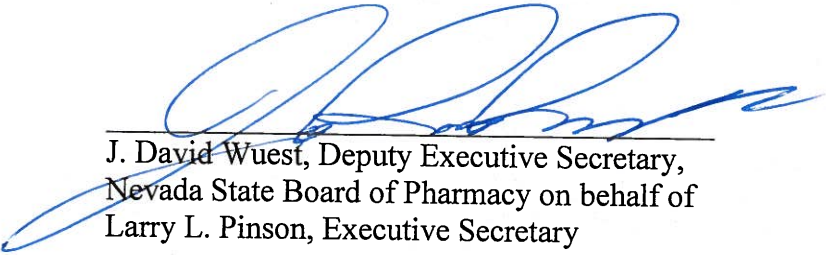
IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

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 22ND day of August, 2018.



J. David Wuest, Deputy Executive Secretary,
Nevada State Board of Pharmacy on behalf of
Larry L. Pinson, Executive Secretary

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	CASE NO. 17-112-RPH-S
)	
Petitioner,)	
v.	)	STIPULATION AND ORDER
)	
VENUS VEDADI, R.PH.,)	
Certificate of Registration No. 18969,)	
)	
Respondent.	/	

Brett Kandt, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondent VENUS VEDADI, R.Ph., Certificate of Registration No. 18969, by and through her counsel, Lyn E. Beggs, Esq., **HEREBY STIPULATE AND AGREE THAT:**

1. The Board has jurisdiction over Respondent and this matter.
2. On or about August 23, 2018, Board Staff properly served the Notice of Intended Action and Accusation (Accusation) on file in this matter on Respondent, together with a Statement to Respondent and Notice of Hearing.
3. In lieu of filing an Answer to the Accusation, Respondent has entered into this Stipulation.
4. Respondent is fully aware of her right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.
5. Respondent is aware of her right to a hearing on the matters alleged in the Accusation, her right to reconsideration, her right to appeal and any and all other rights which may be accorded to her pursuant to NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).
6. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of her right to challenge any future determination that Respondent has failed to comply with the provisions of Paragraphs 9, 14 and 15 below, Respondent hereby freely and voluntarily

waives her rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to her by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

7. Respondent admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violations alleged in the Accusation, *to wit*, that Respondent accessed Stephen Paddock's confidential data in the Nevada Prescription Monitoring Program (PMP) database and obtained patient utilization reports detailing Paddock's prescription-controlled substance utilization history, after Paddock was deceased and although Paddock was never Respondent's patient.

8. Those violations are plead with particularity in the Accusation and are grounds for action pursuant to NRS 639.210 and NRS 639.255.

9. Based upon the Accusation and the foregoing admissions, the Board and Respondent stipulate to the following penalties. Respondent Venus Vedadi, R.Ph., Certificate of Registration No. 18969, shall:

A. Pay a fine of Five-Thousand Dollars (\$5,000.00) associated with the violations indicated above; and

B. Pay an administrative fee of Five-Thousand Dollars (\$5,000.00) to partially reimburse the Board for reasonable attorney's fees and costs incurred in investigating and prosecuting this matter.

10. Any failure by Respondent to comply with the terms of this Stipulation and Order may result in issuance by the Executive Secretary of an order to show cause directing Respondent to appear before the Board at the next regularly-scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Stipulation and Order by Respondent, the Board may impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapter 639.

11. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on October 10, 2018, in Las Vegas, Nevada. Respondent will appear at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent or her counsel are not present at the meeting.

12. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board it shall be a public record pursuant to NRS 622.330.

13. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

14. Upon approval of this Stipulation by the Board, Respondent shall pay the fine agreed to herein by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, Nevada 89509, within sixty (60) days of the execution of this Order.

15. Upon approval of this Stipulation by the Board, Respondent shall pay the administrative fee agreed to herein by *cashier's check* or *certified check* or *money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, Nevada 89509, within sixty (60) days of the execution of this Order.

16. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ____ day of October, 2018

VENUS VEDADI, R.PH.,
Certificate of Registration No. 18969

Signed this ____ day of October, 2018

BRETT KANDT, Esq.
General Counsel
Nevada State Board of Pharmacy

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Venus Vedadi, R.Ph., Certificate of Registration No. 18969, in Case No. 17-112-RPH-S and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

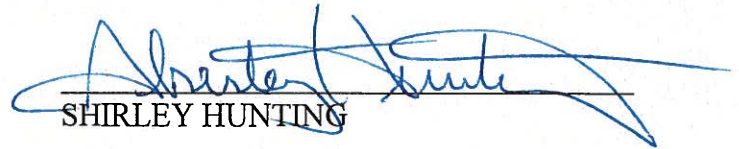
Dated

Leo Basch, President
 Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 23rd day of August, 2018, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

**Venus Vedadi, RPH
1500 Rancho Navarro Street
Henderson, NV 89012**

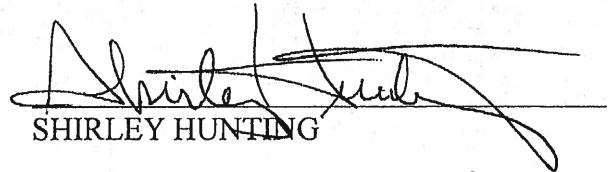


SHIRLEY HUNTING

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 23rd day of August, 2018, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Lyn E. Beggs, Esq.
316 California Avenue #863
Reno, NV 89509



SHIRLEY HUNTING

4K

SEP 07 2018

NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 18-029-CS-S
)	
Petitioner,)	
v.	)	NOTICE OF INTENDED ACTION
	)	AND ACCUSATION
JOYCE CHANG, MD,)	
Certificate of Registration Nos. CS15881)	
PD00340,)	
)	
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 NRS 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because at the time of the events alleged herein, Respondent Joyce P. Chang, MD ("Chang") held an active Controlled Substance Registration, Certificate No. CS15881, and an active Practitioner Dispensing Registration, Certificate No. PD00340, both issued by the Board.

FACTUAL ALLEGATIONS

II.

On May 10, 2018, the Nevada State Board of Medical Examiners ("BME") and investigators from the Board (collectively the "Investigators") conducted a joint investigation at Respondent Chang's medical office.

III.

The Investigators found evidence of misconduct and violations of federal and state law involving prescription records and the unlawful prescribing and dispensing of controlled substances and dangerous drugs at Chang's medical office.

IV.

Chang had established a procedure at her medical office wherein she “authorized” her medical assistant (“MA”) to create, sign and issue prescriptions for controlled substances and dangerous drugs on Chang’s behalf for Chang’s patients.

V.

Chang’s MA routinely created, signed and issued prescriptions for controlled substances and dangerous drugs to Chang’s patients.

VI.

Chang also “authorized” her MA to sign Chang’s name and issue prescriptions generated by other practitioners who treated Chang’s patients in Chang’s absence.

VII.

Chang’s MA routinely signed Chang’s name and issued prescriptions generated by other practitioners who treated Chang’s patients in Chang’s absence.

VIII.

Chang’s MA is not a practitioner. She is not licensed to practice medicine as a physician, physician’s assistant, or advanced practice registered nurse.

IX.

Chang travelled out of the country and was therefore absent from her medical office on the following dates:

-
- March 18 – March 28, 2016,
 - August 13 – August 19, 2016, and
 - July 5 – July 17, 2017

Chang’s MA signed Chang’s name and issued approximately two-hundred and seven (207) controlled substance prescriptions while Chang was outside of the country. The MA also signed and issued prescriptions for dangerous drugs while Chang was absent.

X.

Chang utilized an electronic medical record (EMR) system to chart patient records and electronically process and submit claims for payment to Medicaid and other health plan providers.

XI.

Chang allowed practitioners who treated her patients during her absence to access her EMR for charting and billing patient visits using her sign-on credentials. The practitioner that actually examined the patient for Chang recorded his or her initials in the EMR under "Reason for Appointment."

XII.

Chang caused the practitioners who treated her patients to use her National Provider Identifier (NPI) at least 174 times while she was outside of the country to bill Medicaid and other commercial health insurance plans for services that Chang did not personally provide. Chang received reimbursement for those services.

XIII.

During the May 2018 investigation at Chang's medical office, the Investigators found multiple vials, bottles, and/or tubes containing expired medications stored in Chang's medication room with medications that were not expired.

XIV.

Pre-filled, unlabeled syringes containing an unidentified drug were stored in the refrigerator at Chang's medical office.

XV.

Multiple 30gm tubes containing various strengths of compounded Hydroquinone Tretinoin were stored in the refrigerator at Chang's medical office with expired compounded creams.

XVI.

Bags of partially used syringes of expired and unexpired Juvéderm and other unknown substances were stored in the refrigerator at Chang's medical office.

XVII.

Chang did not have and was not able to produce patient records documenting patient names and dates for the compounded Hydroquinone Tretinoin and Juvéderm syringes dispensed or administered by her office.

XVIII.

Chang voluntarily surrendered her Drug Enforcement Administration (“DEA”) registration on or about June 29, 2018. The DEA has not stayed that surrender, and Chang does not currently have a DEA registration.

APPLICABLE LAW

XIX.

No person may prescribe controlled substances in Nevada except as authorized by law. NRS 453.226; NRS 453.375(1); NRS 453.377; NRS 639.235(1); NAC 639.742(1), (3) and (4); 21 CFR § 1301.11; 21 CFR § 1306.03.

XX.

Only a practitioner may issue a prescription for a controlled substance or dangerous drug, which practitioner is responsible for the proper prescribing and dispensing of the drug and is subject to penalties for violating the provisions of law relating to controlled substances. *See* NRS 453.377, NRS 454.215, NRS 639.013, NRS 639.235(1), and 21 C.F.R. §1306.04.

XXI.

Each written prescription for a controlled substance must contain the handwritten signature of the prescribing practitioner. NRS 639.013(1)(a); NRS 639.235(2); NAC 453.440(1)(c); 21 CFR § 1306.05.

XXII.

No person may prescribe dangerous drugs in Nevada except as authorized by law. NRS 454.213; NRS 454.215; NRS 639.235(1); NAC 639.742(1), (3) and (4).

XXIII.

Each written prescription for a dangerous drug must contain the handwritten signature of the prescribing practitioner. NRS 639.013(1)(a); NRS 639.235(2); NRS 454.223; NAC 454.060(1).

XXIV.

1. Except as authorized by the provisions of NRS 453.011 to 453.552, inclusive, it is unlawful for a person to:

- (a) Import, transport, sell, exchange, barter, supply, prescribe, dispense, give away or administer a controlled or counterfeit substance;
- (b) Manufacture or compound a counterfeit substance; or

(c) Offer or attempt to do any act set forth in paragraph (a) or (b).
NRS 639.321.

XXV.

NRS 639.331 states in relevant part:

1. It is unlawful for a person knowingly or intentionally to:

....

(c) Assume falsely the title of or represent himself or herself as a registrant or other person authorized to possess controlled substances;

(d) Acquire or obtain or attempt to acquire or obtain possession of a controlled substance or a prescription for a controlled substance by misrepresentation, fraud, forgery, deception, subterfuge or alteration;

(e) Furnish false or fraudulent material information in, or omit any material information from, any application, report or other document required to be kept or filed under the provisions of NRS 453.011 to 453.552, inclusive, or any record required to be kept by those sections;

(f) Sign the name of a fictitious person or of another person on any prescription for a controlled substance or falsely make, alter, forge, utter, publish or pass, as genuine, any prescription for a controlled substance;

....

(i) Make a false representation to a pharmacist for the purpose of obtaining a controlled substance for which a prescription is required.

2. A person who violates this section is guilty of a category C felony and shall be punished as provided in NRS 193.130.

XXVI.

A label with the proprietary or generic name, strength and expiration date must be affixed to each package or container in which a controlled substance or dangerous drug is administered. NRS 639.2801(7), (8) and (9).

XXVII.

Expired medications must be removed from stock and secured in an area where they will not be used to fill prescriptions. NRS 639.282(d); NAC 639.510(3).

XXVIII.

Each dispensing practitioner shall keep complete, accurate and readily retrievable records of each controlled substance and dangerous drug purchased and dispensed. NAC 639.745.

XXIX.

A practitioner “who knowingly submits to the State...a charge or claim for drugs or medical supplies furnished to or for a person receiving medical care under any program of public assistance, which is false...is guilty of a category D felony...” NRS 639.2815.

XXX.

“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).

XXXI.

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).

XXXII.

“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).

XXXIII.

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).

XXXIV.

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).

XXXV.

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).

XXXVI.

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).

XXXVII.

“The surrender, revocation or a suspension that has not been stayed of any certificate, license or registration of a practitioner, as defined in NRS 453.126, 454.00958 or 639.0125, by a licensing board or the Drug Enforcement Administration operates as an immediate suspension of a certificate, license, registration or permit issued by the Board pursuant to this chapter or chapter 453 or 454 of NRS to possess, administer, prescribe or dispense drugs.” NRS 639.2107.

FIRST CAUSE OF ACTION
(Surrender of DEA Registration)

XXXVIII.

The surrender of Chang’s DEA registration, which has not been stayed, “operates as an immediate suspension” of Chang’s Controlled Substance Registration, Certificate of Registration No. CS15881, which the Board issued pursuant to NRS 453.226 and 453.231, and her Dispensing Practitioner Registration, Certificate of Registration No. PD00340, which the Board issued pursuant to NRS 639.742 *et al.* See NRS 639.2107.

SECOND CAUSE OF ACTION
(Aiding and Abetting the Unlawful Prescribing of Controlled Substances)

XXXIX.

By authorizing her MA, a non-practitioner, to create, falsely sign and issue prescriptions for controlled substances on Chang’s behalf and using Chang’s prescribing privileges, Chang violated and/or aided and abetted her MA in violating federal law, including 21 CFR § 1306.03, 21 CFR § 1306.04, and 21 CFR § 1306.05, and Nevada state law, including NRS 453.321(1)(a), NRS 453.331(1)(c), (d), (f) and (i), NRS 639.2813(1) and NAC 453.440(1)(c). By that conduct, Chang engaged in unlawful and unprofessional conduct and conduct contrary to the public interest as

defined in NAC 639.945(h), (i), (k), and (o). For that conduct, Chang is subject to discipline pursuant to NRS 639.210(1), (4), (11), (12) and (16), and NRS 639.255.

THIRD CAUSE OF ACTION

(Aiding and Abetting the Unlawful Prescribing of Dangerous Drugs)

XL.

By allowing her MA, a non-practitioner, to create, falsely sign and issue prescriptions for dangerous drugs on Chang's behalf and using Chang's prescribing privileges, Chang violated and/or aided and abetted her MA in violating NRS 454.223(2)(a), NRS 454.311(1) and (2), NRS 639.235(1), NRS 639.2813(1) and NAC 454.060(1). By that conduct, Chang engaged in unlawful and unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(h), (i), (k), and (o). For that conduct, Chang is subject to discipline pursuant to NRS 639.210(1), (4), (12) and (16), and NRS 639.255.

FOURTH CAUSE OF ACTION

(Prescribing to Patients Without a Bona Fide Relationship)

XLI.

By allowing her MA, a non-practitioner, to create, falsely sign and issue prescriptions for controlled substances and dangerous drugs on Chang's behalf and using Chang's prescribing privileges for patients whom Chang had not examined personally, Chang, aided and abetted by her MA, unlawfully prescribed controlled substances and dangerous drugs to patients with whom she did not have a bona fide practitioner/patient relationship in violation of NRS 639.235 and/or NRS 639.23911(1)(a). Chang also engaged in unprofessional conduct as defined in NAC 639.945(1)(o). For her conduct, Chang is subject to discipline pursuant to NRS 639.210(1), (4), (12) and (16), and NRS 639.255.

FIFTH CAUSE OF ACTION

(Failure to Properly Store Expired Medications)

XLII.

By failing to segregate expired medications from unexpired medications and secure those expired medications in an area where they could not be used to administer or fill prescriptions, Chang violated NRS 639.282(1)(d), NAC 639.510(3) and NAC 639.601(1). For that conduct, Chang

engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(i). Chang is therefore subject to discipline pursuant to NRS 639.210(4) and (12), and NRS 639.255.

SIXTH CAUSE OF ACTION
(Failure to Maintain and Produce Records)

XLIII.

By failing to keep and produce records documenting patient names and dates for the Hydroquinone Tretinoin and/or Juvéderm syringes dispensed or administered by Chang's Office, and by failing to maintain a recordkeeping system with a readily retrievable record of her patients' names and the dates for Hydroquinone Tretinoin and/or Juvéderm injections dispensed or administered by her office, Chang violated NRS 639.234(4) and NAC 639.745(1)(a) and 3. For that conduct, Chang engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(h) and (i), and is subject to discipline pursuant to NRS 639.210(1), (4), (12), and (17), and NRS 639.255.

SEVENTH CAUSE OF ACTION
(Insurance Fraud)

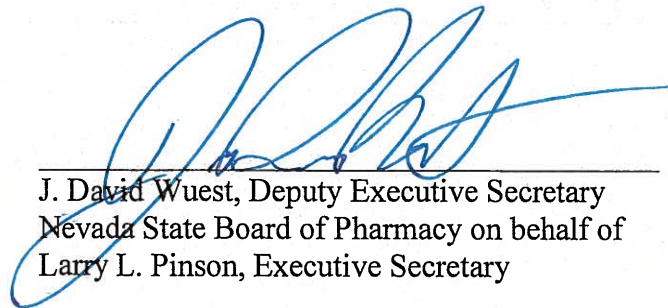
XLIV.

By allowing other practitioners to treat her patients and by billing Medicaid and other commercial health insurance plans using Chang's NPI number, thereby representing falsely that Chang provided the services and prescriptions personally, and by causing Medicaid and other commercial health insurance plans to submit payment to her office for services she did not provide, Chang engaged in fraudulent and unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(h). For that conduct, Chang is subject to discipline pursuant to NRS 639.210(1), (4), and (12), NRS 639.255 and/or NAC 639.7105(10)(b).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of these respondents.

[SIGNATURE ON FOLLOWING PAGE]

Signed this 7th day of September 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 20 (twenty) 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,	)	CASE NO. 18-029-CS-S
)	
Petitioner,)	
v.)	
	)	STATEMENT TO THE
JOYCE CHANG, MD,	)	RESPONDENT AND
Certificate of Registration Nos. CS15881	)	NOTICE OF HEARING
PD00340,)	
)	
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, October 10, 2018, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.

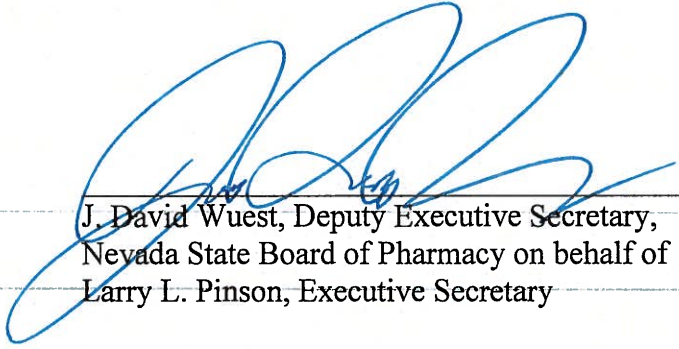
IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

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 26th day of September 2018.



J. David Wuest, Deputy Executive Secretary,
Nevada State Board of Pharmacy on behalf of
Larry L. Pinson, Executive Secretary

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,) **CASE NO. 18-029-CS-S**
)
Petitioner,)
)
v.)
) **STIPULATION AND ORDER**
)
JOYCE CHANG, MD,)
Certificate of Registration Nos. CS15881)
PD00340,)
)
Respondent. /

Brett Kandt, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondent JOYCE P. CHANG, MD, Certificate of Registration Nos. CS15881 and PD00340, by and through her counsel, L. Kristopher Rath, Esq., **HEREBY STIPULATE AND AGREEⁱ THAT:**

1. The Board has jurisdiction over Respondent and this matter.
2. On or about September 7, 2018, Board Staff properly served the Notice of Intended Action and Accusation (Accusation) on file in this matter on Respondent, together with a Statement to Respondent and Notice of Hearing.
3. In lieu of filing an Answer to the Accusation, Respondent has entered into this Stipulation.
4. Respondent is fully aware of her right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.
5. Respondent is aware of her right to a hearing on the matters alleged in the Accusation, her right to reconsideration, her right to appeal and any and all other rights which may be accorded to her pursuant to NRS Chapter 233B (Nevada Administrative Procedure Act),

ⁱ All agreements and admissions made by Respondent are solely for final disposition of this matter before the Board and any subsequent related administrative proceedings before the Board or civil litigation involving the Board and Respondent. Therefore, Respondent's agreements and admissions are not intended or made for any other use, such as in the context of another State or Federal government regulatory agency proceeding, any State or Federal civil or criminal proceeding, and State or Federal court proceeding, and/or any credentialing and/or privileges matter.

NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

6. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of her right to challenge any future determination that Respondent has failed to comply with the provisions of Paragraph 9 below, Respondent hereby freely and voluntarily waives her rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to her by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

7. Respondent does not contest nor admit the allegations in the Accusation, *to wit*, that Respondent:

A. Aided and abetted the unlawful prescribing of controlled substances in violation of federal law, including 21 CFR § 1306.03, 21 CFR § 1306.04, and 21 CFR § 1306.05, and Nevada law, including NRS 453.321(1)(a), NRS 453.331(1)(c), (d), (f) and (i), NRS 639.2813(1) and NAC 453.440(1)(c);

B. Aided and abetted the unlawful prescribing of dangerous drugs in violation of NRS 454.223(2)(a), NRS 454.311(1) and (2), NRS 639.235(1), NRS 639.2813(1) and NAC 454.060(1);

C. Unlawfully prescribed controlled substances and dangerous drugs to patients with whom she did not have a bona fide practitioner/patient relationship in violation of NRS 639.235 and/or NRS 639.23911(1)(a);

D. Failed to segregate expired medications from unexpired medications and secure those expired medications in an area where they could not be used to administer or fill prescriptions in violation of NRS 639.282(1)(d), NAC 639.510(3) and NAC 639.601(1);

E. Failed to keep and produce records documenting patient names and dates for Hydroquinone Tretinoin and/or Juvéderm syringes dispensed or administered by her office, and failed to maintain a recordkeeping system with a readily retrievable record of her patients'

names and the dates for Hydroquinone Tretinoin and/or Juvéderm injections dispensed or administered by her office, in violation of NRS 639.234(4) and NAC 639.745(1)(a) and 3; and

F. Engaged in conduct violative of NAC 639.945(1)(h) by allowing other practitioners to treat her patients and bill Medicaid and other commercial health insurance plans using Respondent's National Provider Identifier, thereby representing falsely that Respondent provided the services and prescriptions personally, and causing Medicaid and other commercial health insurance plans to submit payment to her office for services she did not provide.

8. Those violations are plead with particularity in the Accusation and are grounds for action pursuant to NRS 639.210 and NRS 639.255.

9. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, and without Respondent admitting to the allegations in the Accusation, the Board and Respondent stipulate to the following penalties:

A. Respondent Joyce P. Chang's Controlled Substance Registration, Certificate No. CS15881, and Practitioner Dispensing Registration, Certificate No. PD00340, are each revoked effective upon approval of this Stipulation by the Board.

B. Unless and until Respondent applies for reinstatement of her controlled substance registration and/or her dispensing practitioner registration, and the Board reinstates her registration(s), Chang:

1) May not possess any controlled substance other than a controlled substance that was lawfully prescribed to her by a licensed practitioner and lawfully dispensed to her for her own personal use to treat a documented medical necessity.

2) May not possess any controlled substance for office use or for patient use and must immediately and lawfully dispose of any and all controlled substances in her possession and/or control, other than a controlled substance lawfully prescribed and dispensed to her for her own personal use.

3) May not prescribe any controlled substance.

4) May not dispense any controlled substance or dangerous drug.

5) The provisions of Paragraph 9.B.(1) through 9.B.(4), inclusive, do not apply to any other practitioners who work at Dr. Chang's clinic or medical offices, whether employed by Dr. Chang's professional corporation or associated with Dr. Chang's professional corporation via independent contractor agreements, who hold their own active controlled substance and dispensing practitioner registrations issued by the Board.

C. Pursuant to NRS 639.257(1), Respondent may apply for reinstatement of her controlled substance and/or dispensing practitioner registrations after one (1) year has elapsed from the date of revocation.

D. In the event Respondent 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. The Board may consider the testimony and information provided at said appearance, and in the event of denial of Respondent's application for reinstatement shall specify on the record the reasons therefor pursuant to NRS 639.138.

E. Respondent shall pay an administrative fee of Three-Thousand Dollars (\$3,000.00) to partially reimburse the Board for reasonable attorney's fees and costs incurred in investigating and prosecuting this matter. Respondent shall pay the administrative fee by *cashier's check* or *certified check* or *money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, Nevada 89509, within thirty (30) days of approval of this Stipulation by the Board.

10. Any failure by Respondent to comply with the terms of this Stipulation and Order may result in issuance by the Executive Secretary of an order to show cause directing Respondent to appear before the Board at the next regularly-scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Stipulation and Order by Respondent, the Board may impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapter 639.

11. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on October 10, 2018, in Las Vegas, Nevada. Respondent will appear at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent or her counsel are not present at the meeting.

12. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board it shall be a public record pursuant to NRS 622.330.

13. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board at a future Board meeting. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

14. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ____ day of October, 2018

JOYCE CHANG, MD,
Certificate of Registration Nos. CS15881
PD00340

Signed this ____ day of October, 2018

BRETT KANDT, Esq.
General Counsel
Nevada State Board of Pharmacy

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Joyce P. Chang, MD, Certificate of Registration Nos. CS15881 and PD00340, in Case No. 18-029-CS-S and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

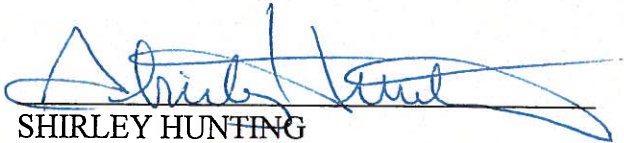
Dated

Leo Basch, President
 Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 7th day of September 2018, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Joyce Chang
7720 West Sahara Avenue, #103
Las Vegas, NV 89117

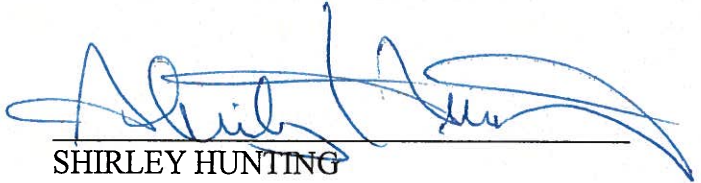


SHIRLEY HUNTING

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 7th day of September 2018, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

**L. Kristopher Rath, Esq.
Hutchinson & Steffen
10080 West Alta Drive, Suite 200
Las Vegas, NV 89145**



SHIRLEY HUNTING

5

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 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: Genoa Healthcare, LLC

Physical Address: 1901 S. Jones Blvd., Suite P1

City: Las Vegas State: NV Zip Code: 89146

Telephone: (702) 410-8746 Fax: (253) 217-4306 (pending local number)

Toll Free Number: 1-888-436-6279 E-mail: licensecoordinator@genoahealthcare.com

Website: www.genoahealthcare.com

Managing Pharmacist: Craig Pivo License Number: Rph 09999

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: _____

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

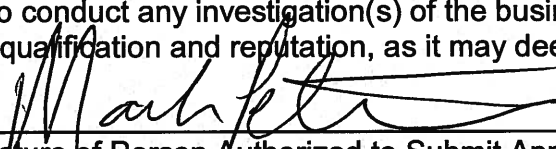
Within the last five (5) years:

- 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

Mark J. Peterson

Print Name of Authorized Person

Date

9/5/18

Board Use Only

Date Processed: _____

Amount: \$500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Pennsylvania

Parent Company if any: Specialized Pharmaceuticals, Inc.

Mailing Address: 707 S. Grady Way, Suite 700

City: Renton State: WA Zip: 98057

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

Contact Person: Mark J. Peterson

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) _____

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? N / A

List any physician shareholders and percentage of ownership. N/A

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday	<u>10:00</u> am <u>6:00</u> pm	Saturday	<u>Closed</u> On-Call _____ am _____ pm
Sunday	<u>Closed</u> On-Call _____ am _____ pm	24 Hours	<u>On-Call</u>

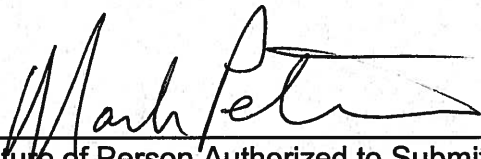
A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: Pending

**STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners**

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

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

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


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

Mark J. Peterson
Print Name of Authorized Person

9-5-18
Date

Managing Pharmacist

Pharmacist Name: Craig Pivo License #: 09999

Pharmacy Name: Genoa Healthcare, 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.

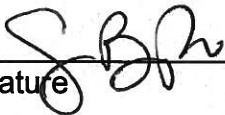
	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1. been charged, arrested or convicted of 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 checked="" type="checkbox"/>	<input type="checkbox"/>
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If you marked YES to any of the numbered questions above, please include the following information		
Board Administrative Action: State: <u>NV *</u> Date: <u>02-15-2008</u> Case #: <u>07-092-S</u>		
And/or Criminal Action: State: <u>CA</u> Date: <u>07-25-2005</u> Case #: <u>CA-2875</u>		
County: <u>Utah</u> 2005 Court: _____		
*Completed Professional Recovery Network with Larry Espadero. Please refer to attachment for further explanation.		

PHARMACY MANAGER'S RESPONSIBILITIES
(PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

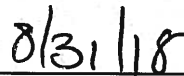
1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)
2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)
3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)
4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)
5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)
6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)
7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)
8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)
9. Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

Signature



Date





(QUESTION 3)

Has the corporation, any owner(s), shareholders(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? If yes signed state of explanation must be attached:

Genoa has been subject to the following Disciplinary Action:

We are reporting the following item as requested in Question 3, as a license held by the *parent company*, Genoa Healthcare LLC, has received disciplinary action. The disciplinary action we are reporting here as follows:

- A pharmacy owned by this parent company, Genoa Healthcare, LLC, located in Rockford, IL, License #054.018414, DEA #FQ4286325, received disciplinary action from the Illinois Department of Financial and Professional Regulation on February 19, 2013. The Consent Order for this action was signed on October 23, 2014. This action did not affect any other license held by this company in Nevada or in any other state.
- A pharmacy owned by Genoa Healthcare, LLC, located in Salem, OR, License #RP-0002461-CS, DEA #FG5182299, received disciplinary action from Board of Pharmacy of the State of Oregon on February 15, 2018. The Consent Order for this action was signed on July 31, 2018. This action did not affect any other license held by this company in Nevada or in any other state.

Please refer to attached explanations



12/15/14

To: State of Illinois
Department of Financial and Professional Regulation

Re: Case #2013-01026 QoL meds, LLC - License No. 054.018414
Corrective Action Plan

Response to A2: All sample medications have been removed from the pharmacy and the employees will not order, accept, store, transfer, or dispense sample medication of any kind during the 5 year probationary period.

Response to A4: A check for the amount \$20,000.00 has been sent to Illinois Department of Financial and Professional Regulation Attn: Fiscal Section as required.

Response to B: QoL meds, LLC shall provide a quarterly compliance report to the Department for the duration of the probation. A Compliance Auditor shall inspect the pharmacy on a quarterly basis and provide the written report to the Department. The Auditor will use the Illinois Pharmacy Self-Inspect report as a guideline.

Response to E: All copies of licensure have been sent to the Department and have been returned stamped "Probation" and are displayed in the pharmacy.

Sincerely,

A handwritten signature in black ink, appearing to read "Christy Barr".

Christy Barr, RPh
Director of Operations

Corporate Offices: 4900 Perry Highway Building II Pittsburgh, Pennsylvania 15229

Telephone: 866-401-6337 Facsimile: 412-931-2361

Web Address: www.qolmeds.com

STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

DIVISION OF PROFESSIONAL REGULATION)	
of the State of Illinois, Complainant)	
)	
v.	)	201301026
)	
QOL MEDS, LLC)	
Respondent)	

NOTICE

TO: QOL MEDS, LLC
526 W. STATE STREET
ROOM 302
ROCKFORD, IL 61101-1214

PLEASE TAKE NOTICE that the Director of the Division of Professional Regulation did sign the attached Consent Order.

The Order of the Director of the Division of Professional Regulation will be implemented as of the date of the Order unless the Order states otherwise.

DIVISION OF PROFESSIONAL REGULATION
of the State of Illinois

BY: _____

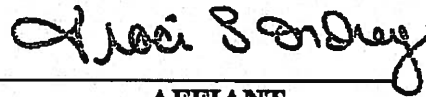
Mick S. Sordley

Clerk for the Department

All inquiries should be
Directed to:
Chicago Office - 312-814-4504
Unless Downstate Perchs - 217-782-8464

STATE OF ILLINOIS)
)
COUNTY OF SANGAMON) ss:

UNDER PENALTY of perjury, as provided by law pursuant to Section 1-109 of the Illinois Code of Civil Procedure, the undersigned Certifies that I caused copies of the attached NOTICE AND CONSENT OR ORDER, to be deposited in the United States mail, by certified mail at 320 W. Washington, Springfield, Illinois 62786, before 5:00 p.m. with proper postage prepaid on the 29th day of October, 2014 to all parties at the addresses listed on the attached documents.



AFFIANT

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

DEPARTMENT OF FINANCIAL AND PROFESSIONAL
REGULATION, DIVISION OF PROFESSIONAL REGULATION
of the State of Illinois, Complainant

v.

QOL MEDS, LLC
License No. 054.018414, Respondent.

No. 2013-01026

CONSENT ORDER

The Illinois Department of Financial and Professional Regulation, Division of Professional Regulation (hereinafter the "Department") by Bill Laskaris, its Chief of Health Related Prosecutions, and QOL MEDS, LLC., Respondent, through Anthony Calamunci, its attorney, hereby agree to the following:

STIPULATIONS

QOL MEDS, LLC. is a licensed pharmacy in the State of Illinois, holding License No. 054.081414. Said license is presently in active status. At all times material to the matters set forth in this Consent Order, the Illinois Department of Financial and Professional Regulation of the State of Illinois had jurisdiction over the subject matter and parties to this Consent Order.

A pharmacy inspection performed on February 19, 2013 revealed that employees at QOL Meds, LLC. violated several provisions of the Illinois Pharmacy Practice Act, including: (1) Dispensing medications without a pharmacist on duty; (2) dispensing medications from an unlicensed pharmacy location; (3) dispensing Schedule II medications before the authorized dispense date; (4) mislabeling prescription drug vials by listing a pharmacy technician as the dispensing pharmacist; (5) maintaining expired and unlabeled medications in active stock; and (6) charging a 3rd party dispensing fee for free drug samples. Respondent had not previously been disciplined.

The Illinois Pharmacy Act, 225 ILCS 85/30 states, in part, the following:

- (a) The Department may refuse to issue or renew, or may revoke a license or registration, or may suspend, place on probation, fine, or take any disciplinary or non-disciplinary action as the Department may deem proper, including fines not to exceed \$10,000 for

each violation, with regard to any license or registrant for any one or combination of the following causes:

7. Engaging in unprofessional, dishonorable, or unethical conduct of a character likely to deceive, defraud, or harm the public.
11. Selling or engaging in the sale of drug samples provided at no cost by drug manufacturers.

The aforementioned conduct as set forth herein, if proven to be true, would constitute grounds for disciplinary action against Respondent's license as a pharmacy on the authority of 225 ILCS 85/30(a)(7); 225 ILCS 85/30(a)(11); 68 Ill. Admin. Code § 1330.40(a)(2) (2010).

As a result of these allegations, the Department held an Informal Disciplinary Conference at the offices of the Department, 100 West Randolph Street, Suite 9-300, in Chicago, Illinois, on April 17, 2014. Respondent QOL MEDS, LLC. was represented by counsel, Anthony Calamunci., Esq. Yash Patel, R.Ph., appeared as a member of the Illinois State Board of Pharmacy, Patrick J. Reda appeared as the attorney for the Department, and Anita Patel, PharmD. appeared as 711 Law Clerk for the Department.

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

Respondent and the Department have agreed, in order to resolve this matter, that Respondent be permitted to enter into a Consent Order with the Department, providing for the imposition of Consent

measures which are fair and equitable under the circumstances and which are consistent with the best interests of the people of the State of Illinois.

TERMS AND CONDITIONS

WHEREFORE, the Department, through Bill Laskaris, its Chief of Health Related Prosecutions, and QOL MEDS, LLC., Respondent, through Anthony Calamunci, its attorney, agree on the following Terms and Conditions:

A. The Pharmacy license of QOL MEDS, LLC., License No. 054.018414, shall immediately be placed on INDEFINITE PROBATION. Applicant cannot petition to restore its pharmacy license for at least five (5) years from the effective date of this Consent Order. During the period of probation, Applicant shall be subject to the following:

1. Respondent shall furnish the Department with a corrective action plan no later than ninety (90) days of the effective date of this Consent Order.
2. Respondent and its employees cannot order, accept, store, transfer, or dispense sample medications of any kind during the probation period.
3. Respondent understands and expressly agrees that evidence of any violation of paragraphs A1 or A2 of this Consent Order or repeated violations of the remaining paragraphs of this Consent Order shall result in the Department's automatic, indefinite, and immediate suspension of Respondent's Pharmacy License, No. 054.018414, for a minimum period of twelve (12) months. Respondent knowingly waives all rights to and associated with Notice and a Formal Hearing under these circumstances. This suspension shall not preclude the Department from taking any other disciplinary or other action it deems appropriate, which may include taking action to revoke Petitioner's license to practice as a pharmacy. In the event Respondent contests in writing by the filing with the Department within fifteen (15) days of the effective date of the suspension, a Petition complying with the Department's Rules of Practice in Administrative Hearings), the factual basis underlying said suspension, then Respondent shall be afforded a Hearing on the merits.

4. QOL MEDS, LLC., holder of Pharmacy License No. 054.018414, shall pay a fine of twenty thousand dollars (\$20,000.00) within ninety (90) days of the effective date of this Order. The fine is to be paid by personal check, cashier's check, or personal money order. Said check shall be made payable to:

**Illinois Department of Financial and Professional Regulation
Attention: Fiscal Section
320 W. Washington, 3rd floor
Springfield, IL 62786**

In the notation portion of the check, this case No. 2013-01026 and License No. 054.018414 shall be reflected.

5. In the event the fine of twenty thousand dollars (\$20,000.00) is not paid to the Department, within ninety (90) days of the effective date of this Consent Order, Respondent acknowledges and agrees that its failure to pay the full amount of the fine will permit the Director of the Division of Professional Regulation to issue an Order forthwith mandating the automatic, indefinite and immediate suspension of Respondent's Pharmacy License, No. 054.018414. This suspension shall not preclude the Department from taking any other disciplinary or other action it deems appropriate. This suspension shall remain in full force and effect until such time as the Department receives the full amount of the fine of twenty thousand dollars (\$20,000.00). In the event Respondent contests in writing the factual basis underlying said suspension and does so within thirty (30) days of the imposition of the automatic suspension, Respondent shall be afforded a hearing on the merits.
6. If Respondents fail to pay the aforementioned fine, or any portion of the fine, and the Department initiates a collection effort to retrieve the fine, or any portion of the fine, Respondents shall be responsible for all costs and fees incurred by the Department in said collection effort.

B. Respondent shall report to the Department quarterly compliance with this Consent Order.

- C. Any violation(s) by Respondent of the terms and/or conditions of this Consent Order shall be grounds for the Department to immediately file a Complaint to revoke or otherwise discipline Respondent's license to practice as a pharmacy in the State of Illinois.
- D. Any violation(s) by Respondent of the Illinois Pharmacy Practice Act and/or the Rules for the Administration of the Illinois Pharmacy Practice Act during the period of probation shall constitute a violation of probation and shall be grounds for the Department to immediately file a Complaint to revoke or otherwise discipline Respondent's license to practice as a pharmacist in the State of Illinois.
- E. Respondent shall send to the Department all indicia of licensure, including all copies of wall certificates and wallet cards. The certificates of licensure shall be stamped "Probation" and returned to Respondent. Respondent shall send said certificates of licensure to:

**Illinois Department of Financial and Professional Regulation
Division of Professional Regulation
Attn: Probation Compliance Unit
9511 Harrison Street, Suite LL50
Des Plaines, Illinois 60016**

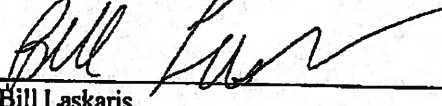
- F. All reports required to be submitted to the Department pursuant to this Consent Order shall be sent to:

**Illinois Department of Financial and Professional Regulation
Division of Professional Regulation
Attn: Probation Compliance Unit
9511 Harrison Street, Suite LL50
Des Plaines, Illinois 60016**


G. This Consent Order shall become effective immediately upon signing and approval by the Director of the Division of Professional Regulation of the Department.

DIVISION OF PROFESSIONAL REGULATION
of the State of Illinois

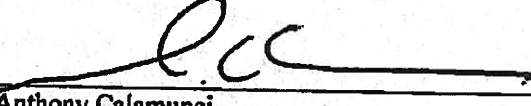
10-21-14
DATE


Bill Laskaris
Chief of Health Related Prosecution

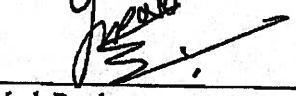
10/1/2014
DATE


QOE MEDS, LLC.
by its designated representative, Respondent

10/10/2014
DATE


Anthony Calamunci
Attorney for Respondent

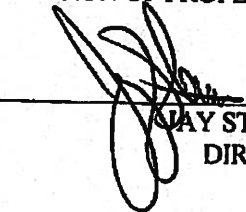
10/13/2014
DATE


Yash Patel
Illinois State Board of Pharmacy

THIS CONSENT ORDER IS APPROVED IN FULL:

DATED THIS 23rd DAY OF October, 2014.

ILLINOIS DEPARTMENT OF FINANCIAL AND
PROFESSIONAL REGULATION
OF THE STATE OF ILLINOIS
MANUEL FLORES, ACTING SECRETARY
DIVISION OF PROFESSIONAL REGULATION


DAY STEWART
DIRECTOR

Case No.: 2013-01026
License No.: 054.018414

RECEIVED**JUL 30 2018****OREGON BOARD OF PHARMACY**

BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

In the Matter of the) Case No. 2017-0523
Drug Outlet Registration of)
GENOA HEALTHCARE, LLC) CONSENT ORDER
Registrant)

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

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

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

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

WHEREAS, the registrant admits that while they did not have a pharmacist-in-charge registered with the Board as required during the timeframe in the Notice, they did have a pharmacist completing the responsibilities of a pharmacist-in-charge;

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

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

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

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

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

CONSENT


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

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

7-27-2018
Date

IT IS SO ORDERED.

**BOARD OF PHARMACY
FOR THE STATE OF OREGON**


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

Date 7/31/18

BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

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

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

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

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

HEARING RIGHTS

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

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

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

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

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

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

ANSWER REQUIRED

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

Hearing Request and Answers: Consequences of Failure to Answer 855-001-0015

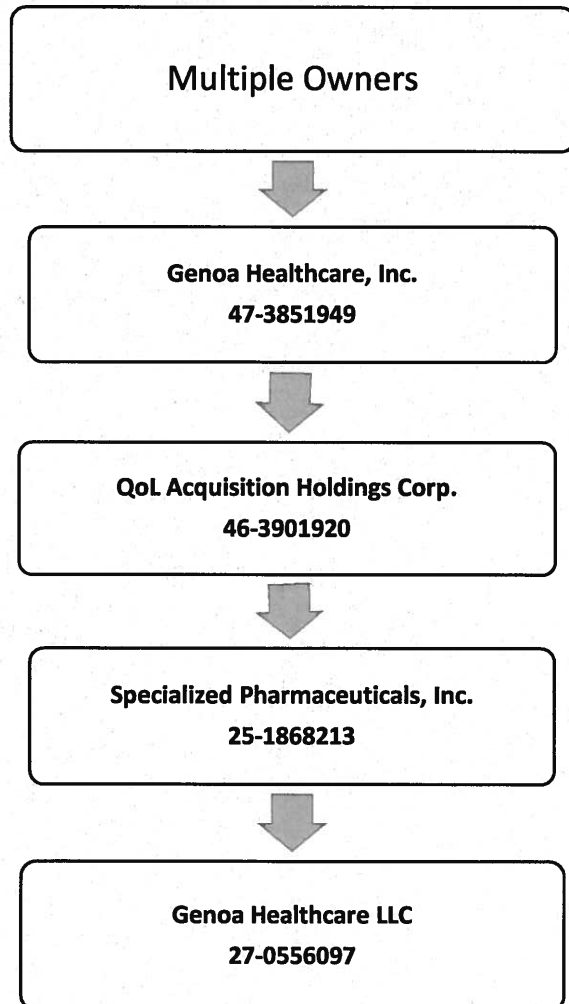
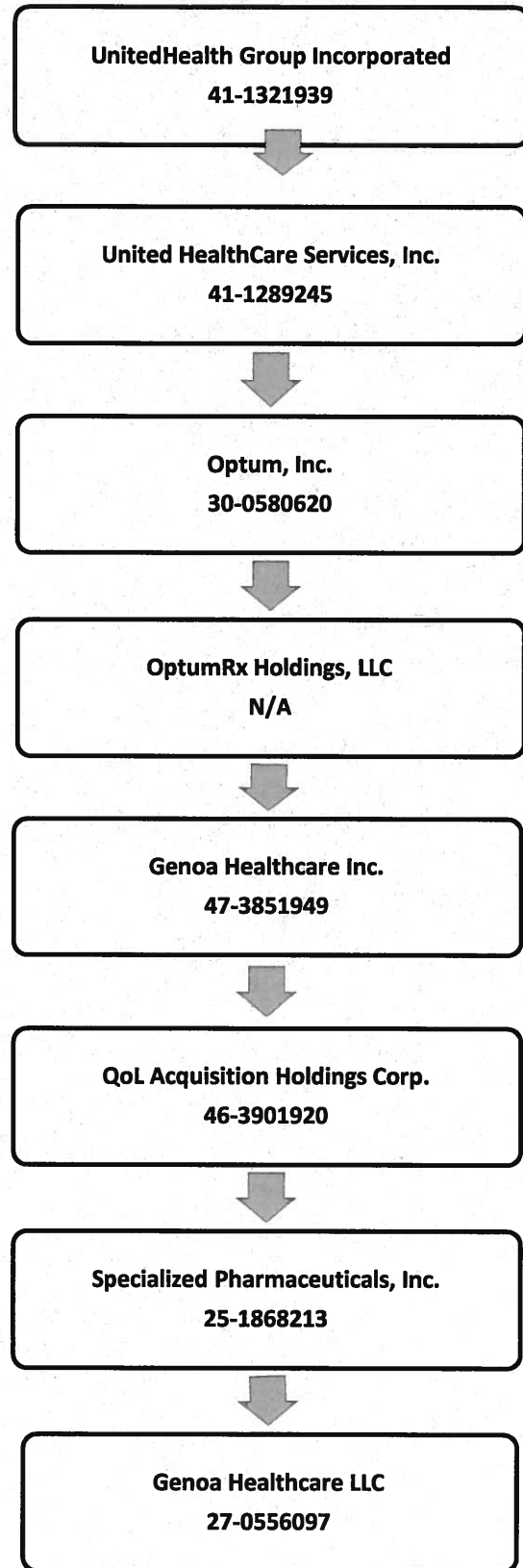
- (1) A hearing request, and answer when required, shall be made in writing to the Board by the party or his attorney and an answer shall include the following:
 - (a) An admission or denial of each factual matter alleged in the notice;
 - (b) A short and plain statement of each relevant affirmative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

BOARD OF PHARMACY
FOR THE STATE OF OREGON


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

2/15/18
Date

DATE OF MAILING 2-16-2018

Pre-Closing**Post-Closing**



Genoa Healthcare, LLC

FEIN: 27-0556097

707 S. Grady Way, Suite 700

Renton, WA 98057

Phone: (253) 218-0830

Fax: (253) 217-4306

Email: licensecoordinator@genoahealthcare.com

All IRS forms (including W9) for Genoa Healthcare, LLC will be submitted with this information.

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

Officers of the Board

Name	Title	Address	Ownership Percentage
John Figueroa	President CEO Manager	8 N. Mercer Way Mercer Island, WA 98040	0%
Victor William Breed	CFO	4 SE 57 th Place Issaquah WA 98027	0%
David Vucurevich	COO	1 Buena Vista Drive South Lebanon, OH 45065	0%
Mark James Peterson	CCO	Cliff Road Eagan, MN 55123	0%

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

APPLICATION TO BE THE DESIGNATED REPRESENTATIVE for a Pharmacy or Wholesaler located in Nevada

✓ Date August 30, 2018

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 Genoa Healthcare, LLC
 Nature of Pharmacy or Wholesaler
1901 S. Jones Blvd., Suite P1, Las Vegas, NV 89146
 Name and Address of Business for Which Designated Representative Is Requested
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Pivo	Craig	Barry
Last Name	First Name	Middle Name
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)		
Hobbyhorse Avenue	Henderson	NV, 89012
Present Residence Address-Street or RFD	City	State/Zip
1901 S. Jones, Suite P	Las Vegas	NV, 89012
Present Business Address	City	State/Zip
Pharmacy Manager	11/27/2018	
Present Position with the Pharmacy or Wholesaler		Phone:
		Residence
	Los Angeles, CA	Business
		702-410-8746
Date of Birth	Place of Birth (City, County, State)	
53	Male	
Age	Social Security Number	Sex
Blue	Brown/Blonde	White
	220	6' 0"
Color of Eyes	Color of Hair	Complexion
	Weight	Build
		Height

Scars, tattoos or distinguishing marks and/or characteristics N/A

Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No. _____

If naturalized, certificate No. _____ Date _____

Place _____ (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial 4

MARITAL INFORMATION-Continued

A. **Current Marriage** _____ May 16, 2008 _____ Henderson, Clark, NV _____

Spouse's full name (Maiden) _____ Date _____ City, County and State _____
Michelle Lynn _____ S.S. No. _____

Date of Birth _____ Place of Birth _____ San Jose _____

Resident address _____ Hobbyhorse Avenue _____ Henderson _____ NV _____ 89012 _____
Street _____ City _____ State _____ Zip _____

Telephone: Residence _____ Business _____

Spouse's employer _____ N/A _____ Occupation _____ Retired _____

Address of employer _____ Home _____
Street _____ City _____ State _____ Zip _____

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
Kelly	prior to 01/2008	04/09/88	Divorced	Park City, UT - Summit

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
Kelly R. Harrell	unknown	Gilbert	AZ	unknown	

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
Ryan Pivo		Fullerton, CA	Phoenix, AZ
Trevor Pivo		Fullerton, CA	Huntington Beach, CA

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

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name N/A

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			
Robert		N/A	Pharmacist - Deceased
Mother			
Reba		N/A	Deceased
Father-in-Law			
Mother-in-Law			

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
Ken Pivo	11/02	Santa Ana, CA	Attorney
Spouse			
Diane Piva	07/30	Palm Desert, CA	Recruiter
Spouse			
Gary Pivo	02/15	Tucson, AZ	Professor
Spouse			
Spouse			

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Hermosa	Fulerton, CA	1976	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	Sonora	L. Habre, CA	1982	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	University of Southern California - School of Pharmacy - PharmD			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other				Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any Pharmacist License 1988College or university where obtained University of Southern CaliforniaApplicant's initial S

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 _____

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
Present	Hobbyhorse Avenue	Henderson	NV / moving back to hls
Present —	Piena Place,	Kailua-Kona	HI / sold 9/24/18
	2832 Maryland Hills Drive	Henderson	NV
	10651 Deer Canyon Drive	Racho Cucamonga	CA
	6365 mountainview Dr	Park City	UT
	40 Strada principe	Henderson	NV

Applicant's initial

Y

8. EMPLOYMENT:

A designated representative must document that he or she has been employed for at least 6,000 hours in pharmacies or wholesalers in a capacity related to the dispensing and distribution of and record keeping related to prescription drugs. Please provide the following information to document your hours of employment.

08/Present	Genoa Healthcare, LLC 1901 S. Jones Blvd., Suite P1, Las Vegas, NV 89146	40 hours per week
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Pharmacy Site Manager	Manages and oversee the daily operations of the pharmacy	Jeff Harnsberger
Title	Description of Duties	Name of Supervisor
03/16 - 08/18	Costco Warehouse Pharmacy 73-5600 Maiau Street, Kailua-Kona, HI	
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Staff Pharmacist	Lead Pharmacist	40 hours per week
Title	Description of Duties	Name of Supervisor
07/13 - 06/15	GlaxoSmithKline 9232 Spruce Mountain Way, Las Vegas, NV 89134	Norm Curry
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Community Pharmacy/Medical Liaison	Lead for all respiratory & diabetic agents	40 hours per week
Title	Description of Duties	Name of Supervisor
12/08-7/13	Lilly USA - Las Vegas , NV	Ben Stock / Jim Ducker
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Medical Liaison/Western Sales Rep	Provide continuous education on medications	40 hours per week
Title	Description of Duties	Name of Supervisor
01/07-12/08	CVS Pharmacy/Longs Mail Order- 21 West Horizon Ridge Pkwy, Henderson, NV 89012	
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Pharmacy Manger	Manages and oversee the daily operations of the pharmacy	40 hours per week
Title	Description of Duties	Name of Supervisor
1990-2006	Parkview Pharmacy and Health Care (sold pharmacy in 2006)	Self- Owner
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Pharmacist Owner	Rancho Cucamonga, CA	40 hours per week
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial

g

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 J Block	Home					10 + years
Employer Lilly	Business					
Name Trenell Turner	Home					10+ years
Employer Noro Nordesk	Business					
Name Yvonne Degesus	Home					10+ years
Employer Johnson & Johnson	Business					
Name Sarah Hulton	Home					10+ years
Employer Lilly	Business					
Name Steve Proia	Home					5+ years
Employer Pexel (JPL)	Business					

10. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☒ No ☐

If yes, state type, where and years held

Nevada - 30 years
California - 18 years Utah - 1 year, Hawaii 3 years

Pharmacist License #PH-3949 expiration 12/31/2019; Hawaii (Department of Commerce & Consumer Affairs)

Original Issuance date 11/23/2015.

CA 1988-2005 / UTAH 2005 (Don't know License #)

11. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☒ No ☐

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Parkview Pharmacy, Rancho Cucamonga (1990-2006)

Pedego Big Island - Kona, Hawaii (7/1/15 - 12/31/16)

Mountain View ~~Parkview~~ Medical Supply - Park City, Utah

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☒ No ☐

Nevada - 2008 - PRN ~~recommender~~ 2005 California / 2005 UTAH (Surrendered Licenses)
Completion 2012

13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

If yes to the above, state where, when and for what reason:

Surrendered Licenses in California & Utah for Addiction, went through + completed PRN in Nevada 1/2008 - 1/2012. Completion letter attached!

Applicant's initial

S

14. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

15. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☒ No ☐

CA, IL, ME & VT 2005 - Surrendered License for Drug Addiction

16. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a wholesaler) Yes ☒ No ☐

CA Board of Pharmacy, IUTAH Board of Pharmacy - Both 2005

18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒

19. Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler? Yes ☒ No ☐

20. Will you be employed fulltime with the pharmacy or wholesaler? Yes ☒ No ☐

21. Will you be present at the site of the pharmacy or wholesaler during its normal operating hours? Yes ☒ No ☐



ATTACH PHOTOGRAPH

TAKEN WITHIN LAST

30 DAYS HERE

Date of photograph 8-31-18

Applicant's initial

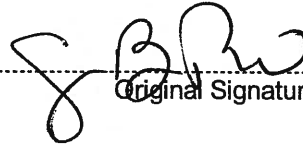
STATE OF Minnesota

SS.

COUNTY OF Dakota

I, Craig Pivo, 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 wholesaler license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or wholesaler in the State of Nevada.



Original Signature of Applicant

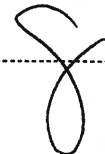
Subscribed and Sworn to before me this 31st day of August, 2018



Notary Public



Applicant's initial



Page 9

ADDITIONAL INFORMATION

my License was Surrendered in both California and Utah in 2005. In 2008 I was sanctioned by Nevada Board for not being honest about my past state issues entered per upon Nevada Board Suspension January 2008 - Completed January 2012. Harry Espadero letter attached

8 8/31/18

Applicant's initial

Page 10

February 4, 2015

To Whom It May Concern:

I would like to recommend Craig Pivo as a candidate for a position with your organization. For the past year, I have been Craig's Field Vice President for the Community Pharmacy Team at GSK. Craig has been a pharmacy liaison/medical specialist on this team for over a year. He has worked in Nevada and Arizona educating pharmacists and their staff on GSK medicines to help build knowledge and capabilities to counsel patients and drive patient adherence through MTM counseling.

Craig has a remarkable work ethic and has demonstrated strong leadership skills. Craig's team had an open leadership role in 2014 and during this time, Craig stepped up and served as the team's leader. He was able to ensure his teammates were focused and executing, while also exceeding his personal goals. Craig's work ethic paired with being a true team player was demonstrated numerous times, when he would go above and beyond to cover vacant territories to ensure pharmacists were educated on our new launch brands and prepared to counsel patients.

If Craig's performance in our organization is a good indication of his future performance, he would be an extremely valuable asset to your company. If I can provide you with any further information, please do not hesitate to contact me.

Sincerely,

Colleen M. Pickett
Field Vice President - Community Pharmacy
PPV
US

GSK
Email colleen.m.pickett@gsk.com
Mobile +1215.990.7006
Tel +1215.751.7614

gsk.com | [Twitter](#) | [YouTube](#) | [Facebook](#) | [Flickr](#)



Date: February 20, 2015
Subject: Mr. Craig Pivo, Pharm D.

To whom it may concern,

In July of 2014 I assumed responsibility for the Community Pharmacy Team at GlaxoSmithKline covering the southwest portion of the United States. I inherited a team of professionals consisting of Pharm Ds, RPHs, RNs, and a PHD.

Craig's primary role in at GSK was to educate his customers using GSK approved resources (customers at multiple levels from Pharmacy Techs through Regional Managers) on our brands, and on the importance of First Fill Counseling (FFC) whilst understanding from customers perspective the impact that FFC can have on adherence and compliance.

Craig's secondary roles included project management (problem solving/barrier removal), team leadership, matrix partner relationship development, business planning and execution, communication planning and execution, educational in service program lead, administrative duties, among other responsibilities.

Craig exceeded our expectations in all areas of responsibility.

While on my team, I leaned on Craig for my personal education of the Community Pharmacy objectives and how we can meet those objectives. Additionally, through Craig's in depth knowledge of the community pharmacy landscape and marketplace he taught me a great deal about how various organizations operate and what their objectives were. This enabled my team and I to consider how customer needs could be filled with GSK approved solutions.

Craig possesses key strengths including people agility, learning agility, and change agility.

Craig's people agility was expressed in his ability to connect with customers always looking for ways to deliver the greatest value; it was also demonstrated in his ability to connect, partner, and lead his internal teammates through various initiatives both in planning and in execution.

Craig's learning agility enabled him to quickly understand key concepts and knowledge, he has a unique ability to teach others so they can understand as well. Craig's change agility was consistently apparent as we launched multiple medicines last year and Craig was able to identify critical success factors / activities that enabled him to flex with skill and speed to ever changing objectives. Also of note on change agility is how Craig is always positive, this manifested itself through Craig's glass is "half full" mentality regarding a new leader (me), and working with co-workers to identify solutions to challenges they may be facing. Teammates call Craig for leadership, advice, and input and he takes these mentor-like calls seriously.

Late in 2014, Craig brought the above strengths together along with his high level of dedication and project management skills to lead a complicated national project. The task was to lead our national community pharmacy team, in a Vice President identified project, focused on developing a grass roots campaign to enhance field input on the identification of key topics and areas of gap. Which when focused on and discussed would elevate the entire team's knowledge, skills, and capabilities. Craig used business improvement tools to diagnose the problem (with 360 degree input), designed multiple solutions, prioritized those solutions, and then created a proposal for the leadership team to react to. He presented to the leadership team and gained approval for all of his suggestions, unanimous support, and the program was put into place.

Finally, Craig has embodied the GSK values on a daily basis. He is **Transparent**, he has a great deal of **Respect** for others and their opinions/thoughts, he possesses the highest degree of **Integrity**, and he always put **Patients First**. Craig always approached situations with high morals and ethics even during this current tumultuous time at GSK.

Our division is presently going through a restructure and Craig has chosen to move in a different direction back into his career as a pharmacist. I support him in this endeavor and believe, strongly that he will be extremely successful as a pharmacist in Hawaii.

Good Luck Craig,

Sincerely

Norm Curry, Regional Sales Director
215-680-7679
GlaxoSmithKline

April 23, 2013

To whom it may concern:

It is with great pleasure that I recommend Craig Pivo. I have had the honor to have worked closely with Craig as his supervisor over the last year.

Craig has always displayed a high degree of integrity, responsibility, and ambition. He follows through on his commitments without exception. He has demonstrated leadership on multiple levels and is definitely a leader rather than a follower. As a Pharmacist, Craig has excellent scientific knowledge and has a proven track record of success in whatever he sets out to accomplish. He has continued to refine his selling skills and abilities. Craig is able to understand customers on a different level than your typical sales representative.

He is also a most dependable team player. He takes appropriate action to ensure the team's success is placed above personal accolades. Craig is an advocate for his customers and the patients they serve. His good judgment and mature outlook ensure a logical and practical approach to his endeavors.

Craig would be an asset to any team or organization. I am happy to give him my wholehearted endorsement.

Sincerely,

Ben Stock
District Sales Manager

6A

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: 1st America Infusion Services, LLC d/b/a Advanced InfusionCare

Physical Address: 212 Northside Drive, Valdosta, GA 31602

Mailing Address: 625 Highland Colony Pkwy., Ste. 105

City: Ridgeland State: MS Zip Code: 39157

Telephone: 229-242-3060 Fax: 229-242-9914

Toll Free Number: 800-482-8466 (Required per NAC 639.708)

E-mail: licensing@aiscaregroup.com Website: www.aiscaregroup.com

Managing Pharmacist: Michael Hicks License Number: RPH016110

TYPE OF PHARMACY **AND SERVICES PROVIDED**

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

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

Michael Ford

Print Name of Authorized Person

Date

8/30/18

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: Georgia

Parent Company if any: Advanced Infusion Solutions Acquisition, LLC

Mailing Address: 623 Highland Colony Pkwy., Ste. 100

City: Ridgeland State: MS Zip: 39157

Telephone: 877-443-4006 Fax: 877-415-4050

Contact Person: Sarah Tew

For any corporation non publicly traded, disclose the following:

- 1) List top 4 persons to whom the shares were issued by the corporation? N/A
 - a) N/A
Name Address
 - b) N/A
Name Address
 - c) N/A
Name Address
 - d) N/A
Name Address
- 2) Provide the number of shares issued by the corporation. N/A
- 3) What was the price paid per share? N/A
- 4) What date did the corporation actually receive the cash assets? N/A
- 5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: N/A %: 0

Name: N/A %: 0

Hours of Operation for the pharmacy:

Monday thru Friday 800 am 500 pm Saturday See* am See* pm

Sunday See* am See* pm 24 Hours See*

*Pharmacist is available 24/7/365

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

**STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA**

I, Michael Ford

Responsible Person of 1st America Infusion Services, LLC dba Advanced InfusionCare

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

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

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



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

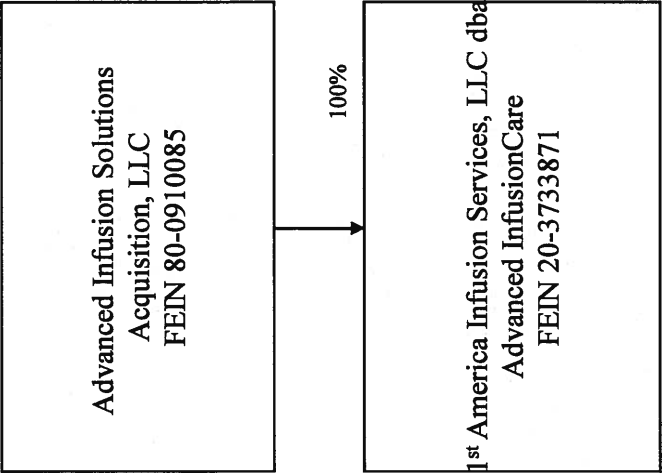
Michael Ford

Print Name of Authorized Person

8/30/18

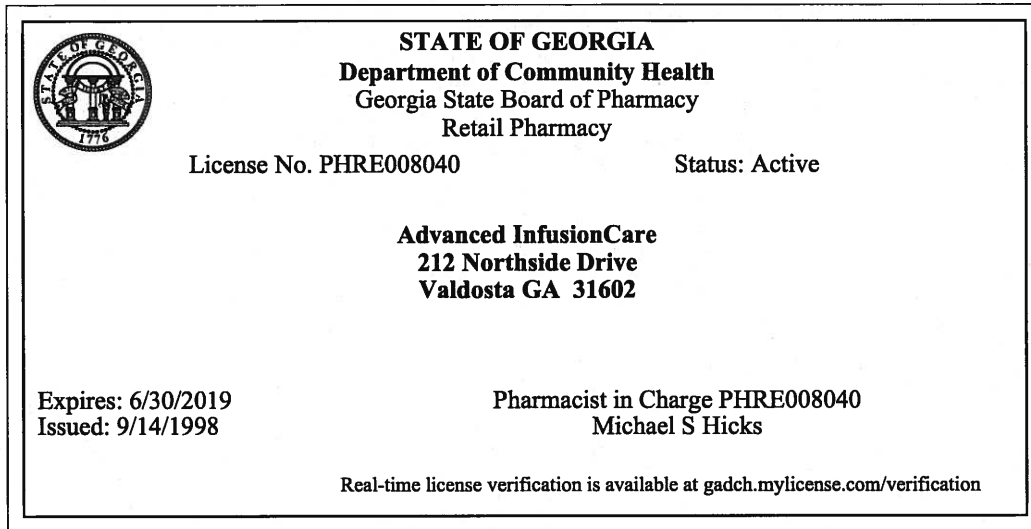
Date

Attachment – Org. Chart



1st America Infusion Services, LLC

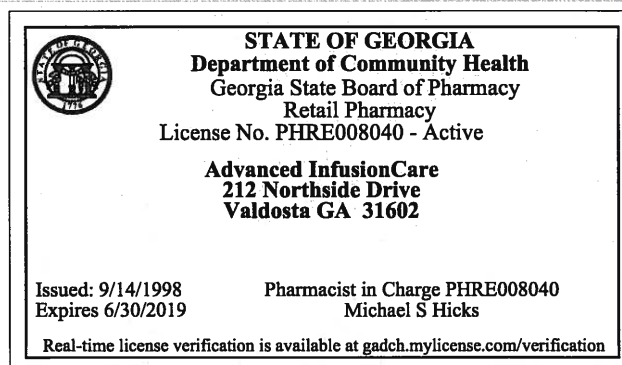
Manager: Advanced Infusion Solutions Acquisition, LLC



Above is your wall license to practice your profession. A pocket-sized license card is below.

Please make note of the expiration date on your license. It is your responsibility to renew your license before it expires.

Please notify the Board if you have a change of address or otherwise need to update your records.



6B

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

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

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

Application must be printed legibly or typed

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

☐ New Pharmacy or ☒ **Ownership Change** (Provide current license number if making changes: PH 03288)
 Check box below for type of ownership and complete all required forms.

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

☐ Partnership - Pages 1,2,5,7

☐ Non Publicly Traded Corporation – Pages 1,2,4,7

☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Marian Pharmaceuticals

Physical Address: 28691 US Hwy 98 Suite D1

Mailing Address: same as above

City: Daphne State: Alabama Zip Code: 36526

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

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

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

Managing Pharmacist: Christina Bond License Number: 15657 - TX

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

10/6/02

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☒ No ☐
previous owner
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

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

Christina Bond
Print Name of Authorized Person

5/30/18
Date

Page 2

Board Use Only

Date Processed: _____

Amount: \$500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PARTNERSHIP

General _____ Limited X

Partnership Name: Marian Respiratory Inc.

Mailing Address: 28691 US Hwy 98 Suite D1

City: Daphne State: AL Zip Code: 36526

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

Contact Person: Christina Bond

List each partner and identify whether (G)eneral or (L)imited partner and percentage of ownership
Use separate sheet if necessary

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

List names of 4 largest partners and percentage of ownership:

Name: Marian Respiratory Care Inc. %: 100

Name: _____ **%:** _____

Name: _____ %: _____

Name: _____ **%:** _____

List any physician shareholders and percentage of ownership.

Name: none %:

Name: _____ **%:** _____

Name: _____ **%:** _____

Hours of Operation for the pharmacy:

Monday thru Friday 8:30 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: PHO3288

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Alabama)
Baldwin) ss.
COUNTY)

I, Christina Bond, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacy Manager for Marion Pharmaceuticals (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out-of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

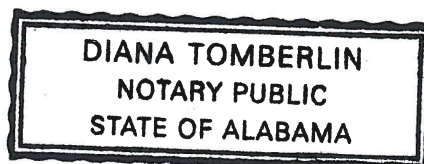
5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

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

CBond
Name

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



**STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA**

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

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

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

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

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

Alabama State Board of Pharmacy



2018

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

Permit No.
112253

Supervising Pharmacist
CHRISTINA SELF BOND
 15657

Is duly licensed as a

Pharmacy

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

Alabama State Board of Pharmacy

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

Susan F. Alverson

Secretary

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

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

CONTROLLED SUBSTANCES REGISTRATION CERTIFICATE

ALABAMA STATE BOARD OF PHARMACY

2018

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

- (e) A registration under Section 303 to manufacture, distribute, or dispense a controlled substance may be suspended or revoked by the Certifying Boards upon a finding that the registrant:
- (1) has furnished false or fraudulent material information in any application filed under this Act;
 - (2) has been convicted of a felony under any State or Federal law relating to any controlled substance; or
 - (3) has had his Federal registration suspended or revoked to manufacture, distribute, or dispense controlled substances.
- (4) Has violated the provisions Act 205, 1986 Special Session of Alabama Legislature (Title 408 297 (a)-(32) Code of Alabama 1940 (Recomp. 1986))

CONTROLLED SUBSTANCES
 REGISTRATION NUMBER

112253

SCHEDULES

II IV V

THIS REGISTRATION
 EXPIRES

12/31/2018

BUSINESS ACTIVITY

Pharmacy

FEE
 PAID

\$300.00

DATE ISSUED

03/16/2017

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

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

Marian Ownership as of: 1/23/18

Marian Respiratory Care, Inc. dba Marian Pharmaceuticals

Mediview, LLC

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

Owners/Officers:

Islam Abazi, Owner, President

DOB:

Address: Gloucester Drive Huron, Ohio 44839

Email: info@marianrc.com

Robert Burrows, Officer, Vice President

DOB:

Address: Lago Stella Pl. Ashburn, VA 20148

Email: robert.burrows@trusted.com

Michael Irizarry, Officer, Vice President

DOB:

Address: Montserrat Creek Drive, Little Elm, TX 75068

Email: mirizarry@medcore.com

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

CONSENT ORDER

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

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

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

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

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

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

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

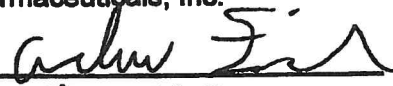
4. That Marian agrees that any future violation of the Alabama Pharmacy Practice Act, the rules and regulations of the Alabama State Board of Pharmacy or any other applicable laws may, upon proof and hearing thereof, result in further disciplinary sanctions against its license.

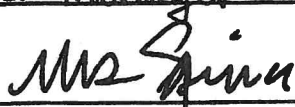
5. By execution of this Consent Order, Marian hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and Statement.

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

DONE this the 24 day of February, 2017.

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

BY: 
ITS: Manager


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

DONE this the 13th day of March, 2017.

ALABAMA STATE BOARD OF PHARMACY

By: Buddy Bunch
Buddy Bunch, R.Ph., President

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

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



Marian Pharmaceuticals

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

To Whom It May Concern,

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

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

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

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



Marian Pharmaceuticals

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

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

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

Sincerely yours,

Christina Bond, PharmD.

Pharmacy Manager/PIC

Marian Respiratory Care, Inc.

6C

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: NexGen Compounding Pharmacy

Physical Address: 2005 Fort Worth Hwy, Suite 100

Mailing Address: 2005 Fort Worth Hwy, Suite 100

City: Weatherford State: TX Zip Code: 76086

Telephone: 817-599-7781 Fax: 817-668-7637

Toll Free Number: 877-599-8449 (Required per NAC 639.708)

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

Managing Pharmacist: Reynaldo Moreno License Number: Texas Lic # 23334

TYPE OF PHARMACY **AND**

SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☒ No ☐
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.



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

Michael Russin

Print Name of Authorized Person

Date

8/16/18

Page 2

Board Use Only

Date Processed: _____

Amount: \$500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PARTNERSHIP

General X Limited

Partnership Name: NexGen Compounding & Research Laboratories, LLC

Mailing Address: 2005 Fort Worth Hwy, Suite 100

City: Weatherford State: TX Zip Code: 76086

Telephone Number: 817-599-7781 Fax Number: 817-668-7651

Contact Person: Michael Russin

List each partner and identify whether (G)eneral or (L)imited partner and percentage of ownership
Use separate sheet if necessary

<u>Name</u>	<u>G or L</u>	<u>Percentage</u>
<u>NexGen Compounding & Research Laboratories, LLC</u>	<u>G</u>	<u>100%</u>

List names of 4 largest partners and percentage of ownership:

Name: Mike A Russin **%:** 37.5%

Name: Michael B Russin **%:** 37.5%

Name: Hayes Pharmacy, Inc %: 25%

Name: _____ %: _____

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 8 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, Michael Russin, Officer

Responsible Person of NexGen Compounding Pharmacy

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

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

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



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

Michael Russin

Print Name of Authorized Person

Date

8/16/18

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Texas)
) ss.
Parker COUNTY)

I, Michael Russin, 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 Officer for Naxben Compounding Pharmacy (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out-of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

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

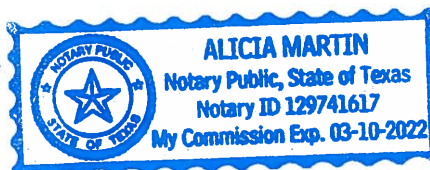
FURTHER AFFIANT SAYETH NOT.

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

[Signature]
 Name

SUBSCRIBED AND SWORN TO
 before me, a notary public this
20 day of August, 20 18

Alicia Martin
 NOTARY PUBLIC



NexGen Compounding & Research Laboratories LLC Ownership

Name	SSN	Date of Birth	Home Address	Ownership %
Michael B Russin			1 Christopher St, Austin, TX 78704	37.50%
Michael A Russin			Northshore Drive, Orono, MN 55391	37.50%
Hayes Pharmacy Inc				25.00%
Total				100.00%

Suann Hayes (Hayes Pharmacy Inc Owner)

Samuels Ave, Apt 110, Fort Worth, TX 76102 100.00%

"Absolute Veterinary Compounding Pharmacy LLC dba NexGen Compounding Pharmacy"
is 100% Owned by NexGen Compounding & Research Laboratories, LLC



Re: Statement on Louisiana Consent Agreement

To Whom it May Concern:

I am writing this letter in response to our Consent Order (Case No. 18-0183) between NexGen Compounding Pharmacy and the Louisiana Board of Pharmacy (the "Board"). We were fined and issued a warning letter for shipping prescriptions into the state of Louisiana while our license was not valid due to a delay in our renewal.

We initially applied for our renewal of our license on December 27, 2017 and provided the Board with a copy of our Texas State Board of Pharmacy inspection report. The Board returned our application on December 29th, 2017 and stated that the Texas inspection report would not meet the requirements necessary to prove compliance with USP <795> and USP <797>. They advised us that we would not be eligible for renewal until we could provide them with a copy of a NABP VPP inspection. We were unable to meet this requirement because our NABP VPP inspection had not been finalized yet. We were in process and had completed all of the initial review steps with NABP including paying the fee, providing all of the necessary due diligence documentation and completing all of their necessary questionnaires. However, we had not received our onsite inspection yet.

Upon receiving this notice, I, Michael Russin, contacted the Board. I explained to them that we were already in the process of going through NABP VPP, but had not received our onsite inspection yet. The representative I spoke with stated *"We should send it to them as soon as it was available."* Then, in a good faith attempt, I asked the Board if given our current status with NABP, could we continue to ship into the state of Louisiana? The official response I received from the board was *"You need to use your professional judgement in making that determination."* After receiving this response, we met as a management team (including our pharmacist staff with a combined 100 years of experience). The conclusion that we came to was to continue to deliver prescriptions into the State of Louisiana.

As a pharmacy and as pharmacists, we felt that it was our fiduciary duty to provide continuity of care for our patients located in the State of Louisiana. Our feeling was that continuity of care was the highest priority as a pharmacist and pharmacy.

This was in conjunction with evaluating our current status with NABP and our standing with the Louisiana State Board of Pharmacy. We had already paid the NABP fees, answered all of their questions and were in the queue for NABP VPP Inspection. We felt that we were in compliance with Louisiana requirements

NEXGEN COMPOUNDING PHARMACY

2005 FORT WORTH HWY SUITE 100, WEATHERFORD, TX 76086

817-599-7781

WWW.NEXGENCOMPOUNDING.COM

as a compounding pharmacy. We were simply waiting on something that was out of our control. The inspectors from NABP arrived at our pharmacy on January 15th, 2018. We received our final inspection report from NABP on February 7th, 2018. We proceeded to complete the required paperwork and our license was renewed on March 7th, 2018.

Had we been delayed due to an issue relating to a quality control or another circumstance that would have put our patients at risk, we would have taken a different view on the situation. Unfortunately, the Board did not agree with our determination and they determined that fining us for shipping prescriptions into the state of Louisiana between the dates of January 1st, 2018 and March 7th, 2018 was the proper course of action.

Given the extensive costs related to litigating administrative cases, we made the business decision that agreeing to the Consent Order was the best course of action for us.

We understand that the Board is required to uphold and enforce the laws of Louisiana. We also recognize that based on the black and white rules, we should have not continued to ship into the state of Louisiana while we were waiting for our license renewal. Though, we feel the entire situation could have been avoided had we received an affirmative answer when we initially requested one in December 2017.

If you have any questions regarding the Consent Agreement or any other items relating to NexGen Compounding Pharmacy, feel free to contact us.

Sincerely,

Michael Russin

LOUISIANA BOARD OF PHARMACY

BATON ROUGE, LOUISIANA

IN THE MATTER OF:

CONSENT ORDER

**ABSOLUTE VETERINARY COMPOUNDING PHARMACY, LLC D/B/A NEXGEN
COMPOUNDING PHARMACY**

LOUISIANA PHARMACY PERMIT NO. 7260

Case No. 18-0183

CONSENT AGREEMENT

WHEREAS, ABSOLUTE VETERINARY COMPOUNDING PHARMACY, LLC D/B/A NEXGEN COMPOUNDING PHARMACY (hereinafter referred to as "Respondent"), Louisiana Pharmacy Permit No. 7260, 2005 Fort Worth Hwy, Suite 100, Weatherford, Texas 76086, dispensed approximately 275 prescriptions into Louisiana between January 1, 2018 and March 7, 2018 with an expired Louisiana non-resident pharmacy permit.

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

La. R.S. 37:1221(B): No out-of-state pharmacy providing pharmacy services to residents of this state shall open, establish, operate, or maintain a pharmacy, located out-of-state, unless the pharmacy is issued a permit by the board.

LAC Title 46: LIII §2305. Out-of-State Pharmacy Permit Requirements

- A. The out-of-state pharmacy shall apply for a permit and annual permit renewals on forms provided by the board. The board may require such information as reasonably necessary to carry out the provisions of R.S. 37:1232, including, without limitation, the name, address, and position of each officer and director of a corporation or of the owners, if the pharmacy is not a corporation.

In order to avoid the significant costs and resources required of further administrative and judicial proceedings and to facilitate the settlement and submission of this Consent Agreement, Respondent hereby accepts the terms of this Consent Agreement.

In agreeing to settle this matter, Respondent does not admit to violating any federal or state law and otherwise makes no admission of wrongdoing. Respondent understands, however, that the Board may be able to prove a finding of the above-referenced violations, and Respondent waives its right to offer a defense at a formal hearing.

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

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

1. A Letter of Warning is issued to Louisiana Pharmacy Permit No. 7260; and

NEXGEN COMPOUNDING PHARMACY, Permit No. 7260
CONSENT AGREEMENT
 Page 2 of 3

2. Respondent is ordered to pay a fine of \$15,000.00 and to reimburse the Board \$250.00 for administrative costs, with total payment due the Board of \$ 15,250.00, to be paid as follows:
- a. \$5,250.00 to be paid simultaneously with the execution of this Consent Agreement by Respondent;
 - b. \$5,000.00 to be paid no later than June 29, 2018; and
 - c. \$5,000.00 to be paid no later than August 31, 2018.

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

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

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

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

Respondent's National Provider Identifier (NPI) Number: 1992178453

Medicare Provider Number (if in the possession of one): N/A


I, Michael Russin, COO, authorized to act on behalf of and acting on behalf of **ABSOLUTE VETERINARY COMPOUNDING PHARMACY, LLC D/B/A NEXGEN COMPOUNDING PHARMACY**, understand that this Consent Agreement is effective as a Board Order upon affirmative vote by the Board at formal hearing. It is also understood that, should the Board not approve this Consent Agreement, the agreement therein does not preclude the Louisiana Board of Pharmacy from requiring a formal hearing of this case.

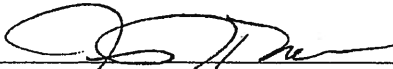
It is further understood that, should this Consent Agreement not be accepted by the Board, the presentation to and consideration by the Board of this Agreement, including presented documentary evidence and information, shall not unfairly or illegally prejudice or preclude the Board or any of its members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

NEXGEN COMPOUNDING PHARMACY, Permit No. 7260
 CONSENT AGREEMENT
 Page 3 of 3

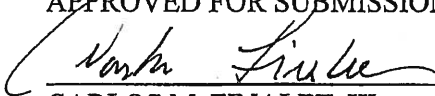
SIGNED, AGREED TO AND ENTERED ON THIS 8th DAY OF June, 2018.

**ABSOLUTE VETERINARY COMPOUNDING PHARMACY, LLC D/B/A NEXGEN
 COMPOUNDING PHARMACY**
 Louisiana Pharmacy Permit NO. 7260


 BY: Authorized Representative


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

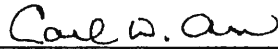
APPROVED FOR SUBMISSION TO THE LOUISIANA BOARD OF PHARMACY:


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

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

By a majority vote of the Board members voting in favor of the foregoing Consent Agreement at
 the Board meeting on August 15, 2018, the Board hereby adopts said
 Agreement as a Final Order of the Board.

FOR THE BOARD:


 Carl W. Aron
 President and Hearing Officer for the Board

6D

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: PH03103)
 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: South Miami Pharmacy II (D/B/A/ SMP Pharmacy Solutions #2)

Physical Address: 7425 SW 42st Miami, FL 33155

Mailing Address: 7425 SW 42st

City: Miami State: FL Zip Code: 33155

Telephone: 305-740-9744 Fax: 866-301-1364

Toll Free Number: 855-255-5005 (Required per NAC 639.708)

E-mail: Dantes@smp-pharmacy.com Website: www.smp-pharmacy.com

Managing Pharmacist: Jenny Lynn Alfonso License Number: PS40236

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

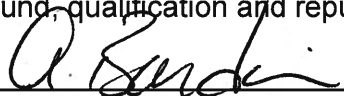
Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.


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

Armando Bardisq, PHARM.D.
Print Name of Authorized Person

8/20/18
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

State of Incorporation: Delaware

Parent Company if any: SMP Acquisition Co. Inc.

Mailing Address: 680 Washington Blvd., 10th Floor

City: Stamford State: CT Zip: 06901

Telephone: 203-653-6400 Fax: _____

Contact Person: Philip Borden

For any corporation non publicly traded, disclose the following:

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

a) _____
Name Address

b) _____

Name	Address
------	---------

c) _____

Name	Address
------	---------

d) _____

Name	Address
------	---------

- 2) Provide the number of shares issued by the corporation. N/A

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

- 4) What date did the corporation actually receive the cash assets? N/A

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

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 7 pm

Saturday 10 am 2 pm

Sunday / am / pm

24 Hours /

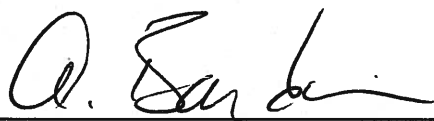
A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: n/a

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, ARMANDO BANDISA
Responsible Person of SMP PHARMACY SOLUTIONS #2
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

Armando Bandisa
Print Name of Authorized Person

8/20/2018
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF FLORIDA)
MIAMI-DADE) ss. COUNTY)

I, Armando Bandisa, 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 PRESIDENT for SOUTH MIAMI PHARMACY II, LLC (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out-of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

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

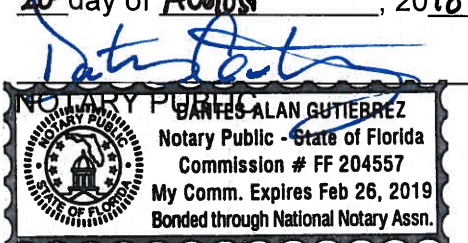
FURTHER AFFIANT SAYETH NOT.

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

A. Bandisa

Name

SUBSCRIBED AND SWORN TO
 before me, a notary public this
20th day of August, 2018.





John E. Morrone, Esq.

direct: 973.852.8359

jmorrone@frierlevitt.com

August 30, 2018

Sent via: FEDEX OVERNIGHT MAIL

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

**Re: SMP Pharmacy Solutions #2 (License Number PH03603)
APPLICATION FOR NON-RESIDENT PHARMACY PERMIT
CHANGE OF OWNERSHIP**

Dear Sir or Madam:

This firm represents **SMP Pharmacy Solutions II** (with an address at 7425 Southwest 42nd Street, Miami FL 33155, License Number PH03603) (the "Pharmacy") in the above captioned matter. This letter serves as a follow up to our notification letter sent to the Board of Pharmacy ("Board") advising of a proposed change in the ownership structure of each of the aforementioned pharmacy.

Effective July 3, 2018, the owner of the Pharmacy, Armando Bardisa ("Bardisa"), has sold the majority of his ownership interest in the Pharmacy, pursuant to a stock sale, to SMP Acquisition Co., Inc. ("Buyer"). The Buyer is a newly formed corporation and an indirect subsidiary of a newly-formed limited liability, SMP Pharmacy Holdings, LLC (the "Holding Company"). Bardisa maintains an ownership interest in the Pharmacy by holding an approximately 33% ownership interest in the Holding Company, which is an indirect parent of the Buyer and the Pharmacy. Approximately 67% of outstanding ownership interest in the Holding Company is held by Galen Partners or its affiliate and other investors.

In furtherance of the change in ownership structure, attached hereto, please find the pharmacy permit application and all subsequent documentation related thereto:

1. Completed Nonresident Pharmacy Permit Application, and application fee in the amount of \$500.00 payable to the Nevada Board of Pharmacy
2. Certificate of Good Standing (corporation)
3. Letter of good standing (pharmacy license)
4. Copy of current home state pharmacy permit and Nevada state permit
5. Copy of recent inspection report.
6. Affidavit for out of state pharmacy license
8. DEA Registration

FRIER LEVITT
ATTORNEYS AT LAW

We look forward to your response in this matter. If you have any questions or require any further information, please feel free to contact me.

Very truly yours,

FRIER & LEVITT, LLC

/s/ John E. Morrone, Esq.

John E. Morrone, Esq.

JEM/rss
Enclosures

CC: SMP Pharmacy Solutions #2

AC# 7486456

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
12/21/2016	PH 24479	92049

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

Expiration Date: **FEBRUARY 28, 2019**

SOUTH MIAMI PHARMACY II
SMP Pharmacy Solutions #2
7425 SW 42 STREET
MIAMI, FL 33155

QUALIFICATION(S):
COMMUNITY PHARMACY
SCHEDULE II & III
4:1 PHARMACY TECHNICIAN RATIO APPROVED



Rick Scott
GOVERNOR



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

DISPLAY IF REQUIRED BY LAW

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

QUALIFICATION(S):

Community Pharmacy

Schedule II & III

4:1 Pharmacy Technician Ratio Approved

AC#

7486456

DATE	LICENSE NO.	CONTROL NO.
12/21/2016	PH 24479	92049

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

Expiration Date: **FEBRUARY 28, 2019**

SOUTH MIAMI PHARMACY II

LICENSEE SIGNATURE



License Verification

Printer Friendly Version

SOUTH MIAMI PHARMACY II SMP Pharmacy Solutions #2

License Number: PH24479

Data As Of 8/17/2018

License Information	Secondary Locations	Discipline/Admin Action	Supervising Practitioners
---------------------	---------------------	-------------------------	---------------------------

Profession Pharmacy

License PH24479

② License Status CLEAR/

Qualifications Community Pharmacy

Schedule II & III

License Expiration Date 2/28/2019

License Original Issue Date 02/23/2010

Address of Record 7425 SW 42 Street
MIAMI, FL 33155
UNITED STATES

Discipline on File No

② Public Complaint No

[Back](#)

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



SMP Pharmacy Solutions #2
Ownership Information

South Miami Pharmacy II, LLC

- **Member/Manager** – SMP Acquisition Co., Inc.
- **Officers**—
 - Armando Bardisa, Pharm.D. (President)
 - DOB:
 - Business Address: 7425 SW 42 St. Miami, FL 33155
 - Home Address: SW 68 Ct., Miami, FL 33156
 - Business Phone: (305)-740-9744
 - Home Phone:
 - SS #
 - FL Lic# PS32965
 - Philip Borden (Treasurer)
 - DOB:
 - Business Address: 680 Washington Blvd, 10th Floor Stamford, CT 06901
 - Home Address: Winthrop Street, Unit 7, Cambridge, MA 02138
 - Business Phone: (203) 653-6400
 - Home Phone:
 - SS#
 - Zubeen Shroff (Secretary)
 - DOB:
 - Business Address: 680 Washington Blvd, 10th Floor Stamford, CT 06901
 - Home Address: Tarryhill Road, Tarrytown, NY 10591
 - Business Phone: (203) 653-6400
 - Home Phone:
 - SS#

CERTIFICATE of ACCREDITATION



ACCREDITATION COMMISSION FOR HEALTH CARE CERTIFIES THAT:

South Miami Pharmacy II
d/b/a SMP Pharmacy Solutions #2
MIAMI, FLORIDA

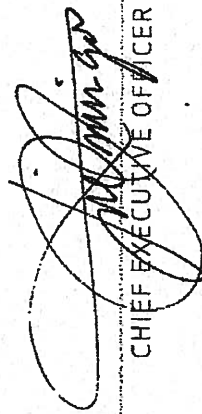
HAS DEMONSTRATED A COMMITMENT TO PROVIDING QUALITY CARE AND SERVICES TO CONSUMERS
THROUGH COMPLIANCE WITH ACHC'S NATIONALLY-RECOGNIZED STANDARDS FOR
ACCREDITATION AND IS THEREFORE GRANTED ACCREDITATION FOR THE FOLLOWING:

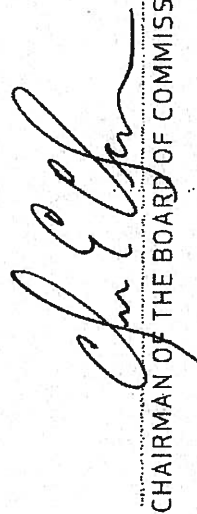
PHARMACY

PCAB ACCREDITATION

For patient specific prescription compounding of
Non-Sterile Compounding, Ref. USP <795>
Sterile Compounding, Ref. USP <797>

FROM May 17, 2016 THROUGH May 16, 2019


CHIEF EXECUTIVE OFFICER


CHAIRMAN OF THE BOARD OF COMMISSIONERS



ACCREDITATION COMMISSION for HEALTH CARE

7

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: ATHENEX PHARMA SOLUTIONS, LLCPhysical Address: 11342 MAIN ST.City: CLARENCE State: NEW YORK Zip Code: 14031Telephone: 716.253.6490 Fax: 716.418.7273Toll Free Number: 877.473.7823 (Required per NAC 639.708)E-mail: RKEEM@ATHENEX.COM Website: ATHENEXPHARMA.COMSupervising Pharmacist: SHARON STOYELL Nevada License #: 19877**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): 45-5250649

Please provide the name of the facility as registered with the FDA and the registration number:

ATHENEX PHARMA SOLUTIONS, LLC 3008876196

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: SHARON STOYELL Nevada License Number: 19877A 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



Print Name of Authorized Person



Date

APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY**Page 4****OWNERSHIP IS A PUBLICLY TRADED COMPANY**

State of Incorporation: DELAWARE
Parent Company if any: ATHENEX, INC.
Corporation Name: ATHENEX, INC.
Address: 1001 MAIN ST
City: BUFFALO State: N.Y. Zip: 14203
Telephone: 716.427.2950 Fax: 716.800.6816
Contact Person: TERESA BAIR

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: 11.4.2003
Registration number issued: 0468N103
Stock Exchange: Nasdaq

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. ATTACHED.

List of officers and directors. ATTACHED.



Athenex Pharma Solutions LLC is 100% wholly owned by Athenex, Inc., located at: 1001 Main Street, Suite 600, Buffalo, New York 14203. Phone: 716.427.2950.

Our Corporate Officers for Athenex Pharma Solutions, LLC are as follows:

<p>Jeffrey M. Yordon President & COO N. Martingale Road, Suite 230 Schaumburg, IL 60173</p> <p>jyordon@athenex.com</p>	<p>Jeffrey M. Yordon West Rue Paris Place Inverness, IL 60067</p> <p>Last four digits of Social Security Number: 2 Date of birth: /</p>
<p>Teresa Brophy Bair Vice President, Corporate Development 1001 Main Street, Suite 600 Buffalo, NY 14203</p> <p>tbair@athenex.com</p>	<p>Teresa Brophy Bair 380 Berryman Drive Snyder, NY 14226</p> <p>Last four digits of Social Security Number: Date of birth: /</p>

General Manager for Athenex Pharma Solutions LLC, located at 11342 Main Street, Clarence, New York 14031, is as follows:

<p>Robert Keem General Manager Main Street Clarence, New York 14031</p> <p>rkeem@athenex.com</p>	<p>Robert Keem Burroughs Drive Snyder, New York 14226</p> <p>Last four digits of Social Security Number: Date of birth:</p>
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ATHENEX PHARMA SOLUTIONS, LLC

FACILITY OPERATION OVERVIEW

Athenex Pharma Solutions, LLC is cGMP facility located in Clarence, NY. The facility is FDA registered and is designed to manufacture, test and release sterile drug products for the critical care hospital market. The facility consists of a fully integrated drug manufacturing operation with Warehousing, Quality Control, R&D, Manufacturing and Engineering all under the same roof. An overarching Quality Management System complying with the current GMP standards assures that all established policies and procedures are utilized and maintained appropriately. Our supply chain is supported by an organization wide Enterprise Resource Planning system and our policies and procedures are managed by a validated document and training platform.

Facility Details:

- 18,000 sqft
- cGMP aseptic (ISO 5) compounding suites
- Analytical and Microbiological testing services on-site
- Product development team on-site
- Hour of Operation (M-F, 8AM-5PM)
- Pharmacist-in-Charge supervises all compounding activities
- Distributing **"direct to hospital"** compounded products from Clarence manufacturing location
- FDA Inspected Operation



ATHENEX.COM

11342 Main Street, Clarence, NY 14031



Office of the Professions

Verification Searches

The information furnished at this web site is from the Office of Professions' official database and is updated daily, Monday through Friday. The Office of Professions considers this information to be a secure, primary source for license verification.

Pharmacy Establishment Information *

08/23/2018

Type : OUTSOURCE FACILITY

Legal Name : ATHENEX PHARMA SOLUTIONS, LLC

Trade Name :

Street Address :

11342 MAIN ST.

CLARENCE, NY 14031-0000

Registration No : 035973

Date First Registered : 08/09/18

Registration Begins : 08/09/18

Registered through : 07/31/21

Supervisor : [044159](#) STOYELL SHARON P

Establishment Status : ACTIVE

Successor : NONE

* Use of this online verification service signifies that you have read and agree to the [terms and conditions of use](#). See [HELP glossary](#) for further explanations of terms used on this page.

- Use your browser's back key to return to establishment list.
- You may [search](#) to see if there has been recent disciplinary action against this registered establishment.





THE STATE EDUCATION DEPARTMENT/THE UNIVERSITY OF THE STATE OF NEW YORK/ALBANY, NY 12234

NEW YORK STATE BOARD OF PHARMACY, Kimberly Leonard, Executive Secretary
 89 Washington Avenue, 2nd Floor, Albany, NY 12234-1000
 Tel. (518) 474-3817, ext. 130; Fax (518) 473-6995
 E-mail: pharmbd@nysed.gov ; Web: www.op.nysed.gov

August 22, 2017

**Verification of an In State or Nonresident Pharmacy,
 Manufacturer/Repacker/Wholesaler or individuals Licensed in New York:**

Online verification of the registration status of an in State or Nonresident pharmacy, and/or manufacturer/repacker/wholesaler, as well as the license and registration status of licensed professionals, can be performed free of charge at <http://www.op.nysed.gov/opsearches.htm>. An additional search can be performed on each verification screen to determine if an establishment or licensee has been disciplined by this Department.

Note: No other form of verification is available for pharmacy establishments. Please do not use "request for Written Confirmation of New York State Licensure" for verification of a registered establishment; that form is used only for certification or verification of licensed individuals.

Verification of Licensed Professionals (not establishments):

The Board Office cannot provide letters of good standing or license verification; however, the Certification/Verification Unit can provide documentation that will likely meet your needs.

A form must be submitted with the appropriate fee for either a certification or verification of a license. The difference between certification and verification is explained on the form which is available at <http://www.op.nysed.gov/documents/confirmoflic.pdf>.

I hope this information is helpful.

Thank you.

THE UNIVERSITY OF THE STATE OF NEW YORK
EDUCATION DEPARTMENT

NEW YORK STATE BOARD OF PHARMACY

2018-21

NAME OF SUPERVISOR
SHARON P. STOYELL



THIS IS TO CERTIFY

ATHENEX PHARMA SOLUTIONS, LLC
11342 MAIN ST.
CLARENCE, NY 14031

is duly recorded as a

REGISTERED OUTSOURCING FACILITY

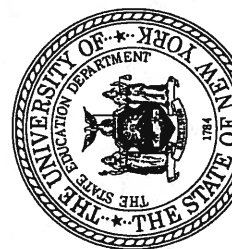
in conformity with the provisions of section 6808 of the Education Law

THIS CERTIFICATE IS EFFECTIVE ON THE NINTH DAY OF AUGUST, 2018.
THIS CERTIFICATE EXPIRES ON THE THIRTY-FIRST DAY OF JULY, 2021.

This certificate must be displayed conspicuously in the registered premises at all times. Authorization to operate a registered establishment is limited to the person and the premises indicated on the certificate. The regulations require the registrant to notify the Board of Pharmacy of any contemplated change in ownership, address or supervisor.

REGISTRATION NUMBER

035973



Kimberly A. Leonard
EXECUTIVE SECRETARY
STATE BOARD OF PHARMACY

8

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: iSleep, LLC.

Physical Address: 142 Bell St. Reno, NV 89503
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 142 Bell St.

City: Reno State: NV Zip Code: 89503

Telephone: 775-583-8226 Fax: 855-380-3593

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

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 10 to 3 Tue: _____ to _____ Wed: 10 to 3 Thu: _____ to _____

Fri: 10 to 3 Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: John Lee Hickok III

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: John Hickok Telephone: 775-583-8226

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>N/A</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.

<input type="checkbox"/> Practitioner	Name: <u>N/A</u>
<input type="checkbox"/> Advanced Practitioner of Nursing	Name: <u>N/A</u>
<input type="checkbox"/> Physician s Assistant	Name: <u>N/A</u>
<input type="checkbox"/> Physical Therapist	Name: <u>N/A</u>
<input type="checkbox"/> Occupational Therapist	Name: <u>N/A</u>
<input type="checkbox"/> Registered Nurse	Name: <u>N/A</u>
<input type="checkbox"/> Respiratory Therapist	Name: <u>N/A</u>

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.

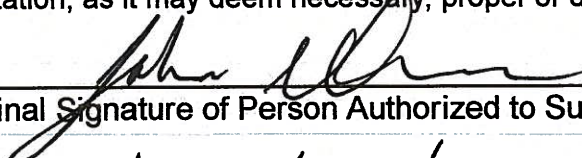
Within the last five (5) years:

- 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

John Lee Hickok
Print Name of Authorized Person

31 Aug 2018
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: John Lee Hickok III %: 50Name: Charles Smart %: 50

Name: _____ %: _____

Name: _____ %: _____

Partnership Name: iSleep, LLCMailing Address: 142 Bell St.City: Reno State: NV Zip Code: 89503Telephone Number: 775-583-8226 Fax Number: 855-380-3593Contact Person: John Hickok**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*.

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date 31 Aug 2018

Each MDEG shall employ an administrator at all times. The administrator must be:

1. A natural person.
2. Have a high school diploma or its equivalent.
3. Have: a) At least 1500 hours of verifiable work experience relating to the products provided be the medical products provider or medical products wholesaler or b) An associate s degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care.
4. Be employed be the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week and
5. Be approved by the board.
6. The administrator shall ensure that that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

A medical products provider or medical products wholesaler shall notify the staff of the Board of the cessation of employment of an administrator within 3 business days after the cessation of the employment. A medical products provider or medical products wholesaler shall notify the staff of the Board of the employment of a new administrator within 3 business dates after the beginning of the employment.

A medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator. The Board may summarily suspend the operation of a business or facility that operates without an administrator.

GENERAL INSTRUCTIONS

Type or print an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner.

All applicants are advised that this application to be a MDEG administrator is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for CPAP/Bi-PAP Sales
 Nature of MDEG
ISleep 142 Bell St Reno NV 89503
 Name and Address of Business for Which MDEG Administrator Is Requested
N/A
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

HICKOK John Lee
 Last Name First Name Middle Name

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Shadow Park Dr. Reno NV. 89523
 Present Residence Address-Street or RFD City State/Zip

142 Bell St. Dates 10/2017 to Present Reno NV 89505
 Present Business Address City State/Zip

Co-Owner Dates 10/2017 to Present
 Present Position with the MDEG

Phone: 702. 708. 7014 Fax: _____

Email address: John@isleepHST.com

10/1/1980 Providence, RI
 Date of Birth Place of Birth (City, County, State)

26 1 Male
 Age Social Security Number Sex

Hazel Brown 215 5'8"
 Color of Eyes Color of Hair Weight Height

Scars, tattoos or distinguishing marks and/or characteristics N/A

Are you a citizen of the United States? Yes ☒ No ☐

If alien, registration No _____

If naturalized, certificate No _____ Date _____

Place _____ (If naturalized, document must be verified.)

EMPLOYMENT:

A MDEG administrator must document that he or she has been employed for at least 1500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Please provide the following information to document your hours of employment.

04/2016 to 03/2018
~~06/2012~~ Renown Medical Group 3,312
~~10,000~~
 Month and Year Name/ Address of Employer/Business No of Employed Hours
RPSGT CPAP Mask Fitting / Machine Help Matt Freeman
 Title Description of Duties Name of Supervisor

06/2012 to 04/2016 Pulmonary Medicine Associates 6,600
 Month and Year Name/ Address of Employer/Business No of Employed Hours
RPSGT Sleep Tech, CPAP Mask Fitting Matt Freeman
 Title Description of Duties Name of Supervisor

Month and Year Name/ Address of Employer/Business No of Employed Hours
 Title Description of Duties Name of Supervisor

Month and Year Name/ Address of Employer/Business No of Employed Hours
 Title Description of Duties Name of Supervisor

Month and Year Name/ Address of Employer/Business No of Employed Hours
 Title Description of Duties Name of Supervisor

Month and Year Name/ Address of Employer/Business No of Employed Hours
 Title Description of Duties Name of Supervisor

I have ☐ I have not ☒ been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse,

1. I have ☐ I have not ☒ been charged, arrested or convicted of a felony or misdemeanor.
2. I have ☐ I have not ☒ been the subject of an administrative action whether completed or pending.
3. I have ☐ I have not ☒ had a license suspended, revoked, surrendered or otherwise disciplined, including any action against a professional license that was not made public.

If you checked I have to questions 1, 2 and/or 3, please include the following information **and** provide a written explanation and/or documents.

a) Board Administrative Action: State: _____
b) _____

Date: _____

Case Number: _____

c) Criminal Action: State: _____

Date: _____

Case Number: _____

County: _____

Court: _____

4. Will you be actively involved in and aware of the daily operation of the MDEG?

Yes ☒ No ☐

5. Will you be employed fulltime with the MDEG?

Yes ☒ No ☐

6. Will you be present at the site of the MDEG during its normal operating hours?

Yes ☒ No ☐

If you answer No to questions 4, 5 or 6 please provide a written letter of explanation

.....
.....
.....
.....
.....
.....

Date of



67 Sept 18

I, John Lee Hickok III, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a MDEG license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent, and further, that I have familiarized myself with the contents of Nevada Revised Statutes and Regulations.

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or MDEG in the State of Nevada.


Original Signature of Applicant

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

 Date 8/31/2018

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 MDEG
iSleep 142 Bell St. Nature of License Reno NV 89503
 Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Smart Last Name Charles First Name Michael Middle Name

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Hilltop Road Reno NV 89509
 Present Residence Address-Street or RFD City State/Zip

142 Bell Street 12/1/17 → Present Reno NV 89509
 Present Business Address Dates City State/Zip

Business Owner 10/17 → Present Reno
 Occupation Dates City

Phone:
 Residence 775-583-8226
 Business

Date of Birth 28 Place of Birth (City, County, State) Reno, Washoe, NV Sex M
 Age Social Security Number

Color of Eyes Blue Color of Hair Blond Complexion White Weight 160 Build Normal Height 5'9"

Scars, tattoos or distinguishing marks and/or characteristics N/A

Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☒

Applicant's initial CF Page 1

MARITAL INFORMATION-Continued

A. **Current Marriage** N/A

Spouse's full name (Maiden) _____ Date _____ City, County and State _____
 S.S. No. _____

Date of Birth _____ Place of Birth _____

Resident address _____
 Street _____ City _____ State _____ Zip _____

Telephone: Residence _____ Business _____

Spouse's employer _____ Occupation _____

Address of employer _____
 Street _____ City _____ State _____ Zip _____

B. **Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
----------------	-------------------------	---------------------------	------------------	-----------------------

N/A

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
------	--------	------	-------	-----	-----------

N/A

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
------	------------	-------------	-------------------

N/A

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 JS

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

Michael Smart Hilltop Road Reno NV 89509 Retired

Mother

Lisa Reed Hilltop Road Reno NV 89509 Retired

Father-in-Law

N/A

Mother-in-Law

N/A

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
---------------	------------	---------	------------

Christine Smart Yosemite Pl. Reno 89503 Business Owner

Spouse

Matt Maxwell Yosemite Pl. Reno 89503 Business Owner

Robert Smart

Spouse

Richelle Lydick Bejay Pl. Reno 89509 Insurance Broker

Mary Jo Smart

Spouse

N/A Hilltop Rd Reno 89509 Student

Spouse

N/A

Spouse

N/A

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School	Jessie Beck Elementary	Reno	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	Reno High School	Reno 6/2008	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	University of Nevada, Reno	Reno 8/2008 - 5/2013	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other	N/A		Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any Electrical Engineering

College or university where obtained UNR, University of Nevada, Reno

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 Washoe State NV Date registered 2008

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

- A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
----------------	-----	--------	-------------------------	-----------------	------------------

N/A

- B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.
- C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒
- D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒
- E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒
- F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒ If yes, when? _____ city, county and state _____
- G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒ If yes when? _____ city, county and state _____
- H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒ If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
------	--------------	--------	----------	------

N/A

Applicant's initial ed

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?

Yes ☐ No ☒ (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
--	------------	-----------------------	------------------------	------------------

N/A

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?

Yes ☐ No ☒ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
----------------	----------------	---

N/A

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
--------------------------	-------------------	------	-----------------

8/2002 → Present

Hilltop Rd

Reno

NV

11/2001 → 8/2002

Granite Mtn Ln.

Las Vegas

NV

7/1997 → 11/2001

2336 Pleasure Dr.

Reno

NV

7/1993 → 7/1997

3188 University Ct.

Elko

NV

Applicant's initial

G

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
10/2017 → Present	Sleep 142 Bell St, Reno, NV, 89503	N/A
Title	Description of Duties	Name of Supervisor
Co-Owner	Technology & Logistics	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
11/2016 → Present	Maxwell Mechanical	N/A
Title	Description of Duties	Name of Supervisor
Welder	Fabricate & install Systems	Matt Maxwell
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
10/2013 → 10/2016	General Electric, 1631 Bently Pkwy, Minden, NV, 89423	Pursue other opportunities
Title	Description of Duties	Name of Supervisor
Manufacturing/Test Engineer	Create tests for Products	Mike Arthurs / Ben Dykes
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
6/2010 - 5/2012	NV Energy 6100 Neil Rd, Reno, NV, 89511	Employment Expired
Title	Description of Duties	Name of Supervisor
Intern	Fuse Size Calculations for Grid Protection	Chris Hoffman / Eric Troška
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

EF

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>Trent Winkel</u>	Home	<u>7 East Drachman St.</u>	<u>Tucson</u>	<u>AZ</u>	<u>21</u>	
Employer <u>Student</u>	Business	<u>N/A</u>		<u>775-772-8050</u>	<u>85719</u>	
Name <u>Shane McGuire</u>	Home	<u>Applewood Ct.</u>	<u>Reno</u>	<u>NV</u>	<u>89509</u>	<u>16</u>
Employer <u>Student</u>	Business	<u>N/A</u>		<u>775-223-9283</u>	<u>801-623-2380</u>	
Name <u>Morgan Dailey</u>	Home	<u>1 N. 570 E American Fork</u>	<u>UT</u>	<u>84003</u>	<u>14</u>	
Employer <u>Opinion, Inc</u>	Business	<u>387 S. 520 W. STE 100</u>	<u>Lincoln</u>	<u>UT</u>	<u>84042</u>	
Name <u>Jack Wayman</u>	Home	<u>Lyman Ave.</u>	<u>Reno</u>	<u>NV</u>	<u>89509</u>	<u>775-527-1785</u>
Employer <u>Retired Teacher</u>	Business	<u>N/A</u>				
Name <u>Jerome Worthington</u>	Home	<u>Gold Creek Loop</u>	<u>Hamilton</u>	<u>MT</u>	<u>59840</u>	<u>5</u>
Employer <u>WCSC</u>	Business	<u>911 Parr Blvd</u>	<u>Reno</u>	<u>NV</u>	<u>89512</u>	<u>775-219-5440</u>

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>N/A</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

N/A

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.

N/A

Applicant's initial

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒

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:

N/A

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes ☐ No ☒

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒



Date of photograph

9/7/2018

Applicant's initial

J

STATE OF Nevada

SS.

COUNTY OF Washoe

I, Charles Smart, 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.

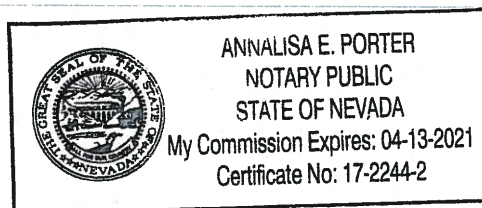

Original Signature of Applicant

Subscribed and Sworn to before me this 7th day of

September 2018


Notary Public

(seal)



Applicant's initial



Page 9

ADDITIONAL INFORMATION

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

✓ Date 31 Aug 2018

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 MDEG
 Nature of License
isleep 142 Bell St. Reno, NV. 89503
 Name and Address of Establishment for Which License Is Requested
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name HICKOK First Name John Middle Name Lee
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise) N/A
 Present Residence Address-Street or RFD Shadow Park Dr. Reno NV 89503
 Dates 10/17 City Reno State/Zip NV 89503
 Present Business Address 142 Bell St. Present Reno NV 89503
 Dates 10/17 to present City Reno State/Zip NV 89503
 Occupation Business Owner Dates 10/17 to present
 Phone: Residence 775-583-8226
 Business 775-583-8226
 Date of Birth 26 Place of Birth (City, County, State) Providence, Providence County, RI
 Age 26 Social Security Number Sex Male
 Color of Eyes Hazel Color of Hair Brown Complexion White Weight 215 Build Heavy Height 5'8"

Scars, tattoos or distinguishing marks and/or characteristics N/A

Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No N/A

If naturalized, certificate No N/A Date N/A

Place N/A (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☒

Applicant's initial [Signature]

MARITAL INFORMATION-Continued

A. **Current Marriage** N/A
 Date _____ City, County and State _____
 Spouse's full name (Maiden) _____ S.S. No. _____
 Date of Birth _____ Place of Birth _____
 Resident address _____
 Street _____ City _____ State _____ Zip _____
 Telephone: Residence _____ Business _____
 Spouse's employer _____ Occupation _____
 Address of employer _____
 Street _____ City _____ State _____ Zip _____

B. **Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
----------------	-------------------------	---------------------------	------------------	-----------------------

N/A

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
------	--------	------	-------	-----	-----------

N/A

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
------	------------	-------------	-------------------

N/A

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 _____



FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name NIA
 Address NIA
 Contact person NIA

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
John Hickok		Jerry Tarkanian Way	CFO
Father			
Margaret Hickok	NIA	NIA	CFO
Mother			
Margaret Hickok	3/20/63	NIA	NIA
Father-in-Law			
	NIA		
Mother-in-Law			

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
Hannah Hickok			NIA
Spouse			
	NIA		
Heidi Hickok		Geldard St. Cumberland RI 02864	Paralegal
Spouse			
	NIA		
Spouse			
	NIA		
Spouse			
	NIA		
Spouse			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School	North Attleboro Middle School	North Attleboro, MA 2004	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	Palo Verde High School	Las Vegas, NV 2006-2010	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College			Yes <input type="checkbox"/> No <input type="checkbox"/>
University	NIA		Yes <input type="checkbox"/> No <input type="checkbox"/>
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any NIACollege or university where obtained NIA

Applicant's initial



5 MILITARY INFORMATION:

A. Have you ever served in any armed forces?

Yes ☐ No ☒Branch N/A Date of entry-active service N/ADate of separation N/A Type of discharge N/ARating at separation N/A Serial number N/A

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft?

Yes ☒ No ☐County Clark State Nevada Date registered 2010**6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)**

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
<u>N/A</u>					

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
<u>N/A</u>				

Applicant's initial

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?

Yes ☐ No ☒ (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
N/A				

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?

Yes ☐ No ☒ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
N/A		

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
04/16 Present.	Shadow Park	Dr. Reno	NV
06/2015 - 04/16	3766 Dewitz Dr.	Sparks Reno	NV
12/2014 - 06/2015	1085 Chert Ct.	Sparks	NV
12/2013 - 12/2014	2055 Longley Ln	Reno	NV
06/13 - 12/13	4500 Mira Loma Dr.	Reno	NV
06/2012 - 06/2013	3990 Redwood Burl Ln.	Sparks	NV
08/2009 - 06/2012	11844 Ampacia Ct.	Reno Las Vegas	NV
08/2006 - 08/2009	2600 S. Town Center Dr.	Las Vegas	NV
03/92 - 08/2006	154 Menabin Rd	North Attleboro	MA

Applicant's initial

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

10/2017 - Present	15 Sleep 142 Bell St. Reno, NV. 89503	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Co. Owner	Clinical Director/Marketing	N/A
Title	Description of Duties	Name of Supervisor
04/2016 - 03/2018	Renown 990 Caughlin Xing	Started business
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Sleep Tech	Run/Analyze Sleep studies	Matt Freeman
Title	Description of Duties	Name of Supervisor
06/2012 to 04/2016	Pulmonary Medicine Assoc. Caughlin Xing	Bought by Renown
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Sleep Tech	Run/Analyze sleep studies	Matt Freeman.
Title	Description of Duties	Name of Supervisor
07/2012 to 10/2012	Sleep Medicine Assoc. 2415 Green Vista Dr.	Schedule change @ full time job
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
RPSGT	Run Sleep studies	Doug Freeman
Title	Description of Duties	Name of Supervisor
01/2012 to 06/2012	Run Sleep studies	Moved to Reno
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Sleep Tech	Run Sleep studies	Marcus Laurico
Title	Description of Duties	Name of Supervisor
06/2009 to 01/2012	Red Rock Medical Group.	Got better job
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Sleep Tech	Run sleep studies	Teddy Naidenova
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

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>James Angel</u>	Home	<u>8 Indian Cove Way</u>	<u>Reno, NV</u>	<u>89523</u>		<u>2 10</u>
Employer <u>NHP</u>	Business	<u>1547 Virginia St. #A</u>	<u>Reno</u>			
Name <u>Andrew Kim</u>	Home	<u>25. Interstate Hwy 35 #107</u>	<u>Austin TX</u>			<u>3 12</u>
Employer <u>Nicole Kim</u>	Business					
Name <u>Cindy Lowman</u>	Home	<u>Bess Bay Dr.</u>	<u>Lynden, WA</u>			<u>10</u>
Employer <u>Corollo Engineering</u>	Business	<u>3706 E Warm Springs Rd.</u>	<u>Las Vegas, NV</u>	<u>89119</u>		
Name <u>Nick Losh</u>	Home	<u>Shadow Park Dr.</u>	<u>Reno, NV</u>	<u>89503</u>		<u>3 12</u>
Employer <u>Martin Ross</u>	Business	<u>350 S. Rock Blvd Suite 200</u>				
Name <u>Phueli Sheldon</u>	Home	<u>Pineridge Rd.</u>	<u>Reno NV</u>	<u>89509</u>		<u>2 10</u>
Employer <u>VA Hospital</u>	Business	<u>975 Korman Ave.</u>	<u>Reno, NV</u>	<u>89502</u>		

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>N/A</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 ☒

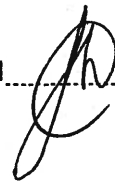
If yes, state type, where and years held

N/A

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.

Applicant's initial



13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒

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:

N/A

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes ☐ No ☒

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒



Date of photograph 07 Sept. 2018

Applicant's initial

[Handwritten signature]

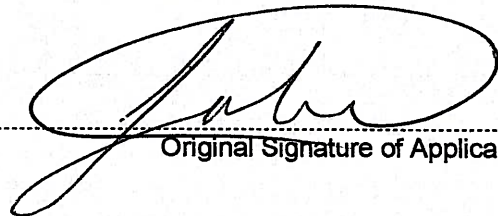
STATE OF Nevada

SS.

COUNTY OF Washoe

I, John Lee Hickox, 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

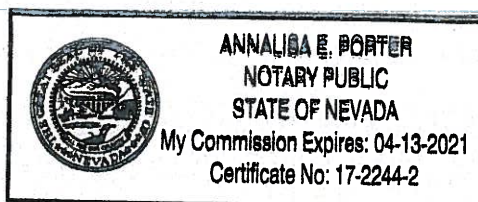
Subscribed and Sworn to before me this 7th day of

September, 2018



Notary Public

(seal)



Applicant's initial



Page 9

ADDITIONAL INFORMATION

Applicant's initial _____

9

January 2016

The Board tabled Ms. Peoples' request for reinstatement of Pharmaceutical Technician License at her request.

12. Appearance Request for Possible Action:

Genda Zareei

This matter was continued to the March 2016 Board meeting.

13. Application by Examination for Pharmacist License – Appearance:

Ronald H. Engberson

Ronald Engberson appeared and was sworn by President Basch prior to answering questions or offering testimony.

Mr. Engberson explained that he is applying for a pharmacist license by examination. He stated that he practiced as a pharmacist in Alaska for 4 years. He stated that he has a disciplinary action against his license in Alaska for filling his own controlled substance prescriptions. Mr. Engberson added that he has since surrendered his pharmacist license in Alaska and has applied for a pharmacist license in Texas as well as Nevada.

The Board questioned Mr. Engberson regarding his disciplinary action and recovery.

The Board recommended Mr. Engberson contact Mr. Espadero to be evaluated by PRN-PRN.

Mr. Engberson requested the Board table his Application by Examination for Pharmacist License.

14. Application for Controlled Substance License – Appearance for Possible Action:

Mohamed O. Saleh, MD

Mohamed Saleh appeared and was sworn by President Basch prior to answering questions or offering testimony.

Mr. Pinson reminded the Board that Dr. Saleh had applied for a Nevada controlled substance license in the past. His application was denied due to violations in Florida including an arrest by the DEA for prescribing without a license.

The Board questioned Dr. Saleh regarding his arrest and the current status of his license with the Nevada State Board of Medical Examiners.

Dr. Saleh answered questions the Board's satisfaction.

The Board explained that Mr. Koszer could not be the pharmacy manager at both pharmacies. Mr. Koszer stated that there is a staff pharmacist who is willing to be pharmacy manager and they will update the Board Office when he accepts the manager position.

Mr. Peters, Mr. Koszer and Mr. Cavallaro answered questions to the Board's satisfaction regarding policies and procedures, marketing and staff training.

Board Action:

Motion: Kevin Desmond moved to approve Professional Rx Pharmacy's Application for Nevada Pharmacy License pending a positive inspection.

Second: Kirk Wentworth

Action: Passed unanimously

6. Application by Examination for Pharmacist License – Appearance for Possible Action:

Ronald H. Engberson

Ronald Engberson and Larry Espadero, Director of PRN-PRN, appeared and were sworn by President Basch prior to answering questions or offering testimony.

Mr. Engberson explained that he requested to table his application when he appeared before the Board in January 2016. At that time the Board recommended Mr. Engberson contact Mr. Espadero to be evaluated by PRN-PRN. Mr. Engberson stated that he is continuing his treatment and would like permission to take the NAPLEX.

Mr. Espadero stated that Mr. Engberson's reports from his treatment in Alaska show clean test results. Mr. Espadero recommended that, should Mr. Engberson be licensed in Nevada, he continue being monitored by PRN-PRN.

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

Board Action:

Motion: Kirk Wentworth moved to approve Ronald Engberson's Application by Examination for Pharmacist License. Pending Mr. Engberson's successful passing of the NAPLEX, he shall complete a five-year contract with PRN-PRN. Mr. Engberson shall not be the managing pharmacist, shall work and train with supervision for 6 weeks and shall disclose these details to his employer.

Second: Jason Penrod

Action: Passed unanimously

7. Application for Physicians Assistant Dispense – Appearance:

Pharmacy Board

From: Ronald Engberson <[redacted]>
Sent: Wednesday, September 05, 2018 9:40 PM
To: Pharmacy Board
Subject: Re: Can I get on the agenda for the next meeting in Reno

Please put me on the docket for October.

Thanks, Ron

Sent from my iPhone

On Aug 28, 2018, at 12:56 PM, Pharmacy Board <pharmacy@pharmacy.nv.gov> wrote:

Hi Ron,
 We can schedule for the December 5-6, 2018 meeting in Reno. The meeting in October is in Las Vegas. Once we finalize the agenda in November, we will contact you with the exact day and time.
 If you wish to appear in October, please let me know by September 10. If I do not hear from you by that date, I will automatically schedule you for December.

Please let me know if you have any questions.

Thanks,

Candy M. Nally
 Licensing Specialist
 Nevada State Board of Pharmacy

This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not override the specific provisions of Nevada law as applied to a particular set of facts.

From: Pharmacy Board
Sent: Monday, August 27, 2018 9:19 AM
To: Shirley Hunting <[redacted]>
Subject: FW: Can I get on the agenda for the next meeting in Reno

From: Engberson, Ronald [[mailto:\[redacted\]](mailto:[redacted])]
Sent: Friday, August 24, 2018 8:20 AM

To: Pharmacy Board <pharmacy@pharmacy.nv.gov>

Subject: Can I get on the agenda for the next meeting in Reno

Good morning,

I was wondering if I could get on the agenda for the next board meeting in Reno I would like to petition the board to change one of the stipulations of my reinstatement.

Thanks,

Ron Engberson
}

10A

Nevada State Board of Pharmacy – Renewal Application - PHARMACIST

431 W Plumb Lane • Reno, NV 89509 • bop.nv.gov

For the period of November 1, 2015 to October 31, 2017

Fee has been paid

LICENSE: 18726

Moshe Lalehzari

1606 S Shenandoah St →

Los Angeles, CA 90035

New address

5. Bedford st #5
Los Angeles, CA 90035

Please make any changes to name or address next to the old information

RENEW BY MAIL

1. Complete **ALL** sections on this form
2. Sign and date this form
3. Send **MO** with this form (do **NOT** staple)
4. Mail **original** form/payment to address above
5. **NO COPIES**
6. **NO SIGNATURE STAMPS ACCEPTED**

Section 1: Since your last renewal or recent licensure have you: (Please fill in completely) 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?..... ☐ ☒1. Been charged, arrested or convicted of a felony or misdemeanor in any state?..... ☐ ☒2. Been the subject of a board citation or an administrative action whether completed or pending in any state?..... ☒ ☐3. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?..... ☒ ☐If you marked **YES** to any of the numbered questions (1-3) above, include the following information & letter of explanation:

Board Administrative Action:	State	Date:	Case #:
Probation	CA	10/24/2016	4907
Criminal Action:	State	Date:	Case #:
	/ /		
	County	Court	

Section 2: Are you the subject of a court order for the support of a child?..... Yes ☐ No ☒IF you marked **YES** to the question above, are you in compliance with the court order?..... ☐ ☒**Fee has been paid****Section 4: NON-DISCIPLINARY STATE-MANDATED QUESTIONS**1. Though it is **NOT** required to have, SB21 requires the Board to ask if you have a Nevada State Business license and if you do, please provide the #: _____ Leave blank if non-applicable2. Have you ever served in the military, either active, reserve or retired? Yes ☐ No ☒ Branch: _____

Military Occupation/Specialty: _____ Dates of Service: _____

Section 5: It is a violation of Nevada law to falsify this application and sanctions will be imposed for misrepresentation. I hereby certify that I have read this application. I certify that all statements made are true and correct. I attest to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices. I understand that Nevada law requires a licensed pharmacist who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Original Signature: _____ Date: 10/20/2017



printed 12/19/17

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

In the Matter of the Accusation Against:

**COMPLETE INFUSION CARE; ALI
POURMOLA**
8588 Venice Blvd.
Los Angeles, CA 90034
Pharmacy Permit No. PHY 46839
Sterile Compounding License No. LSC
99250,

ALI POURMOLA
P.O. Box 49251
Los Angeles, CA 90049
Pharmacist License No. RPH 48035,

and

MOSHE LALEHZARI
1605 S. Shenandoah Street
Los Angeles, CA 90035
Pharmacist License No. RPH 59011

Respondent.

Case No. 4907

OAH No. 2015020271

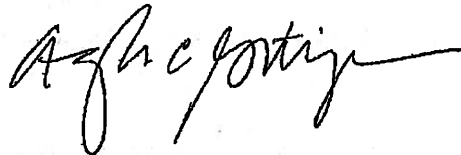
DECISION AND ORDER

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 October 24, 2016.

It is so ORDERED on September 23, 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 MARC D. GREENBAUM
 Supervising Deputy Attorney General
 3 LESLIE A. WALDEN
 Deputy Attorney General
 4 State Bar No. 196882
 300 So. Spring Street, Suite 1702
 5 Los Angeles, CA 90013
 Telephone: (213) 897-3465
 6 Facsimile: (213) 897-2804
Attorneys for Complainant

7
 8 **BEFORE THE**
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
 9 **STATE OF CALIFORNIA**

10 In the Matter of the Accusation Against:

Case No. 4907

11 **COMPLETE INFUSION CARE; ALI**
 12 **POURMOLA**
 8588 Venice Blvd.
 13 Los Angeles, CA 90034
 Pharmacy Permit No. PHY 46839
 14 Sterile Compounding License No. LCS
 99250,

OAH No. 2015020271

**STIPULATED SETTLEMENT AND
 DISCIPLINARY ORDER AS TO MOSHE
 LALEHZARI**

15 **ALI POURMOLA**
 16 P.O. Box 49251
 Los Angeles, CA 90049
 17 Pharmacist License No. RPH 48035,

18 and

19 **MOSHE LALEHZARI**
 1606 S. Shenandoah Street
 20 Los Angeles, CA 90035
 Pharmacist License No. RPH 59011

21 Respondent.

22
 23 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-
 24 entitled proceedings that the following matters are true:

25 **PARTIES**

26 1. Virginia Herold ("Complainant") is the Executive Officer of the Board of Pharmacy.
 27 She brought this action solely in her official capacity and is represented in this matter by Kamala
 28

1 D. Harris, Attorney General of the State of California, by Leslie A. Walden, Deputy Attorney
2 General.

3 2. Respondent Moshe Lalehzari ("Respondent") is represented in this proceeding by
4 attorney Tony Park, whose address is: Tony J. Park, Pharm.D., J.D., Law Office of Tony J. Park,
5 Inc., 2855 Michelle Drive, Suite 180, Irvine, CA 92606-1027.

6 JURISDICTION

7 3. Accusation No. 4907 was filed before the Board of Pharmacy (Board), Department of
8 Consumer Affairs, and is currently pending against Respondent. The original Accusation and all
9 other statutorily required documents were properly served on Respondent on September 5, 2014.
10 Respondent timely filed his Notice of Defense contesting the Accusation. The Accusation was
11 subsequently amended and the operative Accusation in the matter is the Third Amended
12 Accusation, which was served on October 26, 2015.

13 4. A copy of the Third Amended Accusation No. 4907 is attached as exhibit A and
14 incorporated herein by reference.

15 ADVISEMENT AND WAIVERS

16 5. Respondent has carefully read, fully discussed with counsel, and understands the
17 charges and allegations in the Third Amended Accusation No. 4907. Respondent has also
18 carefully read, fully discussed with counsel, and understands the effects of this Stipulated
19 Settlement and Disciplinary Order.

20 6. Respondent is fully aware of his legal rights in this matter, including the right to a
21 hearing on the charges and allegations in the Third Amended Accusation; the right to be
22 represented by counsel at his own expense; the right to confront and cross-examine the witnesses
23 against him; the right to present evidence and to testify on his own behalf; the right to the
24 issuance of subpoenas to compel the attendance of witnesses and the production of documents;
25 the right to reconsideration and court review of an adverse decision; and all other rights accorded
26 by the California Administrative Procedure Act and other applicable laws.

27 7. Respondent voluntarily, knowingly, and intelligently waives and gives up each and
28 every right set forth above.

CULPABILITY

8. Respondent understands and agrees that the charges and allegations in Accusation No. 4907, if proven at a hearing, constitute cause for imposing discipline upon his Pharmacist License No. 59011.

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

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

CONTINGENCY

11. This stipulation shall be subject to approval by the Board of Pharmacy. Respondent 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 or his counsel. By signing the stipulation, Respondent understands and agrees that he may not withdraw his 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.

12. 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.

13. 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.

14. 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 59011 issued to Respondent Moshe Lalehzari is revoked. However, the revocation is stayed and Respondent is placed on probation for four (4) 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:

- X 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
- X a plea of guilty or nolo contendere in any state or federal criminal proceeding to any criminal complaint, information or indictment
- X a conviction of any crime
- X 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.

2. 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

1 been compliance with all the terms and conditions of probation. Failure to submit timely reports
2 in a form as directed shall be considered a violation of probation. Any period(s) of delinquency
3 in submission of reports as directed may be added to the total period of probation. Moreover, if
4 the final probation report is not made as directed, probation shall be automatically extended until
5 such time as the final report is made and accepted by the board.

6 **3. Interview with the Board**

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

12 **4. Cooperate with Board Staff**

13 Respondent shall cooperate with the board's inspection program and with the board's
14 monitoring and investigation of respondent's compliance with the terms and conditions of his
15 probation. Failure to cooperate shall be considered a violation of probation.

16 **5. Continuing Education**

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

19 **6. Notice to Employers**

20 During the period of probation, respondent shall notify all present and prospective
21 employers of the decision in case number 4907 and the terms, conditions and restrictions imposed
22 on respondent by the decision, as follows:

23 Within thirty (30) days of the effective date of this decision, and within fifteen (15) days of
24 respondent undertaking any new employment, respondent shall cause his direct supervisor,
25 pharmacist-in-charge (including each new pharmacist-in-charge employed during respondent's
26 tenure of employment) and owner to report to the board in writing acknowledging that the listed
27 individual(s) has/have read the decision in case number 4907, and terms and conditions imposed
28

1 thereby. It shall be respondent's responsibility to ensure that his employer(s) and/or supervisor(s)
2 submit timely acknowledgment(s) to the board.

3 If respondent works for or is employed by or through a pharmacy employment service,
4 respondent must notify his direct supervisor, pharmacist-in-charge, and owner at every entity
5 licensed by the board of the terms and conditions of the decision in case number 4907 in advance
6 of the respondent commencing work at each licensed entity. A record of this notification must be
7 provided to the board upon request.

8 Furthermore, within thirty (30) days of the effective date of this decision, and within fifteen
9 (15) days of respondent undertaking any new employment by or through a pharmacy employment
10 service, respondent shall cause his direct supervisor with the pharmacy employment service to
11 report to the board in writing acknowledging that he has read the decision in case number 4907
12 and the terms and conditions imposed thereby. It shall be respondent's responsibility to ensure
13 that his employer(s) and/or supervisor(s) submit timely acknowledgment(s) to the board.

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

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

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

23 During the period of probation, respondent shall not supervise any intern pharmacist, be the
24 pharmacist-in-charge or designated representative-in-charge of any entity licensed by the board
25 nor serve as a consultant unless otherwise specified in this order. Assumption of any such
26 unauthorized supervision responsibilities shall be considered a violation of probation.

1 **8. Reimbursement of Board Costs**

2 As a condition precedent to successful completion of probation, respondent shall pay to the
3 board its costs of investigation and prosecution in the amount of \$1000.00.

4 Failure to pay costs by the deadline as directed shall be considered a violation of probation.

5 The filing of bankruptcy by respondent shall not relieve respondent of his responsibility to
6 reimburse the board its costs of investigation and prosecution.

7 **9. Probation Monitoring Costs**

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

12 **10. Status of License**

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

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

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

21 Following the effective date of this decision, should respondent cease practice due to
22 retirement or health, or be otherwise unable to satisfy the terms and conditions of probation,
23 respondent may tender his license to the board for surrender. The board or its designee shall have
24 the discretion whether to grant the request for surrender or take any other action it deems
25 appropriate and reasonable. Upon formal acceptance of the surrender of the license, respondent
26 will no longer be subject to the terms and conditions of probation. This surrender constitutes a
27 record of discipline and shall become a part of the respondent's license history with the board.
28

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

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

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

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

16 **13. Tolling of Probation**

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

23 Should respondent, regardless of residency, for any reason (including vacation) cease
24 practicing as a pharmacist for a minimum of 40 hours per calendar month in California,
25 respondent must notify the board in writing within ten (10) days of the cessation of practice, and
26 must further notify the board in writing within ten (10) days of the resumption of practice. Any
27 failure to provide such notification(s) shall be considered a violation of probation.
28

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

4 "Cessation of practice" means any calendar month during which respondent is
5 not practicing as a pharmacist for at least 40 hours, as defined by Business and
6 Professions Code section 4000 et seq. "Resumption of practice" means any calendar
7 month during which respondent is practicing as a pharmacist for at least 40 hours as a
8 pharmacist as defined by Business and Professions Code section 4000 et seq.

9 **14. Violation of Probation**

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

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

23 **15. Completion of Probation**

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

26 **16. Remedial Education**

27 Within one year sixty (60) days of the effective date of this decision, respondent shall
28 submit to the board or its designee, for prior approval, an appropriate program of remedial

1 education related to compounding. The program of remedial education shall consist of at least
 2 ten (10) hours, which shall be completed within twelve months at respondent's own expense. All
 3 remedial education shall be in addition to, and shall not be credited toward, continuing education
 4 (CE) courses used for license renewal purposes.

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

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

14 ACCEPTANCE

15 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
 16 discussed it with my attorney, Tony Park. I understand the stipulation and the effect it will have
 17 on my Pharmacist License. I enter into this Stipulated Settlement and Disciplinary Order
 18 voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the
 19 Board of Pharmacy.

20
 21 DATED: 8/5/16



 22 MOSHE LALEHZARI
 23 Respondent

24 ///

25 ///

26 I have read and fully discussed with Respondent Moshe Lalehzari the terms and conditions
 27 and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve
 28 its form and content.

1
2 DATED: 08/07/2016


Tony Park
Attorney for Respondent

3
4
5 ENDORSEMENT

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

8 Dated:

Respectfully submitted,

9 KAMALA D. HARRIS
Attorney General of California
10 MARC D. GREENBAUM
Supervising Deputy Attorney General

11
12
13 LESLIE A. WALDEN
Deputy Attorney General
14 *Attorneys for Complainant*

15
16 LA2013510143
17 61822185.doc

Exhibit A**Accusation No. 4907**

1 KAMALA D. HARRIS
 Attorney General of California
 2 MARC D. GREENBAUM
 Supervising Deputy Attorney General
 3 LESLIE A. WALDEN
 Deputy Attorney General
 4 State Bar No. 196882
 300 So. Spring Street, Suite 1702
 5 Los Angeles, CA 90013
 Telephone: (213) 897-3465
 6 Facsimile: (213) 897-2804
Attorneys for Complainant

7
 8 **BEFORE THE**
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
 9 **STATE OF CALIFORNIA**

10 In the Matter of the Third Amended
 11 Accusation Against:

Case No. 4907

12 **COMPLETE INFUSION CARE;**
 13 **Pharmacy Permit No. PHY 46839,**
 14 **Sterile Compounding License No. LSC**
99250

THIRD AMENDED ACCUSATION

15 **ALI POURMOLA**
 16 **Pharmacist License No. RPH 48035**

17 **MOSHE LALEHZARI ;**
 18 **Pharmacist License No. RPH 59011**

19 **8588 Venice Blvd.**
Los Angeles, CA 90034

20
 21 Respondent.
 22

23 Complainant alleges:

24 **PARTIES**

25 1. Virginia Herold (Complainant) brings this Third Amended Accusation solely in her
 26 official capacity as the Executive Officer of the Board of Pharmacy, Department of Consumer
 27 Affairs.
 28

2. On or about September 22, 2004, the Board of Pharmacy issued Pharmacy Permit Number PHY 46839 to Complete Infusion Care; Ali Pourmola (Respondent). The Pharmacy Permit will expire on September 1, 2015, unless renewed.

3. On or about November 15, 2004, the Board of Pharmacy issued Sterile Compounding License Number LSC 99250 to Complete Infusion Care; Ali Pourmola (Respondent). The Sterile Compounding License will expire on September 1, 2015, unless renewed.

4. On or about August 8, 1995, the Board of Pharmacy issued Pharmacist License Number RPH 48035 to Ali Pourmola (Respondent). The Pharmacy License is in full force and effect and expires on October 31, 2016, unless renewed.

5. On or about October 17, 2006, the Board of Pharmacy issued Pharmacist License Number RPH 59011 to Moshe Lalehzari (Respondent). The Pharmacy License is in full force and effect and expires on March 31, 2016, unless renewed.

JURISDICTION

6. This Third Amended Accusation is brought before the Board of Pharmacy (Board), Department of Consumer Affairs, under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.

7. Section 4300 of the Code states:

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

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

"(1) Suspending judgment.

"(2) Placing him or her upon probation.

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

"(4) Revoking his or her license.

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

1 "(c) The board may refuse a license to any applicant guilty of unprofessional conduct. The
2 board may, in its sole discretion, issue a probationary license to any applicant for a license who is
3 guilty of unprofessional conduct and who has met all other requirements for licensure. The board
4 may issue the license subject to any terms or conditions not contrary to public policy, including,
5 but not limited to, the following:

6 "(1) Medical or psychiatric evaluation.

7 "(2) Continuing medical or psychiatric treatment.

8 "(3) Restriction of type or circumstances of practice.

9 "(4) Continuing participation in a board-approved rehabilitation program.

10 "(5) Abstention from the use of alcohol or drugs.

11 "(6) Random fluid testing for alcohol or drugs.

12 "(7) Compliance with laws and regulations governing the practice of pharmacy.

13 "(d) The board may initiate disciplinary proceedings to revoke or suspend any probationary
14 certificate of licensure for any violation of the terms and conditions of probation. Upon
15 satisfactory completion of probation, the board shall convert the probationary certificate to a
16 regular certificate, free of conditions.

17 "(e) The proceedings under this article shall be conducted in accordance with Chapter 5
18 (commencing with Section 11500) of Part 1 of Division 3 of the Government Code, and the board
19 shall have all the powers granted therein. The action shall be final, except that the propriety of
20 the action is subject to review by the superior court pursuant to Section 1094.5 of the Code of
21 Civil Procedure."

22 8. Section 4301 of the Code states:

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

26 "(f) The commission of any act involving moral turpitude, dishonesty, fraud, deceit, or
27 corruption, whether the act is committed in the course of relations as a licensee or otherwise, and
28 whether the act is a felony or misdemeanor or not.

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

3 ...

4 "(o) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the
5 violation of or conspiring to violate any provision or term of this chapter or of the applicable
6 federal and state laws and regulations governing pharmacy, including regulations established by
7 the board or by any other state or federal regulatory agency.

8 "(p) Actions or conduct that would have warranted denial of a license.

9 9. Section 4300.1 of the Code states:

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

15 10. Section 4076 of the Code states:

16 "(a) A pharmacist shall not dispense any prescription except in a container that meets the
17 requirements of state and federal law and is correctly labeled with all of the following:

18 "..."

19 (9) The expiration date of the effectiveness of the drug dispensed.

20 "...."

21 11. Section 4342 of the Code states:

22 "(a) The board may institute any action or actions as may be provided by law and that, in its
23 discretion, are necessary, to prevent the sale of pharmaceutical preparations and drugs that do not
24 conform to the standard and tests as to quality and strength, provided in the latest edition of the
25 United States Pharmacopoeia or the National Formulary, or that violate any provision of the
26 Sherman Food, Drug and Cosmetic Law (Part 5 (commencing with Section 109875) of Division
27 104 of the Health and Safety Code)."

1 “(b) Any knowing or willful violation of any regulation adopted pursuant to Section 4006
2 shall be subject to punishment in the same manner as is provided in Sections 4336 and 4321.”

3 12. Section 4169 of the Code states:

4 “(a) A person or entity may not do any of the following:

5 “...”

6 “(3) Purchase, trade, sell, or transfer dangerous drugs that the person knew or reasonably
7 should have known were misbranded, as defined in Section 111335 of the Health and Safety
8 Code.”

9 “...”

10 13. Section 4307 of the Code states:

11 “Individuals with Denied, Revoked, Suspended, etc. Licenses Prohibited From Pharmacy
12 Ownership or Association with Board Licensed Entities”

13 “(a) Any person who has been denied a license or whose license has been revoked or is
14 under suspension, or who has failed to renew his or her license while it was under suspension, or
15 who has been a manager, administrator, owner, member, officer, director, associate, or partner of
16 any partnership, corporation, firm, or association whose application for a license has been denied
17 or revoked, is under suspension or has been placed on probation, and while acting as the manager,
18 administrator, owner, member, officer, director, associate, or partner had knowledge of or
19 knowingly participated in any conduct for which the license was denied, revoked, suspended, or
20 placed on probation, shall be prohibited from serving as a manager, administrator, owner,
21 member, officer, director, associate, or partner of a licensee as follows:

22 “(1) Where a probationary license is issued or where an existing license is placed on
23 probation, this prohibition shall remain in effect for a period not to exceed five years.

24 “(2) Where the license is denied or revoked, the prohibition shall continue until the license
25 is issued or reinstated.

26 “(b) “Manager, administrator, owner, member, officer, director, associate, or partner,” as
27 used in this section and Section 4308, may refer to a pharmacist or to any other person who serves
28 in that capacity in or for a licensee.

1 “(c) The provisions of subdivision (a) may be alleged in any pleading filed pursuant to
 2 Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of the Government Code.
 3 However, no order may be issued in that case except as to a person who is named in the caption,
 4 as to whom the pleading alleges the applicability of this section, and where the person has been
 5 given notice of the proceeding as required by Chapter 5 (commencing with Section 11500) of Part
 6 1 of Division 3 of the Government Code. The authority to proceed as provided by this subdivision
 7 shall be in addition to the board's authority to proceed under Section 4339 or any other provision
 8 of law.”

9 REGULATIONS

10 14. California Code of Regulations, title 16, section 1770, states:

11 "For the purpose of denial, suspension, or revocation of a personal or facility license
 12 pursuant to Division 1.5 (commencing with Section 475) of the Business and Professions Code, a
 13 crime or act shall be considered substantially related to the qualifications, functions or duties of a
 14 licensee or registrant if to a substantial degree it evidences present or potential unfitness of a
 15 licensee or registrant to perform the functions authorized by his license or registration in a manner
 16 consistent with the public health, safety, or welfare."

17 15. California Code of Regulations, title 16, section 1751.6, subdivisions (a) (b) and (c)
 18 states:

19 “(a) Consultation shall be available to the patient and/or primary caregiver concerning
 20 proper use of sterile injectable products and related supplies furnished by the pharmacy.”

21 “(b) The pharmacist-in-charge shall be responsible to ensure all pharmacy personnel
 22 engaging in compounding sterile injectable drug products shall have training and demonstrated
 23 competence in the safe handling and compounding of sterile injectable products, including
 24 cytotoxic agents if the pharmacy compounds products with cytotoxic agents.”

25 “(c) Records of training and demonstrated competence shall be available for each individual
 26 and shall be retained for three years beyond the period of employment.”

27 16. California Code of Regulations, title 16, section 1735.2 subdivision (d)(5), states:

28 “...”

1 “(d) A drug product shall not be compounded until the pharmacy has first prepared a
2 written master formula record that includes at least the following elements:”

3 “...”

4 “(5) Process and/or procedure used to prepare the drug.”

5 17. California Code of Regulations, title 16, section 1735.3 subdivision (a)(7), states:

6 “(a) For each compounded drug product, the pharmacy records shall include:

7 “...”

8 “(7) A pharmacy assigned reference or lot number for the compounded drug
9 product.”

10 18. California Code of Regulations, title 16, section 1761 subdivision (a) states:

11 “(a) No pharmacist shall compound or dispense any prescription which contains any
12 significant error, omission, irregularity, uncertainty, ambiguity or alteration. Upon receipt of any
13 such prescription, the pharmacist shall contact the prescriber to obtain the information needed to
14 validate the prescription.”

15 19. California Code of Regulations, title 16, section 1751.2 subdivision (c) states:

16 “‘In addition to the labeling information required under Business and Professions Code
17 section 4076 and section 1735.4, a pharmacy which compounds sterile injectable products shall
18 include the following information on the labels for those products:

19 “...”

20 “(c) Instructions for storage and handling.”

21 “....”

22 20. California Code of Regulations, title 16, section 1735.4 states:

23 “(a) In addition to the labeling information required under Business and Professions Code
24 section 4076, the label of a compounded drug product shall contain the generic name(s) of the
25 principal active ingredient(s).”

26 “(b) A statement that the drug has been compounded by the pharmacy shall be included on
27 the container or on the receipt provided to the patient.”

28

1 “(c) Drug products compounded into unit-dose containers that are too small or otherwise
2 impractical for full compliance with subdivisions (a) and (b) shall be labeled with at least the
3 name(s) of the active ingredient(s), concentration or strength, volume or weight, pharmacy
4 reference or lot number, and expiration date.”

5 21. California Code of Regulations, title 16, section 1735.3 subdivision (a)(2) states:

6 “(a) For each compounded drug product, the pharmacy records shall include:

7 “...”

8 “(2) The date the drug product was compounded.”

9 “(3) The identity of the pharmacy personnel who compounded the drug product.”

10 “(4) The identity of the pharmacist reviewing the final drug product.”

11 “...”

12 “(6) The manufacturer, expiration date and lot number of each component. If the
13 manufacturer name is demonstrably unavailable, the name of the supplier may be substituted.
14 Exempt from the requirements in this paragraph are sterile products compounded on a one-time
15 basis for administration within seventy-two (72) hours and stored in accordance with standards
16 for “Redispensed CUPS” found in Chapter 797 of the United States Pharmacopeia - National
17 Formulary (USP-NF) (35th Revision, Effective May 1, 2012), hereby incorporated by reference,
18 to an inpatient in a health care facility licensed under section 1250 of the Health and Safety
19 Code.”

20 “...”

21 COSTS

22 22. Section 125.3 of the Code states, in pertinent part, that the Board may request the
23 administrative law judge to direct a licensee found to have committed a violation or violations of
24 the licensing act to pay a sum not to exceed the reasonable costs of the investigation and
25 enforcement of the case.

26 ///

27 ///

28

DANGEROUS DRUGS AND CONTROLLED SUBSTANCES

23. **Heparin**: Heparin is a dangerous drug pursuant to Business and Professions Code section 4022, and is used as an anticoagulant in the prevention and treatment of thrombosis and embolism and is a dangerous drug pursuant to Business and Professions Code section 4022.

24. **Ceftriaxone**: Ceftriaxone is a dangerous drug pursuant to Business and Professions Code section 4022, and is used as a prescription antibiotic.

25. **Carimune**: Carimune is a dangerous drug pursuant to Business and Professions Code section 4022, and is used to treat immune deficiencies.

26. **Morphine**: Morphine is a Schedule II controlled substance pursuant to Health and Safety Code section 11055(b)(1)(L) and a dangerous drug pursuant to Business and Professions Code section 4022, and is used to treat severe pain.

27. **Bupivacaine**: Bupivacaine is a dangerous drug pursuant to Business and Professions Code section 4022, and is used as a local anesthetic.

FIRST CAUSE FOR DISCIPLINE

[Unprofessional Conduct (Staff Training of Injectable Compounding) - Complete Infusion Care and Moshe Lalehzari]

28. Respondents Complete Infusion Care and Moshe Lalehzari are subject to disciplinary action under Business and Professions Code section 4301, subdivision (o) in conjunction with California Code of Regulations, title 16, section 1751.6, subdivisions (b) and (c) in that the Respondents failed to ensure all pharmacy personnel engaging in compounding sterile injectable drug products had training and had demonstrated competence in the safe handling and compounding of sterile injectable products, and that records of training were available for each individual for three years beyond employment. The circumstances are as follows:

29. On or about October 16, 2012 an onsite inspection by the Board of Pharmacy revealed that Complete Infusion Care and pharmacist-in-charge Moshe Lalehzari did not have training records of demonstrated competencies for pharmacy personnel.

////

SECOND CAUSE FOR DISCIPLINE

[Unprofessional Conduct (Compounding Limitations and Requirements) - Complete Infusion
Care and Moshe Lalehzari]

30. Respondents Complete Infusion Care and Moshe Lalehzari are subject to disciplinary action under Business and Professions Code section 4301, subdivision (o) in conjunction with California Code of Regulations, title 16, section 1735.2 subdivision (d)(5) where prior to compounding drug products, Respondents failed to prepare a written master formula record that included at least a process or procedure used to prepare the drug. The circumstances are as follows:

31. On or about October 16, 2012, an onsite inspection by the Board of Pharmacy revealed that at Complete Infusion Care, the compounding records dated January 23, 2012 for RX 6850 and June 7, 2012 for RX 8437 for patient C.B. prepared by pharmacist-in-charge Moshe Lalehzari did not have the process or procedure used to prepare and compound the preservative free non-sterile to sterile morphine 50 mg/ml + bupivacaine 30 mg/ml compound on the Compound Sheet under "Mix Instructions".

THIRD CAUSE FOR DISCIPLINE

[Unprofessional Conduct (Record Keeping of Compounded Drug Products) - Complete Infusion
Care and Moshe Lalehzari]

32. Respondents Complete Infusion Care and Moshe Lalehzari are subject to disciplinary action under Business and Professions Code section 4301, subdivision (o) in conjunction with California Code of Regulations, title 16, section 1735.3 subdivision (a), which states (a) for each compounded drug product, the pharmacy records failed to include: (7) the equipment used in compounding the drug product. The circumstances are as follows:

33. On or about October 16, 2012, an onsite inspection by the Board of Pharmacy revealed that at Complete Infusion Care, the compounding records dated January 23, 2012 for RX

6850 and June 7, 2012 for RX 8437 for patient C.B.¹ prepared by pharmacist-in-charge Moshe Lalehzari did not document the equipment used in the compounding of the preservative free non-sterile to sterile morphine 50 mg/ml + bupivacaine 30 mg/ml compound on the Compound Sheet.

FOURTH CAUSE FOR DISCIPLINE

[Unprofessional Conduct (Fraudulent Billing) - Complete Infusion Care, Ali Pourmola]

34. Respondent Complete Infusion Care and Ali Pourmola are subject to disciplinary action under Business and Professions Code section 4301, subdivisions (f) and (g) in that Respondent committed unprofessional conduct due to the commission of acts involving moral turpitude, dishonesty, fraud, deceit, or corruption, by knowingly making or signing any certificate or other document that falsely represents the existence or nonexistence of a state of facts. The circumstances are as follows:

35. On or about March 12, 2010, Respondent fraudulently billed Anthem Blue Shield for services not rendered to patient K.W. as follows:

a) Claim #956, Date of Service: February 24, 2010; Service Codes S1015, J0696 and S9500 totaling \$7,438.80.

b) Claim #957, Date of Service: February 24, 2010; Service Codes A4216, J1644, S9590, totaling \$6,686.05.

36. On or about July 31, 2011, Respondent fraudulently re-billed Anthem Blue Shield, changing the codes for services on Patient K.W. on the following dates:

a) Claim #6229, Date of Service: February 24, 2010, Service Code S9336 totaling \$3,500.00.

b) Claim #6230, Date of Service: February 24, 2010, Service Code S9336 totaling \$3,772.50.

c) Claim #6231, Date of Service: February 17, 2010, Service Code S5501 totaling \$6,772.50.

¹ The patient's initials are used throughout this pleading in lieu of the patient name in order to protect patient privacy rights.

1 d) Claim #6232, Date of Service: February 17, 2010, Service Code S9810 totaling
2 \$4,000.00.

3 e) Claim #6233, Date of Service: February 18, 2010, Service Code 99601 totaling
4 \$3,500.00.

5 f) Claim #6234, Date of Service: February 19, 2010, Service Code 99601 totaling
6 \$3,500.00.

7 **FIFTH CAUSE FOR DISCIPLINE**

8 [Sale of Drugs Lacking Quality of Strength - Complete Infusion Care and Moshe Lalehzari]

9 37. Respondents Complete Infusion Care and Moshe Lalehzari are subject to disciplinary
10 action under Business and Professions Code section 4342 and 4169 subdivision (a)(3) in that
11 Respondents sold and/or transferred dangerous drugs that a reasonable person would know or
12 reasonably should have known were misbranded. The circumstances are as follows:

13 38. On or about March 8, 2012, April 9, 2012, and May 25, 2012, Respondent Moshe
14 Lalehzari, while working at Complete Infusion Care located at 8588 Venice Blvd., Los Angeles
15 CA 90034, dispensed sterile injectable compound Carimune 20gm RX Nos. 7267, 7673, and
16 8258 with labeled expiration dates of six (6) days, six (6) days and three (3) days, respectively,
17 after preparation. The manufacturers beyond the use date for Carimune was within twenty-four
18 hours of reconstitution of the drug. Complete Infusion Care conducted and obtained extended
19 stability and potency testing results for Carimune on April 25, 2014, but did not have extended
20 stability and potency data at the time the Carimune was dispensed on March 8, 2012, April 9,
21 2012, and May 25, 2012.

22 **SIXTH CAUSE FOR DISCIPLINE**

23 [Erroneous or Uncertain Prescription - Complete Infusion Care, Moshe Lalehzari and Ali
24 Pourmola]

25 39. Respondents Complete Infusion Care, Moshe Lalehzari and Ali Pourmola are subject
26 to disciplinary action under Business and Professions Code section 4300 in conjunction with
27 California Code of Regulations, title 16, section 1761 subdivision (a) in that Respondents
28 dispensed a prescription which contained significant errors, omissions, irregularities,

uncertainties, ambiguities, or alterations without contacting the prescriber for clarification. The circumstances are as follows:

40. On or about March 8, 2012, April 9, 2012, and May 22, 2012, Respondents Moshe Lalehzari and Ali Pourmola while working at Complete Infusion Care located at 8588 Venice Blvd., Los Angeles CA 90034, dispensed uncertain and ambiguous prescriptions for Carimune 20gm RX, Nos. 7267, 7673, and 8258 to patient E.L.² without first clarifying the dose of the prescriptions with the prescriber. Specifically, E.L.'s Carimune prescriptions were written incorrectly for a daily dose of "0.4 mg/kg" for a calculated dose of 20mg per day and not the correct dose of "0.4gm/kg" for a calculated dose of 20gm per day. The prescriptions were dispensed by Respondents without first obtaining clarification of the correct ordered dose from the prescriber.

SEVENTH CAUSE FOR DISCIPLINE

[Labeling Requirements - Complete Infusion Care and Moshe Lalehzari]

41. Respondents Complete Infusion Care and Moshe Lalehzari are subject to disciplinary action under Business and Professions Code section 4076 subdivision (a)(9) which precludes a pharmacist from dispensing any prescription unless in a container that is correctly labeled with the expiration dates of the effectiveness of the drug dispensed. The circumstances are as follows:

42. On or about May 25, 2012, Respondent Moshe Lalehzari, while working at Complete Infusion Care located at 8588 Venice Blvd., Los Angeles CA 90034, dispensed five bags of Carimune RX# 8258 to patient E.L. labeled with the incorrect expiration date of May 28, 2012. Specifically, on or about May 25, 2012, Respondent Moshe Lalehzari dispensed a five (5) day course of Carimune 20gm RX # 8258 with a labeled expiration dated of May 28, 2012, which resulted in the last two (2) days of the five (5) day Carimune doses being labeled as expired at the time of use.

////

² Patient initials are used in lieu of real names in order to protect the privacy rights of the individuals.

EIGHTH CAUSE FOR DISCIPLINE

[Sterile Injectable Labeling Requirements - Complete Infusion Care and Moshe Lalehzari]

43. Respondents Complete Infusion Care and Moshe Lalehzari are subject to disciplinary action under Business and Professions Code section 4076 in conjunction with California Code of Regulations, title 16, section 1751.2 and 1735.4, which requires a pharmacy that compounds sterile injectable products to include on the label the instructions for storage and handling. The circumstances are as follows:

44. On or about March 8, 2012 and April 9, 2012, Respondent Moshe Lalehzari while working at Complete Infusion Care located at 8588 Venice Blvd., Los Angeles CA 90034, dispensed Carimune 20gm RX Nos. 7267 and 7673 labeled with instructions to store medication at room temperature instead of being stored by the required method of refrigeration.

NINTH CAUSE FOR DISCIPLINE

[Records of Compounding Products - Complete Infusion Care and Moshe Lalehzari]

45. Respondents Complete Infusion Care and Moshe Lalehzari are subject to disciplinary action under Business and Professions Code section 4300 in conjunction with California Code of Regulations, title 16, section 1735.3 subdivisions (a)(2), (3), (4), (6), and (10), which requires for each compounded product, that the pharmacy records include the date the drug was compounded, the identity of the pharmacy personnel who compounded the product, the identity of the pharmacist reviewing the final product, the manufacturer and a lot number of each component, and the quantity or amount of the drug compounded. The circumstances are as follows:

46. On or about March 8, 2012, April 9, 2012, and May 25, 2012, Respondent Moshe Lalehzari, while working at Complete Infusion Care located at 8588 Venice Blvd., Los Angeles CA 90034, dispensed sterile injectable compound Carimune 20gm, RX nos. 7267, 7673 and 8258 without maintaining proper compounding records for each of the products dispensed.

OTHER MATTERS

173. Pursuant to Code section 4307, if discipline is imposed on Pharmacy Permit Number PHY 46839 or Sterile Compounding License Number LSC 99250, issued to Complete Infusion Care, and Ali Pourmola (Pourmola) while acting as the manager,

1 administrator, owner, member, officer, director, associate, or partner of Complete Infusion Care
2 had knowledge of or knowingly participated in any conduct for which Pharmacy Permit Number
3 PHY 46939 or Sterile Compounding License Number LSC 99250, issued to Complete Infusion
4 Care was revoked, suspended or placed on probation, Pourmola shall be prohibited from serving
5 as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee
6 for five years if Pharmacy Permit Number PHY 46839 or Sterile Compounding License Number
7 LSC 99250, issued to Complete Infusion Care is placed on probation or until Pharmacy Permit
8 Number PHY 46839 or Sterile Compounding License Number LSC 99250, issued to Complete
9 Infusion Care is reinstated if it is revoked.

10 **DISCIPLINE CONSIDERATIONS**

11 47. To determine the degree of discipline, if any, to be imposed on Respondents,
12 Complainant alleges as follows:

13 a) On or about October 15, 2009, in a prior action, the Board of Pharmacy issued
14 Citation Number CI 2009 41466 to Respondent Ali Pourmola for violations of Business and
15 Professions Code section 4059, subdivision (a) (furnishing dangerous drugs without prescription)
16 and Health & Safety Code section 11200, subdivision (c) (no prescription for Schedule II
17 substance may be refilled). Respondent was ordered to pay \$4000. On or about March 21, 2012,
18 the Citation was modified and reduced. Respondent was ordered to pay \$1000. That Citation is
19 now final and is incorporated by reference as if fully set forth.

20 b) On or about October 15, 2009, in a prior action, the Board of Pharmacy issued
21 Citation Number CI 2008 38864 to Respondent Complete Infusion Care for violations of
22 Business and Professions Code section 4059, subdivision (a) (furnishing dangerous drugs without
23 prescription) and Health & Safety Code section 11200, subdivision (c) (no prescription for
24 Schedule II substance may be refilled). Respondent was ordered to pay \$4000. On or about April
25 20, 2012, the Citation was modified and reduced. Respondent was ordered to pay \$1500. That
26 Citation is now final and is incorporated by reference as if fully set forth.
27
28

1 c) On or about July 1, 2013, in a prior action, the Board of Pharmacy issued
 2 Citation Number CI 2012 53606 to Respondent Complete Infusion Care for violations of
 3 Business and Professions Code Section 4115 subdivision (e) and California Code of Regulations
 4 section 1793.2 subdivision (b) (no person shall act as a pharmacy technician without being
 5 licensed by the Board) and ordered Respondent to pay \$1000. That Citation is now final and is
 6 incorporated by reference as if fully set forth.

7 d) On or about July 1, 2013, in a prior action, the Board of Pharmacy issued
 8 Citation Number CI 2012 57415 to Respondent Moshe Lalehzari for violations of Business and
 9 Professions Code Section 4115 subdivision (e) and California Code of Regulations section 1793.2
 10 subdivision (b) (no person shall act as a pharmacy technician without being licensed by the
 11 Board) and ordered Respondent to pay \$1000. That Citation is now final and is incorporated by
 12 reference as if fully set forth.

13 PRAYER

14 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,
 15 and that following the hearing, the Board of Pharmacy issue a decision:

16 1. Revoking or suspending Pharmacy Permit Number PHY 46839, issued to Complete
 17 Infusion Care; Ali Pourmola

18 2. Revoking or suspending Sterile Compounding License Number LSC 99250, issued to
 19 Complete Infusion Care; Ali Pourmola;

20 3. Revoking or suspending Pharmacy License Number RPH 48035 issued to Ali
 21 Pourmola;

22 4. Revoking or suspending Pharmacy License Number RPH 59011 issued to Moshe
 23 Lalehzari;

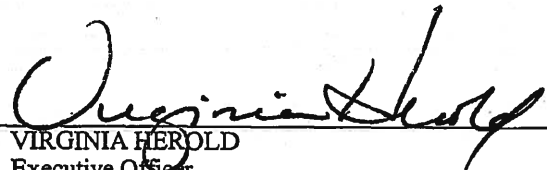
24 5. Prohibiting Ali Pourmola from serving as a manager, administrator, owner,
 25 member, officer, director, associate, or partner of a licensee for five years if Pharmacy Permit
 26 Number 46839 or Sterile Compounding License Number LSC 99250 issued to Complete Infusion
 27 Care is placed on probation or until Pharmacy Permit Number 46839 or Sterile Compounding
 28 License Number LSC 99250 issued to Complete Infusion Care is reinstated if Pharmacy Permit

1 Number 46839 or Sterile Compounding License Number LSC 99250 issued to Complete Infusion
2 Care issued is revoked;

3 6. Ordering Complete Infusion Care, Ali Pourmola and Moshe Lalehzari to pay the
4 Board of Pharmacy the reasonable costs of the investigation and enforcement of this case,
5 pursuant to Business and Professions Code section 125.3; and

6 7. Taking such other and further action as deemed necessary and proper.
7

8
9 DATED: 10/26/15


10 VIRGINIA HEROLD
11 Executive Officer
12 Board of Pharmacy
13 Department of Consumer Affairs
14 State of California
15 Complainant

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10B



.....DO NOT FOLD OR STAPLE ABOVE THIS LINE.....

Nevada State Board of Pharmacy – Renewal Application - PHARMACIST

431 W Plumb Lane • Reno, NV 89509 • bop.nv.gov

For the period of November 1, 2015 to October 31, 2017

Money Order ONLY (NO BUSINESS or PERSONAL CHECKS, NO CASH)

\$180.00 (postmarked on or before 10/31/2015) **OR** \$320.00 (postmarked after 10/31/2015)

LICENSE: 13105

Phic Kaing Lim
LUCRETIA AVE,
Los Angeles, CA 90026

Please make any changes to name or address next to the old information

Must be postmarked no later

than

or late fees will apply!

RENEW BY MAIL

1. Complete **ALL** sections on this form
2. Sign and date this form
3. Send **MO** with this form (do **NOT** staple)
4. Mail **original** form/payment to address above
5. **NO COPIES**
6. **NO SIGNATURE STAMPS ACCEPTED**

<OR>

RENEW ONLINE

1. Go to <http://bop.nv.gov>
2. Click "Applications" then, "License Renewal", FOLLOW instructions
3. Use: **USER ID: PKLIM98@GMAIL.COM**

PASSWORD: *****

**New Users: once logged in, when asked for OLD password, use the above password, then change*

Section 1: Since your last renewal or recent licensure have you: (Please fill in completely) 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?..... ☐ ☒

1. Been charged, arrested or convicted of a felony or misdemeanor in any state? ☒ ☐
2. Been the subject of a board citation or an administrative action whether completed or pending in any state?..... ☒ ☐
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?..... ☐ ☒

If you marked YES to any of the numbered questions (1-3) above, include the following information & letter of explanation:

Board Administrative Action: State Date: Case #:

CA 4/17/2014 4873
CA 4906

Criminal Action: State Date: Case #: County Court

CA October 12011 CR11-10755 SD Los Angeles US Court Central District

Section 2: Are you the subject of a court order for the support of a child?..... ☐ ☒ Yes No

IF you marked YES to the question above, are you in compliance with the court order?..... ☐ ☒

Section 3: (Fees apply to either status) (see colored insert for details)

By signing below, you certify that you have completed **ALL** required CE Hours due for the 15/17 Renewal period. (Dated from Nov. 1, 13 – Oct. 31, 15; 1.25hrs per mo.). The exemption period is 2yrs after graduation only.

OR you may check the box for Inactive if you did NOT complete CE.

Inactive - ☐ By checking this box you certify that you are **NOT** practicing in NV and do not wish to comply with the CE requirements of NV and would like your license changed to **inactive** status. Before re-activating your license it will be necessary to submit an application and to become compliant with current CE requirements (NAC 639.219). See reverse of insert for more information.

Section 4: NON-DISCIPLINARY STATE-MANDATED QUESTIONS

1. Though it is **NOT** required to have, SB21 requires the Board to ask if you have a Nevada State Business license and if you do, please provide the #: _____ Leave blank if non-applicable

2. Have you ever served in the military, either active, reserve or retired? Yes ☐ No ☒ Branch: _____

Military Occupation/Specialty: _____ Dates of Service: _____

Section 5: It is a violation of Nevada law to falsify this application and sanctions will be imposed for misrepresentation. I hereby certify that I have read this application. I certify that all statements made are true and correct. I attest to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices. I understand that Nevada law requires a licensed pharmacist who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Original Signature: _____ Date: 10/1/15/2015

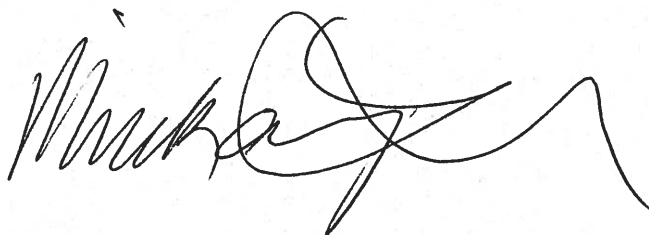
11/5/15

Explanation

Administration hearing cases # 4873 and 4906 involve excessive dispensing controlled medications without due diligence. The cases are still pending hearing in December 2015.

Case CR 11-1075-SJO involve Medi-Cal and Medicare fraud since November 2011. The case is still pending.

Phic Lim,





Related Licenses/Registrations/Permits

[http://www2.dca.ca.gov/pls/wllpub/WLLQRYNA\\$LCEV2.QueryView?P_LICENSE_NUM...](http://www2.dca.ca.gov/pls/wllpub/WLLQRYNA$LCEV2.QueryView?P_LICENSE_NUM...) 7/3/2018

99632 GEMMEL PHARMACY OF ONTARIO

LICENSED STERILE
COMPOUNDING

CANCELLED

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: AC201300490600

Description of Action: THESE PROCEEDINGS ARE CONCLUDED WITHOUT THE IMPOSITION OF DISCIPLINE.

Effective Date of Action: May 02, 2018

Public documents relating to this action are available here:
<http://www.pharmacy.ca.gov/enforcement/afy1314/ac134906>

Case Number: AC201300487300

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 THREE YEARS SUBJECT TO THE TERMS AND CONDITIONS IN THE DECISION.

Effective Date of Action: May 02, 2018

Public documents relating to this action are available here:
<http://www.pharmacy.ca.gov/enforcement/fy1314/ac134873>

This information is updated Monday through Friday - Last updated: JUL-02-2018

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

11 In the Matter of the Accusation Against:

Case No. 4873

12 **GEMMEL PHARMACY INC., DBA B & B**
 13 **PHARMACY; PHIC LIM; STANLEY**
 14 **MARC SCHWARTZ**
 10244 Rosecrans Ave.
 Bellflower, CA 90706

A C C U S A T I O N

15 Pharmacy Permit No. PHY 49825,

16 **PHIC LIM**
 17 1107 Fair Oaks Avenue, #148
 South Pasadena, CA 91030

18 Pharmacist License No. RPH 49175,

19 and

20 **STANLEY MARC SCHWARTZ**
 21 4656 Adagio Lane
 Cypress, CA 90630

22 Pharmacist License No. RPH 32928

23 Respondents.
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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 March 23, 2009, the Board issued Pharmacy Permit Number PHY 49825
6 to Gemmel Pharmacy Inc., dba B & B Pharmacy; Phic Lim¹; Stanley Marc Schwartz²
7 (Respondent Pharmacy). The Pharmacy Permit expired on March 1, 2012, and has not been
8 renewed.

9 3. On or about October 22, 1996, the Board issued Pharmacist License Number RPH
10 49175 to Phic Lim (Respondent Lim). The Pharmacist License was in full force and effect at all
11 times relevant to the charges brought herein and will expire on December 31, 2015, if not
12 renewed.

13 4. On or about August 9, 1979, the Board issued Pharmacist License Number RPH
14 32928 to Stanley Marc Schwartz (Respondent Schwartz). The Pharmacist License was in full
15 force and effect at all times relevant to the charges brought herein and will expire on June 30,
16 2015, unless renewed.

17 **JURISDICTION**

18 5. This Accusation is brought before the Board the authority of the following laws. All
19 section references are to the Business and Professions Code ("Code") unless otherwise indicated.

20 6. Section 4300 of the Code states, in pertinent part:

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

22 7. Section 4300.1 of the Code states:

23 "The expiration, cancellation, forfeiture, or suspension of a board-issued license by
24 operation of law or by order or decision of the board or a court of law, the placement of a license

25 ¹ Phic Lim was the Secretary from March 23, 2009 to December 23, 2011, and the
26 Pharmacist-in-Charge from March 23, 2009 to February 28, 2010.

27 ² Stanley Schwarz was the Pharmacist-in-Charge from March 1, 2010 to December 23,
28 2011.

1 on a retired status, or the voluntary surrender of a license by a licensee shall not deprive the board
 2 of jurisdiction to commence or proceed with any investigation of, or action or disciplinary
 3 proceeding against, the licensee or to render a decision suspending or revoking the license."

4 STATUTORY PROVISIONS

5 8. Section 4301 of the Code states:

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

9

10 "(d) The clearly excessive furnishing of controlled substances in violation of subdivision (a)
 11 of Section 11153 of the Health and Safety Code.

12 "(e) The clearly excessive furnishing of controlled substances in violation of subdivision (a)
 13 of Section 11153.5 of the Health and Safety Code. Factors to be considered in determining
 14 whether the furnishing of controlled substances is clearly excessive shall include, but not be
 15 limited to, the amount of controlled substances furnished, the previous ordering pattern of the
 16 customer (including size and frequency of orders), the type and size of the customer, and where
 17 and to whom the customer distributes its product.

18

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

21

22 "(o) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the
 23 violation of or conspiring to violate any provision or term of this chapter or of the applicable
 24 federal and state laws and regulations governing pharmacy, including regulations established by
 25 the board or by any other state or federal regulatory agency."

26 9. Section 4022 of the Code states:

27 "Dangerous drug" or "dangerous device" means any drug or device unsafe for self-use in
 28 humans or animals, and includes the following:

1 "(a) Any drug that bears the legend: "Caution: federal law prohibits dispensing without
2 prescription," "Rx only," or words of similar import.

3 "(b) Any device that bears the statement: "Caution: federal law restricts this device to sale
4 by or on the order of a _____," "Rx only," or words of similar import, the blank to be filled
5 in with the designation of the practitioner licensed to use or order use of the device.

6 "(c) Any other drug or device that by federal or state law can be lawfully dispensed only on
7 prescription or furnished pursuant to Section 4006."

8 10. Section 4081 of the Code provides:

9 "(a) All records of manufacture and of sale, acquisition, or disposition of dangerous drugs
10 or dangerous devices shall be at all times during business hours open to inspection by authorized
11 officers of the law, and shall be preserved for at least three years from the date of making. A
12 current inventory shall be kept by every manufacturer, wholesaler, pharmacy, veterinary food-
13 animal drug retailer, physician, dentist, podiatrist, veterinarian, laboratory, clinic, hospital,
14 institution, or establishment holding a currently valid and unrevoked certificate, license, permit,
15 registration, or exemption under Division 2 (commencing with Section 1200) of the Health and
16 Safety Code or under Part 4 (commencing with Section 16000) of Division 9 of the Welfare and
17 Institutions Code who maintains a stock of dangerous drugs or dangerous devices.

18 "(b) The owner, officer, and partner of a pharmacy, wholesaler, or veterinary food-animal
19 drug retailer shall be jointly responsible, with the pharmacist-in-charge or designated
20 representative-in charge, for maintaining the records and inventory described in this section."

21 11. Section 4105 of the Code provides:

22 "(a) All records or other documentation of the acquisition and disposition of dangerous
23 drugs and dangerous devices by any entity licensed by the board shall be retained on the licensed
24 premises in a readily retrievable form.

25 "(b) The licensee may remove the original records or documentation from the licensed
26 premises on a temporary basis for license-related purposes. However, a duplicate set of those
27 records or other documentation shall be retained on the licensed premises.

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1 “(c) The records required by this section shall be retained on the licensed premises for a
2 period of three years from the date of making.

3 “(d) Any records that are maintained electronically shall be maintained so that the
4 pharmacist-in-charge, the pharmacist on duty if the pharmacist-in-charge is not on duty, or, in the
5 case of a veterinary food-animal drug retailer or wholesaler, the designated representative on
6 duty, shall, at all times during which the licensed premises are open for business, be able to
7 produce a hard copy and electronic copy of all records of acquisition or disposition or other drug
8 or dispensing-related records maintained electronically.”

9 12. Health and Safety Code section 11153 provides:

10 “(a) A prescription for a controlled substance shall only be issued for a legitimate medical
11 purpose by an individual practitioner acting in the usual course of his or her professional practice.
12 The responsibility for the proper prescribing and dispensing of controlled substances is upon the
13 prescribing practitioner, but a corresponding responsibility rests with the pharmacist who fills the
14 prescription. Except as authorized by this division, the following are not legal prescriptions: (1)
15 an order purporting to be a prescription which is issued not in the usual course of professional
16 treatment or in legitimate and authorized research; or (2) an order for an addict or habitual user of
17 controlled substances, which is issued not in the course of professional treatment or as part of an
18 authorized narcotic treatment program, for the purpose of providing the user with controlled
19 substances, sufficient to keep him or her comfortable by maintaining customary use.”

20 REGULATORY PROVISIONS

21 13. California Code of Regulations, title 16 (“Regulations”), section 1761 provides:

22 “(a) No pharmacist shall compound or dispense any prescription which contains any
23 significant error, omission, irregularity, uncertainty, ambiguity or alteration. Upon receipt of any
24 such prescription, the pharmacist shall contact the prescriber to obtain the information needed to
25 validate the prescription.

26 “(b) Even after conferring with the prescriber, a pharmacist shall not compound or dispense
27 a controlled substance prescription where the pharmacist knows or has objective reason to know
28 that said prescription was not issued for a legitimate medical purpose.”

COST RECOVERY PROVISION

14. Section 125.3 of the Code states, in pertinent part, that the Board may request the administrative law judge to direct a licentiate found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

DRUG CLASSIFICATIONS

15. Dilaudid, brand name for hydromorphone, is a controlled substance as defined under Health and Safety Code section 11055, section (b)(1)(J), and a dangerous drug pursuant to Business and Professions Code section 4022. It is used for the relief of pain.

16. Oxycontin, brand name for oxycodone, is a controlled substance as defined under Health and Safety Code section 11055, section (b)(1)(M), and a dangerous drug pursuant to Business and Professions Code section 4022. It is used for the relief of pain.

17. Vicodin ES, brand name for hydrocodone/acetaminophen, is a controlled substance as defined under Health and Safety Code section 11056, section (e)(4), and a dangerous drug pursuant to Business and Professions Code section 4022. It is used for the relief of pain.

BOARD INVESTIGATION

18. On or about March 7, 2011, pursuant to a referral from the Department of Health Care Services, Board Inspectors investigated Respondent Pharmacy to gather prescriptions and other data. The investigation revealed that from about July 1, 2009 to about January 6, 2011, Respondent Pharmacy dispensed a total of about 2438 prescriptions for Oxycontin 80mg for a total of about 215,434 dosage units, of which 1503 (or 61.64%) prescription for total dosage units of 133,854 were from Dr. S.S., Dr. H.G. and Physician Assistant A.G. of Compton Pain Center ("CPC") in Compton. One of the common combinations prescribed by these three practitioners was Oxycontin 80mg with Dilaudid 4mg.

19. A review of the Controlled Substance Utilization Review ("CURES") data for Respondent Pharmacy reveals the following:

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1 a. Physician Assistant A.G. wrote a total of 6,240 controlled substance prescriptions
2 from July 1, 2009 to January 6, 2011, of which 2,504 (40.13%-largest) were dispensed at
3 Respondent Pharmacy.

4 b. Dr. S.S. wrote a total of 1,037 controlled substance prescriptions from July 1, 2009 to
5 January 6, 2011, of which 269 (25.94%-largest) were dispensed at Respondent Pharmacy.

6 c. Dr. H.G. wrote a total of 1,772 controlled substance prescriptions from July 1, 2009
7 to January 6, 2011, of which 328 (18.51%-largest) were dispensed at Respondent Pharmacy.

8 20. The following are the prescriptions written from CPC and dispensed by Respondent
9 Pharmacy between March 23, 2009 and December 23, 2011:

10 a. Patient HH received Oxycontin 80mg above the recommended dosing interval of
11 twice daily, along with Dilaudid 4mg, 1 tab every 6 hours as needed #100.

12 b. Patient KH received Oxycontin 80mg above the recommended dosing interval of
13 twice daily, along with Dilaudid 4mg, 1 tab every 6 hours as needed #100. KH lived in Los
14 Angeles, traveled approximately 18 miles to CPC, and drove additional miles to Respondent
15 Pharmacy to receive her prescriptions.

16 c. Patient JT received a combination of Oxycontin 80mg and hydromorphone 4mg.
17 Oxycontin 80mg – 2 tabs am, 1 pm #90; Dilaudid 4mg, 1 tab every 6 hours as needed #100. JT
18 lived in Los Angeles, traveled approximately 18 miles to CPC, and drove additional miles to
19 Respondent Pharmacy to receive her prescriptions. Respondent Pharmacy also dispensed 2
20 prescriptions for Oxycontin 80mg on July 13, 2009.

21 d. Patient JW received a combination of Oxycontin 80mg and hydromorphone 4mg.
22 Oxycontin 80mg – 2 tabs am, 1 pm #90; Dilaudid 4mg, 1 tab every 6 hours as needed #100. JW
23 lived in Los Angeles, traveled approximately 22 miles to CPC, and drove additional miles to
24 Respondent Pharmacy to receive his prescriptions. JW paid cash for these drugs when they were
25 not covered by insurance.

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1 e. Patient DU received a combination of Oxycontin 80mg and hydromorphone 4mg.
2 Oxycontin 80mg – 2 tabs am, 1 pm #90; Dilaudid 4mg, 1 tab every 6 hours as needed #100. DU
3 lived in Los Angeles, traveled approximately 23 miles to CPC, and drove additional miles to
4 Respondent Pharmacy to receive his prescriptions.

5 f. Patient AS received a combination of Oxycontin 80mg and hydromorphone 4mg.
6 Oxycontin 80mg – 2 tabs am, 1 pm #90; Dilaudid 4mg, 1 tab every 6 hours as needed #100. AS
7 lived in Los Angeles, traveled approximately 12 miles to CPC, and drove additional miles to
8 Respondent Pharmacy to receive his prescriptions.

9 g. Patient JJ received a combination of Oxycontin 80mg and hydromorphone 4mg.
10 Oxycontin 80mg – 2 tabs am, 1 pm #90; Dilaudid 4mg, 1 tab every 6 hours as needed #100. JJ
11 lived in Los Angeles, traveled approximately 18 miles to CPC, and drove additional miles to
12 Respondent Pharmacy to receive his prescriptions.

13 h. Patient FJ received a combination of Oxycontin 80mg and hydromorphone 4mg.
14 Oxycontin 80mg – 2 tabs am, 1 pm #90; Dilaudid 4mg, 1 tab every 6 hours as needed #100. FJ
15 lived in Los Angeles, traveled approximately 10 miles to CPC, and drove additional miles to
16 Respondent Pharmacy to receive his prescriptions.

17 i. Patient MC received a combination of Oxycontin 80mg and hydromorphone 4mg.
18 Oxycontin 80mg – 2 tabs am, 1 pm #90; Dilaudid 4mg, 1 tab every 6 hours as needed #100. MC
19 lived in Los Angeles, traveled approximately 16 miles to CPC, and drove additional miles to
20 Respondent Pharmacy to receive his prescriptions. Respondent Pharmacy's printed CURES
21 report for MC shows that on June 16, 2010, July 14, 2010 and August 13, 2010, MC used
22 multiple physicians and pharmacies to obtain his pain medications. MC also paid cash for his
23 pain medications when they were not covered by his insurance.

24 j. Patient LM received a combination of Oxycontin 80mg and hydromorphone 4mg.
25 Oxycontin 80mg – 2 tabs am, 1 pm #90; Dilaudid 4mg, 1 tab every 6 hours as needed #100. LM
26 lived in Long Beach, traveled approximately 3 miles to CPC, and drove additional miles to
27 Respondent Pharmacy to receive his prescriptions.

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1 k. Patient EA received hydrocodone/acetaminophen 7.5/750mg, above the
2 recommended dose of 4000mg/day of acetaminophen. Respondent Pharmacy dispensed
3 4500mg/day to EA who lived in Moreno Valley, traveled approximately 50 miles to visit his
4 physician, and drove additional miles to Respondent Pharmacy to receive his prescriptions.

5 l. Patient RA received hydrocodone/acetaminophen 7.5/750mg, above the
6 recommended dose of 4000mg/day of acetaminophen. Respondent Pharmacy dispensed 3000-
7 4500 mg/day to RA.

8 m. Patient KB received hydrocodone/acetaminophen 7.5/750mg, above the
9 recommended dose of 4000mg/day of acetaminophen. Respondent Pharmacy dispensed 3000-
10 4500mg/day to KB. KB lived in Highland, traveled approximately 6 miles to visit his physician
11 in San Bernardino, and drove an additional 67 miles to Respondent Pharmacy to receive his
12 prescriptions.

13 n. Patient JH received hydrocodone/acetaminophen 7.5/750mg, above the recommended
14 dose of 4000mg/day of acetaminophen. Respondent Pharmacy dispensed 3000-4500mg/day to
15 JH. JH lived in Pomona, traveled approximately 40 miles to visit his physician in Beverly Hills,
16 and drove additional miles to Respondent Pharmacy to receive his prescriptions.

17 o. Patient BH received hydrocodone/acetaminophen 7.5/750mg, 4500mg/day above the
18 recommended dose of 4000mg/day of acetaminophen. Respondent Pharmacy dispensed
19 4500mg/day to BH.

20 p. Patient NM received hydrocodone/acetaminophen 7.5/750mg, above the
21 recommended dose of 4000mg/day of acetaminophen. Respondent Pharmacy dispensed 3000-
22 4500mg/day to NM. NM lived in Anaheim, traveled approximately 17 miles to visit her physician
23 in Pico Rivera, and drove additional miles to Respondent Pharmacy to receive her prescriptions.

24 q. Patient KA received a combination of Oxycontin 80mg and hydromorphone 4mg.
25 Oxycontin 80mg – 2 tabs am, 1 pm #90; Dilaudid 4mg, 1 tab every 6 hours as needed #100.

26 r. Patient EM received Oxycontin 80mg above the recommended dosing interval of
27 twice daily. EM was also prescribed Dilaudid 4mg, 1 tab every 6 hours as needed #90. EM lived
28 in Los Angeles, traveled approximately 18 miles CPC, and drove additional miles to Respondent

1 Pharmacy to receive his prescriptions. Respondent Pharmacy's printed Controlled Substance
 2 Utilization Review ("CURES") report for EM shows that on June 9, 2010, EM used multiple
 3 physicians to obtain his pain medications.

4 **FIRST CAUSE FOR DISCIPLINE**

5 **(Failure to Assume Co-Responsibility to Validate Legitimacy of Prescription)**

6 21. Respondents Pharmacy, Lim and Schwartz are subject to disciplinary action under
 7 Code section 4301, subdivisions (d) and (j) for violating Health and Safety Code section 11153,
 8 subdivision (a), and Code section 4301, subdivision (o), for violating Regulations sections 1761,
 9 in that between March 23, 2009 to December 23, 2011, Respondents failed to assume
 10 corresponding responsibility by failing to validate the legitimacy of the prescriptions and/or
 11 reviewing the patients' drug therapy, by dispensing prescriptions to physician shoppers, and/or by
 12 dispensing erroneous/uncertain prescriptions. Complainant refers to and incorporates all the
 13 allegations contained in paragraphs 18-20, as though set forth fully.

14 **SECOND CAUSE FOR DISCIPLINE**

15 **(Failure to Maintain Records)**

16 22. Respondents Pharmacy and Lim are subject to disciplinary action under Code section
 17 4301, subdivision (o) for violating Code sections 4081 and 4105, in that during the Board
 18 investigation on March 7, 2011, Respondents could not produce prescription hardcopies for RX
 19 ## 1574617, 1578157, 1556336, 1578979, 1558050, 1558030, 1560968 and 1562161 for the
 20 period between March 23, 2009 and February 28, 2010.

21 **DISCIPLINE CONSIDERATIONS**

22 23. To determine the degree of discipline, if any, to be imposed on Respondent Lim,
 23 Complainant alleges that on or about April 27, 2011, the Board of Pharmacy issued Citation
 24 Number CI 2010 48039 to Respondent Lim for violations of Regulations section 1751.3,
 25 subdivision (b), 1751.7, subdivision (a), and 1716.2. Respondent Lim was ordered to pay a fine
 26 of \$1,500.00. That Citation is now final and is incorporated by reference as if fully set forth.

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PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Board of Pharmacy issue a decision:

1. Revoking or suspending Pharmacy Permit Number PHY 49825, issued to Gemmel Pharmacy Inc., dba B & B Pharmacy; Phic Lim; Stanley Marc Schwartz;

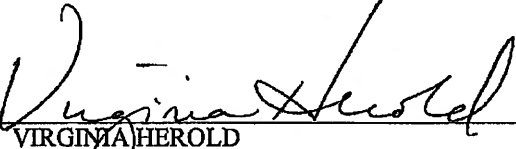
2. Revoking or suspending Pharmacist License Number RPH 49175, issued to Phic Lim;

3. Revoking or suspending Pharmacist License Number RPH 32928, issued to Stanley Marc Schwartz;

4. Ordering Gemmel Pharmacy Inc., dba B & B Pharmacy, Phic Lim and Stanley Marc Schwartz to jointly and severally pay the Board of Pharmacy the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 125.3;

5. Taking such other and further action as deemed necessary and proper.

DATED: 4/5/14


 VIRGINIA HEROLD
 Executive Officer
 Board of Pharmacy
 Department of Consumer Affairs
 State of California
 Complainant

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

11 In the Matter of the Accusation Against:

12 **P S ENTERPRISE, INC.,**
d.b.a. HUNTINGTON PHARMACY;
 13 **PHIC LIM, President, Pharmacist-In-**
Charge
 14 2300 Huntington Dr.
 San Marino, CA 91108

15 **Pharmacy Permit No. PHY 45238,**

16 and

17 **PHIC LIM**
 18 1553 Lucretia Ave.
 Los Angeles, CA 90026

19 **Pharmacist License No. RPH 49175,**

20 Respondents.
 21

Case No. 4906
 OAH No. 2014080925 [Consolidated]

FIRST AMENDED ACCUSATION

22 Complainant alleges:

23 **PARTIES**

- 24 1. Virginia Herold (Complainant) brings this Accusation solely in her official capacity
 25 as the Executive Officer of the Board of Pharmacy, Department of Consumer Affairs.
- 26 2. On May 29, 2001, the Board of Pharmacy issued Pharmacy Permit Number PHY
 27 45238 to Respondent P S Enterprise, Inc., doing business as Huntington Pharmacy; with Phic Lim
 28 as the President since May 29, 2001 and Pharmacist-in-Charge since March 10, 2010 (Respondent

1 Pharmacy). The Pharmacy Permit expired on May 1, 2012, and has not been renewed.

2 3. On October 22, 1996, the Board of Pharmacy issued Pharmacist License Number
3 RPH 49175 to Phic Lim (Respondent Phic Lim). The Pharmacist License was in full force and
4 effect at all times relevant to the charges brought herein and will expire on December 31, 2017
5 unless it is renewed.

6 JURISDICTION

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

9 5. Section 4300 of the Code states in relevant part that "[e]very license issued may be
10 suspended or revoked."

11 6. Section 4300.1 of the Code states:

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

16 STATUTES

17 7. Section 490 of the Code states in relevant part:

18 (a) In addition to any other action that a board is permitted to take against a
19 licensee, a board may suspend or revoke a license on the ground that the licensee has
20 been convicted of a crime, if the crime is substantially related to the qualifications,
21 functions, or duties of the business or profession for which the license was issued.

22 (b) Notwithstanding any other provision of law, a board may exercise any
23 authority to discipline a licensee for conviction of a crime that is independent of the
24 authority granted under subdivision (a) only if the crime is substantially related to the
25 qualifications, functions, or duties of the business or profession for which the licensee's
26 license was issued.

27 (c) A conviction within the meaning of this section means a plea or verdict of
28 guilty or a conviction following a plea of nolo contendere. An action that a board is
permitted to take following the establishment of a conviction may be taken when the
time for appeal has elapsed, or the judgment of conviction has been affirmed on appeal,
or when an order granting probation is made suspending the imposition of sentence,
irrespective of a subsequent order under Section 1203.4 of the Penal Code.

1 8. Section 4022 of the Code 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 device
7 to sale by or on the order of a _____," "Rx only," or words of similar import, the blank
8 to be filled in with the designation of the practitioner licensed to use or order use of the
9 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 9. Section 4081 of the Code states in relevant part:

13 (a) All records of manufacture and of sale, acquisition, receipt, shipment, or
14 disposition of dangerous drugs or dangerous devices shall be at all times during
15 business hours open to inspection by authorized officers of the law, and shall be
16 preserved for at least three years from the date of making. A current inventory shall be
17 kept by every manufacturer, wholesaler, third-party logistics provider, pharmacy,
18 veterinary food-animal drug retailer, outsourcing facility, physician, dentist, podiatrist,
19 veterinarian, laboratory, clinic, hospital, institution, or establishment holding a
20 currently valid and unrevoked certificate, license, permit, registration, or exemption
21 under Division 2 (commencing with Section 1200) of the Health and Safety Code or
22 under Part 4 (commencing with Section 16000) of Division 9 of the Welfare and
23 Institutions Code who maintains a stock of dangerous drugs or dangerous devices.

24 (b) The owner, officer, and partner of a pharmacy, wholesaler, third-party
25 logistics provider, or veterinary food-animal drug retailer shall be jointly responsible,
26 with the pharmacist-in-charge, responsible manager, or designated representative-in-
27 charge, for maintaining the records and inventory described in this section.

28 10. Section 4301 of the Code states:

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

...

(d) The clearly excessive furnishing of controlled substances in violation of
subdivision (a) of Section 11153 of the Health and Safety Code.

...

(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.

...

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

...

(l) The conviction of a crime substantially related to the qualifications, functions, and duties of a licensee under this chapter. The record of conviction of a violation of Chapter 13 (commencing with Section 801) of Title 21 of the United States Code regulating controlled substances or of a violation of the statutes of this state regulating controlled substances or dangerous drugs shall be conclusive evidence of unprofessional conduct. In all other cases, the record of conviction shall be conclusive evidence only of the fact that the conviction occurred. The board may inquire into the circumstances surrounding the commission of the crime, in order to fix the degree of discipline or, in the case of a conviction not involving controlled substances or dangerous drugs, to determine if the conviction is of an offense substantially related to the qualifications, functions, and duties of a licensee under this chapter. A plea or verdict of guilty or a conviction following a plea of nolo contendere is deemed to be a conviction within the meaning of this provision. The board may take action when the time for appeal has elapsed, or the judgment of conviction has been affirmed on appeal or when an order granting probation is made suspending the imposition of sentence, irrespective of a subsequent order under Section 1203.4 of the Penal Code allowing the person to withdraw his or her plea of guilty and to enter a plea of not guilty, or setting aside the verdict of guilty, or dismissing the accusation, information, or indictment.

...

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

11. Section 4307 of the Code states:

(a) Any person who has been denied a license or whose license has been revoked or is under suspension, or who has failed to renew his or her license while it was under suspension, or who has been a manager, administrator, owner, member, officer, director, associate, partner, or any other person with management or control of any partnership, corporation, trust, firm, or association whose application for a license has been denied or revoked, is under suspension or has been placed on probation, and while acting as the manager, administrator, owner, member, officer, director, associate, partner, or any other person with management or control had knowledge of or

1 knowingly participated in any conduct for which the license was denied, revoked,
 2 suspended, or placed on probation, shall be prohibited from serving as a manager,
 administrator, owner, member, officer, director, associate, partner, or in any other
 position with management or control of a licensee as follows:

3 (1) Where a probationary license is issued or where an existing license is placed
 4 on probation, this prohibition shall remain in effect for a period not to exceed five
 years.

5 (2) Where the license is denied or revoked, the prohibition shall continue until
 6 the license is issued or reinstated.

7 (b) "Manager, administrator, owner, member, officer, director, associate, partner,
 8 or any other person with management or control of a license" as used in this section
 and Section 4308, may refer to a pharmacist or to any other person who serves in such
 capacity in or for a licensee.

9 (c) The provisions of subdivision (a) may be alleged in any pleading filed
 10 pursuant to Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of the
 Government Code. However, no order may be issued in that case except as to a person
 11 who is named in the caption, as to whom the pleading alleges the applicability of this
 section, and where the person has been given notice of the proceeding as required by
 Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of the Government
 12 Code. The authority to proceed as provided by this subdivision shall be in addition to
 the board's authority to proceed under Section 4339 or any other provision of law.

13
 14 12. Section 4332 of the Code states in relevant part:

15 Any person who fails, neglects, or refuses to maintain the records required by
 16 Section 4081 or who, when called upon by an authorized officer or a member of the
 board, fails, neglects, or refuses to produce or provide the records within a reasonable
 17 time, or who willfully produces or furnishes records that are false, is guilty of a
 misdemeanor.

18
 19 13. Health and Safety Code section 11153 states in relevant part:

20 (a) A prescription for a controlled substance shall only be issued for a legitimate
 21 medical purpose by an individual practitioner acting in the usual course of his or her
 professional practice. The responsibility for the proper prescribing and dispensing of
 22 controlled substances is upon the prescribing practitioner, but a corresponding
 responsibility rests with the pharmacist who fills the prescription. Except as authorized
 23 by this division, the following are not legal prescriptions: (1) an order purporting to be
 a prescription which is issued not in the usual course of professional treatment or in
 24 legitimate and authorized research; or (2) an order for an addict or habitual user of
 controlled substances, which is issued not in the course of professional treatment or as
 25 part of an authorized narcotic treatment program, for the purpose of providing the user
 with controlled substances, sufficient to keep him or her comfortable by maintaining
 26 customary use.

27 ///

28 ///

14. Health and Safety Code section 11200 states:

(a) No person shall dispense or refill a controlled substance prescription more than six months after the date thereof.

(b) No prescription for a Schedule III or IV substance may be refilled more than five times and in an amount, for all refills of that prescription taken together, exceeding a 120-day supply.

(c) No prescription for a Schedule II substance may be refilled.

REGULATIONS

15. California Code of Regulations, title 16, section 1718, states:

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

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

16. California Code of Regulations, title 16, section 1761, states:

(a) No pharmacist shall compound or dispense any prescription which contains any significant error, omission, irregularity, uncertainty, ambiguity or alteration. Upon receipt of any such prescription, the pharmacist shall contact the prescriber to obtain the information needed to validate the prescription.

(b) Even after conferring with the prescriber, a pharmacist shall not compound or dispense a controlled substance prescription where the pharmacist knows or has objective reason to know that said prescription was not issued for a legitimate medical purpose.

17. California Code of Regulations, title 16, section 1770, states:

For the purpose of denial, suspension, or revocation of a personal or facility license pursuant to Division 1.5 (commencing with Section 475) of the Business and Professions Code, a crime or act shall be considered substantially related to the qualifications, functions or duties of a licensee or registrant if to a substantial degree it evidences present or potential unfitness of a licensee or registrant to perform the functions authorized by his license or registration in a manner consistent with the public health, safety, or welfare.

COST RECOVERY

18. Section 125.3 of the Code states, in pertinent part, that the Board may request the administrative law judge to direct a licensee found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

DRUG CLASSIFICATIONS

19. Dilaudid is a brand name for hydromorphone. Dilaudid is a Schedule II controlled substance and a dangerous drug. (Health & Saf. Code, § 11055, subd. (b)(1)(J); Bus. & Prof. Code, § 4022.) Dilaudid is indicated for severe pain.

20. OxyContin is a brand name for oxycodone. OxyContin is a Schedule II controlled substance and a dangerous drug. (Health & Saf. Code, § 11055, subd. (b)(1)(M); Bus. & Prof. Code, § 4022.) OxyContin is indicated for moderate to severe pain.

21. Lyrica is a brand name for pregabalin. Lyrica is a Schedule V controlled substance and a dangerous drug. (Code Fed. Regs., tit. 21, § 1308.15, subd. (e)(13); Bus. & Prof. Code, § 4022.) Lyrica is indicated for fibromyalgia, diabetic nerve pain, spinal cord injury nerve pain, pain after shingles, and partial onset seizures in adults with epilepsy.

BOARD INVESTIGATION

22. From 2011 to 2013, the Board conducted a series of investigations of Respondent Pharmacy. Respondent Pharmacy's controlled substance log, prescription copies, Patient Activity Reports (PARs) and other documents, revealed violations of the Pharmacy Law.

FIRST CAUSE FOR DISCIPLINE

(Conviction of a Substantially Related Crime)

(As to Respondent Phic Lim)

23. Respondent Phic Lim is subject to disciplinary action under sections 490 and 4301, subdivision (l), in conjunction with California Code of Regulations, title 16, section 1770, in that Respondent Phic Lim was convicted of a crime that is substantially related to the qualifications, functions, and duties of a registered pharmacist.

24. On or about December 11, 2015, Respondent Phic Lim pleaded guilty to one felony count of structuring of currency transactions (31 U.S.C. § 5324(a)(3).) On or about February 8, 2016, Respondent was sentenced to 12 months and one day in a federal penitentiary and ordered to pay a fine of \$15,000 and a special assessment of \$100. Following release from imprisonment, Respondent was placed on supervised release for three years upon terms and conditions that, in relevant part, require him to obtain prior written approval from his probation officer before being

1 employed in any position that requires licensing and/or certification by a local, state, or federal
2 agency. (*United States of America v. Phic Lim* (C.D.Cal. 2016) No. CR-11-1075-SJO-5).)

3 25. The circumstances of the conviction are that beginning not earlier than July 2009,
4 Respondent and his wife, a co-defendant, engaged in a pattern of knowingly and intentionally
5 depositing cash proceeds in structured amounts (that is, in individual transactions less than
6 \$10,000), resulting in combined deposits per day of more than \$10,000, and using multiple bank
7 accounts.

8 26. In total, Respondent and his wife made structured deposits of at least \$105,826 in
9 such cash proceeds. Respondent made those structured deposits knowing that the relevant
10 financial institutions had a legal obligation to report currency transactions in excess of \$10,000,
11 and Respondent acted for the purpose of evading that reporting obligation.

12 27. As an example of the structuring in which Respondent was engaged, on August 4,
13 2009, Respondent and his wife made two cash deposits in the amounts of \$1,662 and \$9,000 into
14 a Chase Bank account ending in numbers 0725.

15 **SECOND CAUSE FOR DISCIPLINE**

16 **(Commission of Act of Dishonesty, Fraud, Deceit, Corruption)**

17 **(As to Respondent Phic Lim)**

18 28. Respondent Phic Lim is subject to disciplinary action under Code section 4301,
19 subdivision (f), in conjunction with California Code of Regulations, title 16, section 1770, in that
20 Respondent Phic Lim committed an act involving moral turpitude, dishonesty, fraud, deceit or
21 corruption. Complainant realleges paragraphs 21–26.

22 **THIRD CAUSE FOR DISCIPLINE**

23 **(Failure to Validate Legitimacy of Prescriptions)**

24 **(As to All Respondents)**

25 29. Respondents are subject to disciplinary action under Code section 4301, subdivisions
26 (d) and (j) for violating Health and Safety Code section 11153, subdivision (a), and Code section
27 4301, subdivision (o), for violating California Code of Regulations, title 16, section 1761,
28 subdivisions (a) and (b), in that between 2009 and 2011, Respondents failed to assume

corresponding responsibility by failing to validate the legitimacy of the prescriptions they dispensed; by failing to review the patients' drug therapy; by dispensing prescriptions to physician shoppers or habitual users; and/or by dispensing erroneous or uncertain prescriptions. The circumstances are as follows:

A. Patient E.H. Received Prescriptions From Other Pharmacies While Receiving Lyrica 300 mg from Respondents

30. On or about February 5, 2010, Respondents dispensed prescription number 699247 to Patient E.H. The prescription consisted of 60 tablets of Lyrica 300 mg, a 30-day supply.

31. Respondents refilled the prescription five times between March and December, 2017.

32. Respondents knew or should have known that Patient E.H. obtained prescriptions from five other pharmacies and seven doctors during the time that he received prescriptions from Respondents.

B. Patient P.G. Received an Excessive Amount of OxyContin 80 mg

33. On or about November 25, 2009, Respondents dispensed prescription number 693275 to Patient P.G. The prescription consisted of 90 pills of OxyContin 80 mg, a 30-day supply.

34. On or about December 1, 2009, Respondents dispensed a 30-day supply of Patient P.G.'s prescription.

35. On or about December 24, 2009, Respondents dispensed another 30-day supply to Patient P.G. 30 days early.

36. Respondents knew or should have known that Patient P.G. received prescriptions from two different doctors while receiving his prescriptions from Respondents.

C. Patient S.A. Received an Excessive Amount of Hydrocodone/APAP 10/325

37. On or about June 22, 2010, Respondents dispensed prescription number 711850 to Patient S.A. The prescription consisted of 120 pills of hydrocodone/APAP 10 mg /325 mg, a 30-day supply.

38. On or about July 6, 2010, Respondents dispensed a refill 16 days early.

39. On or about July 21, 2010 Respondents dispensed a refill 15 days early.

40. Respondents knew or should have known that Patient S.A. obtained 120

1 hydrocodone/APAP 10 mg/325 mg from four other pharmacies during the period in which she
2 obtained the prescriptions from Respondents.

3 41. Respondents knew or should have known that Respondent lived in Palmdale and
4 traveled to San Dimas and Azusa for her prescriptions.

5 **D. Patient Y.B. Received an Excessive Amount of Hydrocodone/APAP 10/325**

6 42. On or about January 21, 2011, Respondents dispensed prescription number 724719 to
7 Patient Y.B. The prescription consisted of 45 pills of hydrocodone/APAP 10 mg/325 mg, an 11-
8 day supply.

9 43. On or about January 26, 2011, Respondents dispensed a refill six days early.

10 44. On or about February 3, 2011, Respondents dispensed a refill eight days early.

11 45. On or about February 8, 2011, Respondents dispensed a refill six days early.

12 46. On or about February 21, 2011, Respondents dispensed a refill.

13 47. On or about February 25, 2011, Respondents dispensed a refill seven days early.

14 48. On or about March 4, 2011, Respondents ran a CURES report on Patient Y.B.

15 A CURES report is a report generated from California's Controlled Substance Utilization Review
16 and Evaluation System. All prescription drug history information is maintained in CURES, a
17 database which contains about 86 million records. The database includes information about the
18 drug dispensed, drug quantity and strength, patient name, address, prescriber name, and
19 authorization number, including DEA number and prescription number.

20 49. By virtue of the information conveyed in the CURES report, Respondents knew or
21 should have known that during the period in which Patient Y.B. obtained prescriptions from
22 Respondents, she also obtained prescriptions from 16 other pharmacies and 13 doctors.

23 50. Respondents knew or should have known that Patient Y.B. lived in San Gabriel and
24 traveled to Glendora and Norwalk for her prescriptions.

25 **E. Daily Logs Reveal Questionable Prescribing and Dispensing Patterns**

26 51. The daily logs for Respondent Pharmacy reveal prescribing and dispensing patterns
27 from which Respondents knew or should have known that the prescriptions they filled were not
28 issued for a lawful medical purpose. Specifically, the daily logs show that out-of-area patients

received a combined 123 prescriptions for pain killers, including OxyContin 80 mg, morphine sulphate, and hydromorphone/Dilaudid 4 mg between January 4, 2010 and February 6, 2010, as follows:

	Date	Rx No.	Count	Drug
January 4, 2010				
1	1/4/2010	696115	90	OxyContin 80 mg
2	1/4/2010	696137	90	OxyContin 80 mg
3	1/4/2010	696141	90	OxyContin 80 mg
4	1/4/2010	696145	90	OxyContin 80 mg
5	1/4/2010	696150	90	OxyContin 80 mg
6	1/4/2010	696155	90	OxyContin 80 mg
7	1/4/2010	696161	90	OxyContin 80 mg
8	1/4/2010	696169	90	OxyContin 80 mg
January 5, 2010				
9	1/5/2010	696270	90	OxyContin 80 mg
10	1/5/2010	696274	90	OxyContin 80 mg
11	1/5/2010	696278	90	OxyContin 80 mg
12	1/5/2010	696282	90	OxyContin 80 mg
13	1/5/2010	696286	90	OxyContin 80 mg
14	1/5/2010	696291	90	OxyContin 80 mg
15	1/5/2010	696295	90	OxyContin 80 mg
January 7, 2010				
16	1/7/2010	696489	90	OxyContin 80 mg
17	1/7/2010	696493	90	OxyContin 80 mg
18	1/7/2010	696500	90	OxyContin 80 mg
19	1/7/2010	696504	90	OxyContin 80 mg
20	1/7/2010	696505	60	Hydromorphone 4 mg

	Date	Rx No.	Count	Drug
21	1/7/2010	696510	90	OxyContin 80 mg
22	1/7/2010	696514	90	OxyContin 80 mg
23	1/7/2010	696518	90	OxyContin 80 mg
January 8, 2010				
24	1/8/2010	696600	90	OxyContin 80 mg
25	1/8/2010	696604	90	OxyContin 80 mg
26	1/8/2010	696608	90	OxyContin 80 mg
27	1/8/2010	696613	90	OxyContin 80 mg
28	1/8/2010	696617	90	OxyContin 80 mg
29	1/8/2010	696621	90	OxyContin 80 mg
January 9, 2010				
30	1/9/2010	696717	90	OxyContin 80 mg
31	1/9/2010	696718	60	Morphine sulphate 50 mg
32	1/9/2010	696722	90	OxyContin 80 mg
33	1/9/2010	696727	90	OxyContin 80 mg
34	1/9/2010	696730	90	OxyContin 80 mg
35	1/9/2010	696734	90	OxyContin 80 mg
36	1/9/2010	696735	60	Hydromorphone 4 mg
37	1/9/2010	696740	90	OxyContin 80 mg
38	1/9/2010	696748	90	OxyContin 80 mg
39	1/9/2010	696752	90	OxyContin 80 mg
40	1/9/2010	696756	90	OxyContin 80 mg
41	1/9/2010	696760	90	OxyContin 80 mg
January 11, 2010				
42	1/11/2010	696788	90	OxyContin 80 mg
43	1/11/2010	696796	60	Morphine sulphate 50 mg

	Date	Rx No.	Count	Drug
44	1/11/2010	696801	90	OxyContin 80 mg
45	1/11/2010	696805	90	OxyContin 80 mg
46	1/11/2010	696809	90	OxyContin 80 mg
47	1/11/2010	696813	90	OxyContin 80 mg
48	1/11/2010	696815	60	Hydromorphone 4 mg
49	1/11/2010	696831	90	OxyContin 80 mg
50	1/11/2010	696832	100	Dilaudid 4 mg
51	1/11/2010	696835	90	OxyContin 80 mg
52	1/11/2010	696836	100	Dilaudid 4 mg
January 12, 2010				
53	1/12/2010	696924	90	OxyContin 80 mg
54	1/12/2010	696928	90	OxyContin 80 mg
55	1/12/2010	696932	90	OxyContin 80 mg
56	1/12/2010	696937	90	OxyContin 80 mg
57	1/12/2010	696941	90	OxyContin 80 mg
58	1/12/2010	696942	60	Hydromorphone 4 mg
59	1/12/2010	696943	90	OxyContin 80 mg
60	1/12/2010	696949	90	OxyContin 80 mg
61	1/12/2010	696953	90	OxyContin 80 mg
62	1/12/2010	696972	90	OxyContin 80 mg
January 16, 2010				
63	1/16/2010	697326	90	OxyContin 80 mg
64	1/16/2010	697330	90	OxyContin 80 mg
65	1/16/2010	697334	90	OxyContin 80 mg
66	1/16/2010	697343	90	OxyContin 80 mg
67	1/16/2010	697349	90	OxyContin 80 mg

	Date	Rx No.	Count	Drug
68	1/16/2010	697353	90	OxyContin 80 mg
69	1/16/2010	697357	90	OxyContin 80 mg
70	1/16/2010	697361	90	OxyContin 80 mg
71	1/16/2010	697365	90	OxyContin 80 mg
72	1/16/2010	697369	90	OxyContin 80 mg
January 18, 2010				
73	1/18/2010	697399	90	OxyContin 80 mg
74	1/18/2010	697409	90	OxyContin 80 mg
75	1/18/2010	697416	90	OxyContin 80 mg
76	1/18/2010	697422	90	OxyContin 80 mg
77	1/18/2010	697427	90	OxyContin 80 mg
78	1/18/2010	697436	90	OxyContin 80 mg
79	1/18/2010	697440	90	OxyContin 80 mg
80	1/18/2010	697444	90	OxyContin 80 mg
81	1/18/2010	697448	90	OxyContin 80 mg
82	1/18/2010	697454	90	OxyContin 80 mg
83	1/18/2010	697458	90	OxyContin 80 mg
84	1/18/2010	697462	90	OxyContin 80 mg
January 23, 2010				
85	1/23/2010	697925	90	OxyContin 80 mg
86	1/23/2010	697934	90	OxyContin 80 mg
87	1/23/2010	697938	90	OxyContin 80 mg
88	1/23/2010	697942	90	OxyContin 80 mg
89	1/23/2010	697946	90	OxyContin 80 mg
90	1/23/2010	697950	90	OxyContin 80 mg
91	1/23/2010	697955	90	OxyContin 80 mg

	Date	Rx No.	Count	Drug
92	1/23/2010	697960	90	OxyContin 80 mg
93	1/23/2010	697965	90	OxyContin 80 mg
94	1/23/2010	697969	90	OxyContin 80 mg
January 25, 2010				
95	1/25/2010	698017	90	OxyContin 80 mg
96	1/25/2010	698021	90	OxyContin 80 mg
97	1/25/2010	698025	90	OxyContin 80 mg
98	1/25/2010	698029	90	OxyContin 80 mg
99	1/25/2010	698033	90	OxyContin 80 mg
100	1/25/2010	698037	90	OxyContin 80 mg
101	1/25/2010	698069	90	OxyContin 80 mg
102	1/25/2010	698077	90	OxyContin 80 mg
103	1/25/2010	698080	90	OxyContin 80 mg
104	1/25/2010	698082	100	Dilaudid 4 mg
January 30, 2010				
105	1/30/2010	698644	90	OxyContin 80 mg
106	1/30/2010	698647	90	OxyContin 80 mg
107	1/30/2010	698652	90	OxyContin 80 mg
108	1/30/2010	698655	90	OxyContin 80 mg
109	1/30/2010	698658	90	OxyContin 80 mg
110	1/30/2010	698661	90	OxyContin 80 mg
111	1/30/2010	698664	90	OxyContin 80 mg
112	1/30/2010	698667	90	OxyContin 80 mg
113	1/30/2010	698679	90	OxyContin 80 mg
February 6, 2010				
114	2/6/2010	699317	90	OxyContin 80 mg

	Date	Rx No.	Count	Drug
115	2/6/2010	699320	90	OxyContin 80 mg
116	2/6/2010	699323	90	OxyContin 80 mg
117	2/6/2010	699326	90	OxyContin 80 mg
118	2/6/2010	699329	90	OxyContin 80 mg
119	2/6/2010	699334	90	OxyContin 80 mg
120	2/6/2010	699337	90	OxyContin 80 mg
121	2/6/2010	699340	90	OxyContin 80 mg
122	2/6/2010	699343	90	OxyContin 80 mg
123	2/6/2010	699346	90	OxyContin 80 mg

FOURTH CAUSE FOR DISCIPLINE

(Unauthorized Dispensing of Controlled Substance Refill)

(As to All Respondents)

52. Respondents are subject to disciplinary action under Code section 4301, subdivision (j), for violating Health and Safety Code section 11200, in that Respondents dispensed a controlled substance refill more than six months after the date of the original prescription. On or about February 5, 2010, Respondents dispensed prescription number 699247 to Patient E.H. The prescription consisted of 60 tablets of Lyrica 300 mg, a 30-day supply. Respondents dispensed a refill prescription on December 17, 2010, which was more than six months from the date of the original prescription.

FIFTH CAUSE FOR DISCIPLINE

(Failure to Keep Complete Accountability)

(As to All Respondents)

53. Respondents are subject to disciplinary action under Code section 4301, subdivision (o), for violating Code sections 4081, 4332, and California Code of Regulations, title 16, section 1718, in that, pursuant to an audit based on Respondent Pharmacy's records from March 25, 2010 to December 23, 2011, Respondents could not account for 142 tablets of Dilaudid 4 mg and 200

1 tablets of OxyContin 80 mg.

2 54. The Selected Data Audit Summary follows:

3 Drug	Initial Amount	Amount Ordered	Total	Amount Dispensed	Amt. to Account	Stock On Hand	Short-age
4 Dilaudid 4 mg	840	7,300	8,140	7,320	820	620	200
5 OxyContin 80 mg	820	22,900	23,720	23,550	170	28	142

7 DISCIPLINARY CONSIDERATIONS

8 55. To determine the degree of discipline, if any, to be imposed on Respondent Phic Lim,
 9 Complainant alleges that on or about April 27, 2011, the Board issued Citation Number CI 2010
 10 48039 to Respondent Phic Lim for violations of California Code of Regulations, title 16, sections
 11 1751.3, subdivision (b), 1751.7, subdivision (a), and 1716.2. Respondent Phic Lim was ordered to
 12 pay a fine of \$1,500. That Citation is now final and is incorporated herein by reference as if set
 13 forth fully.

14 OTHER MATTERS

15 56. Pursuant to Business and Professions Code section 4307, if Pharmacy Permit Number
 16 PHY 45238 or Pharmacist License Number RPH 49175 is disciplined as part of the Board's
 17 Decision, then Phic Lim shall be prohibited from serving as a manager, administrator, owner,
 18 member, officer, director, associate, partner, or in any other position with management or control
 19 of a licensee for a period (1) not to exceed five years if either Pharmacy Permit Number PHY
 20 45238 or Pharmacist License Number RPH 49175 is placed on probation as part of the Board's
 21 decision, or (2) until said licenses are reinstated if they are revoked as part of the Board's
 22 decision.

23 ///

24 ///

25 ///

26 ///

27 ///

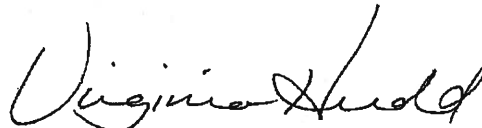
28 ///

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Board of Pharmacy issue a decision:

1. Revoking or suspending Pharmacy Permit Number PHY 45238, issued to P S Enterprise, Inc., doing business as Huntington Pharmacy; with Phic Lim as the President and Pharmacist-in-Charge;
2. Revoking or suspending Pharmacist License Number RPH 49175, issued to Phic Lim;
3. Prohibiting Phic Lim, pursuant to Business and Professions Code section 4307, from serving as a manager, administrator, owner, member, officer, director, associate, partner, or in any other position with management or control of a licensee for a period (1) not to exceed five years if either Pharmacy Permit Number PHY 45238 or Pharmacist License Number RPH 49175 is placed on probation as part of the Board's decision, or (2) until said licenses are reinstated if they are revoked as part of the Board's decision;
4. Ordering P S Enterprise, Inc., d.b.a. Huntington Pharmacy and Phic Lim, jointly and severally, to pay the Board of Pharmacy the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 125.3; and,
5. Taking such other and further action as deemed necessary and proper.

DATED: 2/17/17



VIRGINIA HEROLD
Executive Officer
Board of Pharmacy
Department of Consumer Affairs
State of California
Complainant

LA2013510033 | 52385142_3

11

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: Thomas Middle: Harry Last: EdlyHome Address: Roca Ln Apt #: _____City: Las Vegas State: NV Zip Code: 89130

Telephone: _____ Social Security Number: _____

Date of Birth: _____ Place of Birth: Mesa, AZ Sex: ☒ M ☐ FE-mail Address: Tealy@student.roseman.eduPharmacy School: Roseman University of Health Sciences

Attendance dates: _____

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 FPGE 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: _____ Military Occupation/Specialty: _____ Dates of Service: _____

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number:

N/A

	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 #:
		<u>/ /</u>	

Criminal Action:	State	Date:	Case #:	County	Court
	<u>NV</u>	<u>06/03/2016</u>	<u>16CR007159</u>	<u>Clark</u>	<u>Henderson Municipal Court</u>

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.

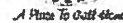
Original Signature, no copies or stamps accepted.

Date

Board Use Only Date Processed: _____

Amount: \$40.00

D



EALY, THOMAS

Fines:							
Case #	Original	Suspend	Imposed	Case #	Original	Suspend	Imposed
16C12007153	115.00						
					Subtotal from today's fines:		+ 115.00
					Prior outstanding fine balance:		+
					Credit for Time Served:		-
					\$50 Time Payment Setup Fee:		+ 50.00
					Total:		\$ 215.00

☐ Attend & successfully complete Traffic Safety School by: ____/____/____ ☐ Level 1 ☐ Level II (Repeat Offenders)
☐ Pay your fine in full by: ____/____/____. ☐ Pay \$____ by ____/____/____ and balance by ____/____/____
☒ Time Payments: Monthly Minimum payment of \$ 100. \$50.00 payment set-up fee will be added to total due.
Beginning 8/31/16, until fine is paid in full ☐ Add to Existing Payments

Mail Payments to: Henderson Municipal Court, PO Box 95050 - MS621, Henderson, NV 89009

On-line payments: www.cityofhenderson.com/municipal_court/

☐ Show valid Driver's License by ___/___/___ to ☐ dismiss / ☐ reduce to \$_____ ☐ to suspend fine
☐ amend to No License in Possession
☐ Show valid Registration by ___/___/___ to ☐ dismiss / ☐ reduce to \$_____ ☐ to suspend fine
☐ Show valid Insurance by ___/___/___ to ☐ dismiss / ☐ reduce to \$_____
☐ Show proof of _____ to Window Clerk by ___/___/___ to ☐ dismiss / ☐ reduce to \$_____
☐ to suspend fine

☐ **WORK PROGRAM:** Complete _____ hours at a minimum rate of 4 hours per week – One time setup fee applies

You must appear in person at the Henderson Alternative Sentencing office, located at 243 Water Street, Lower Level, Henderson, NV immediately following court or upon the first business day following your release from custody. Failing to appear at Henderson Alternative Sentencing, failing to comply with the court's order or receipt of a non-compliant report from any agency may result in immediate arrest for Probation Violation or a Bench Warrant being issued for your arrest. You must report to Henderson Alternative Sentencing as directed throughout the term of supervision. You must provide correct contact information to Henderson Alternative Sentencing and report any changes of that information immediately.

☐ No Further Arrests / Citations ☐ Same/Similar ☐ Any Criminal for a period of _____ months
☐ Complete the following by ____/____/____: ☐ Coroner's Visitation Program ☐ A.I.D.E. Program ☐ NV Vehicle Safety Program
☐ Victim's Impact Panel (You must provide the Court completion certificates/documentation for court ordered programs on or before your return court date)
☐ Other _____
 If completed by due date: ☐ Suspend \$ _____ ☐ Dismiss ☐ Amend to _____

☐ Your next court date will be for:
☐ Arraignment ☐ Trial ☐ Sentencing ☐ Status Check ☐ Show Cause ☐ Attorney Status
on: ____/____/____ @ ____:____ AM / PM in Dept. 1 / 2 / 3 / 4 / 5
☐ Appearance Required ☐ Appearance Not Required if compliant with ALL orders
Failure to Appear for a required court appearance will result in a BENCH WARRANT being issued for your arrest.

*Comments:

**FAILURE TO COMPLY WITH ANY ORDER OF THE COURT MAY RESULT
IN ADDITIONAL FEES AND/OR A BENCH WARRANT FOR YOUR ARREST**

Date: 01/27/11 Clerk: [Signature]
Dept. 1 / 2 / 3 / 4 / 5
Original=Court / Yellow=Alt Sent / Pink=Def Rev. 11/28/11
Effective Date: 011916

In the Justice/Municipal Court of HENDERSON	State of Nevada City of Henderson	COURT
Court Case # 16CR007159		Accident/Report # 16-095077
<input type="checkbox"/> Juvenile	TRAFFIC/MISDEMEANOR CITATION/COMPLAINT	<input type="checkbox"/> Evidence Logged <input checked="" type="checkbox"/> Arrest
<input type="checkbox"/> Traffic <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Criminal <input type="checkbox"/> Warning <input type="checkbox"/> Parking	<input type="checkbox"/> School Zone <input type="checkbox"/> Hazmat <input type="checkbox"/> Construction Zone <input type="checkbox"/> S.T.E.P.	<input type="checkbox"/> Radar <input type="checkbox"/> Other Explain: MAV
Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W		

At Location: **EASTERN AND HORIZON RIDGE**

Violation Date: **06/06/16** Time: **0050** Issue Date: **06/07/16** Time: **0106**

Defendant Type: ☒ Driver ☐ Passenger ☐ Pedestrian ☐ Other Explain:

THE UNDERSIGNED CERTIFIES AND SAYS THAT IN THE STATE OF NEVADA, CITY/COUNTY

NAME (Last, First, Middle): **FALY TIKMAS HARRY** SSN: **690 14 126**

Address: **PACHINIC** City: **HENDERSON** State: **NV** Zip: **89132**

DOB: **06/06/1963** Race: **H** Sex: **M** Ht: **6'3"** Wt: **250** Eyes: **BRN** Hair: **BLK**

OLN / ID: **00316** CDL: ☐ State: **NV** Class: **C** Expiration: **06/30/16** Restrictions: Endorsements:

DID OPERATE THE FOLLOWING VEHICLE/MOTOR VEHICLE AT THE ABOVE LISTED LOCATION:

Commercial Vehicle ☐ US DOT #: VIN #: **8554**

Vehicle License: **MA653** Lic. State: **NV** Expiration: **06/30/16** Year: **03** Make: **BMW** Model: **320I** Type: **SEDAN** Color: **SVR**

Reg. Owner: ☒ Same Address:

DID THEN AND THERE COMMIT THE FOLLOWING OFFENSE(S):

1. Violation **NOC** **511137** ☒ NRS ☐ HMC ☐ CFR

A- **453.335**

Description: **ROSS M3 CONCEALED** Posted Speed: **-** Actual Speed: **-** Cited Speed: **-**

To Wit: **TIKMAS DID HAVE CONCE OF M3 ON HIS PERSON AND ADVISED THAT IT WAS HIS DID NOT HAVE M3 MEDICAL CARD**

NO BAIL: ☐ Bail Amount: **600** Admin Assessment: **140** Total: **740**

2. Violation **NOC** ☐ NRS ☐ HMC ☐ CFR

B- **RIGHT HEAD LIGHT**

Description: **WARNED**

To Wit:

NO BAIL: ☐ Bail Amount: Admin Assessment: Total:

I certify (or declare) that I have reasonable grounds/probable cause to believe and do believe that above named person committed the above infraction(s) and/or offense(s) contrary to law. Under penalty of perjury under the laws of the State of Nevada.

Officer/Complainant PRINTED Name: Officer/Complainant's Signature: ID #:

Henderson Municipal Court 2nd Floor 243 Water St. Henderson, NV 89015 (702) 267-3300	Henderson Justice Court 1st Floor 243 Water St. Henderson, NV 89015 (702) 455-7951	Clark County Juvenile Court 601 N. Pecos Las Vegas, NV 89101 (702) 455-5320	Boulder City Municipal Court 501 Avenue G Boulder City, NV 89005 (702) 293-9278	Las Vegas Justice Court 200 Lewis Ave. Las Vegas, NV 89101 Traffic (702) 671-3444 Criminal (702) 671-3116	Las Vegas Municipal Court 200 Lewis Ave. Las Vegas, NV 89101 (702) 382-6878 (800) 654-6856	N. Las Vegas Municipal Court 2332 Las Vegas Blvd. North Suite 100 Las Vegas, NV 89030 (702) 633-1130
--	--	--	--	---	--	--

You are hereby ordered to appear on to answer the above charge(s) Month **JULY** Day **27** 2016 at **0900** a.m. p.m.

Without admitting having committed each of the above infractions/offenses, I hereby promise to respond as directed on this notice and waive my right to be taken immediately before a magistrate. (NRS 484.799 and NRS 484.303)

Defendant's Signature **X** ☐ Interpreter Needed ☐ Court Mandatory **Total Bail:**

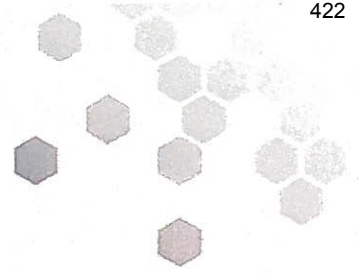
Language: \$

Failure to comply with this complaint or future dates relating to this complaint will constitute a separate offense.

H-189940 B

ROSEMAN UNIVERSITY

O F H E A L T H S C I E N C E S



August 20, 2018

Ms. Candy Nally
Licensing Specialist
Nevada State Board of Pharmacy
431 W. Plumb Lane
Reno, NV 89509

Re: **Thomas Harry Ealy** - PharmD Student
Class of 2021

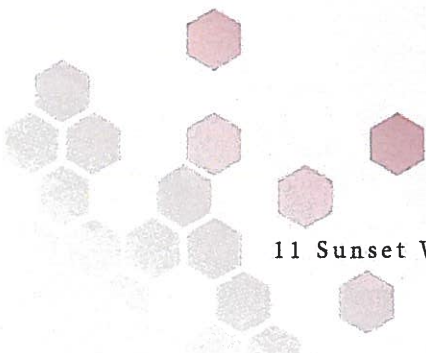
Dear Ms. Nally:

I am writing to advise you that Thomas Harry Ealy has enrolled in the Roseman University of Health Sciences College of Pharmacy Doctor of Pharmacy program on August 20, 2018 as a full-time student, with an anticipated graduation date of May 2021.

If you are in need of any further information, please do not hesitate to contact me at (702) 990-4433.

Sincerely,

Larry Fannin, PharmD
Dean, College of Pharmacy
Roseman University of Health Sciences
lfannin@roseman.edu



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2019 BOARD MEETING DATES

January 16-17, 2019	Las Vegas
March 6-7, 2019	Reno
April 10-11, 2019	Las Vegas
June 5-6, 2019	Reno
July 17-18, 2019	Las Vegas
September 4-5, 2019	Reno
October 9-10, 2019	Las Vegas
December 4-5, 2019	Reno

JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE
S M T W T F S	S M T W T F S	S M T W T F S	S M T W T F S	S M T W T F S	S M T W T F S
1 2 3 4 5	1 2	1 2	1 2 3 4 5 6	1 2 3 4	1
6 7 8 9 10 11 12	3 4 5 6 7 8 9	3 4 5 6 7 8 9	7 8 9 10 11 12 13	5 6 7 8 9 10 11	2 3 4 5 6 7 8
13 14 15 16 17 18 19	10 11 12 13 14 15 16	10 11 12 13 14 15 16	14 15 16 17 18 19 20	12 13 14 15 16 17 18	9 10 11 12 13 14 15
20 21 22 23 24 25 26	17 18 19 20 21 22 23	17 18 19 20 21 22 23	21 22 23 24 25 26 27	19 20 21 22 23 24 25	16 17 18 19 20 21 22
27 28 29 30 31	24 25 26 27 28	24 25 26 27 28 29 30	28 29 30	26 27 28 29 30 31	23 24 25 26 27 28 29
		31			30
JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
S M T W T F S	S M T W T F S	S M T W T F S	S M T W T F S	S M T W T F S	S M T W T F S
1 2 3 4 5 6	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5	1 2	1 2 3 4 5 6 7
7 8 9 10 11 12 13	4 5 6 7 8 9 10	8 9 10 11 12 13 14	6 7 8 9 10 11 12	3 4 5 6 7 8 9	8 9 10 11 12 13 14
14 15 16 17 18 19 20	11 12 13 14 15 16 17	15 16 17 18 19 20 21	13 14 15 16 17 18 19	10 11 12 13 14 15 16	15 16 17 18 19 20 21
21 22 23 24 25 26 27	18 19 20 21 22 23 24	22 23 24 25 26 27 28	20 21 22 23 24 25 26	17 18 19 20 21 22 23	22 23 24 25 26 27 28
28 29 30 31	25 26 27 28 29 30 31	29 30	27 28 29 30 31	24 25 26 27 28 29 30	29 30 31

ANNUAL MEETINGS

APhA Annual Meeting	March 22-25, 2019	Seattle, WA
NACDS Annual Meeting	April 27-30, 2019	Palm Beach, FL
NABP Annual Meeting	May 16-18, 2019	Minneapolis, MN
ASHP Summer Meeting	June 8-12, 2019	Boston, MA
NASCSA Annual Meeting	Oct. 21-24, 2019	Richmond, VA
ASHP Mid Year Meeting	December 8-12, 2019	Las Vegas, NV
NABP District 8 Meeting	?	

STATE HOLIDAYS (observed)

New Years Day	January 1, 2019
Martin Luther King's Birthday	January 21, 2019
President's Birthday	February 18, 2019
Memorial Day	May 27, 2019
Independence Day	July 4, 2019
Labor Day	September 2, 2019
Nevada Day	October 25, 2019
Veteran's Day	November 11, 2019
Thanksgiving	November 28-29, 2019
Christmas	December 25, 2019

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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 Veterinarians dispensing through consignment	09/07/17 10/19/17 12/06/17	12/12/17	R146-17	02/01/18	02/01/18	03/07/18	04/05/18	05/16/18
639.010 Definition of Designated Agent	10/19/17 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	05/16/18
639 NEW Prescription Readers	10/19/17	11/02/17	R131-17	12/05/17	01/24/18 03/13/18 05/03/18	03/07/18 04/12/18 06/07/18	06/15/18	06/26/18
639 PMP Registration/Access	01/11/18	01/12/18	R013-18	04/30/18	05/03/18	06/07/18	06/15/18	06/26/18
639 Show Cause	01/11/18	01/12/18	R014-18	02/27/18	03/13/18	04/12/18	04/17/18	05/16/18
639.742 Vet Dispensing	01/11/18	01/12/18	R015-18	03/09/18	03/13/18	04/12/18	04/17/18	05/16/18
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 05/04/18	05/08/18	06/07/18	06/15/18	06/26/18
453.510 Schedule I – Adding New Substances (Fentanyl)	03/07/18	03/15/18	R048-18					
639.NEW (2) – Further defines CS prescribed for pain (AB474)	06/07/18	06/15/18	R144-18	07/17/18	07/27/18	09/05/18 12/05/18		
639.250 – Technician Ratio	09/05/18 10/11/18							

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
639.955 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 Eluxadolone	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/CD-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



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

SEPTEMBER 5-6, 2018 BOARD MEETING HELD IN RENO, 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 September 2018 Board meeting.

Licensing Activity:

- 18 licenses were granted for Out-of-State MDEG (Medical Devices, Equipment and Gases) companies.
- 23 licenses were granted for Out-of-State pharmacies; pending receipt of a favorable inspection for all compounding pharmacies.
- 28 licenses were granted for Out-of-State wholesalers.
- 2 licenses were granted for Nevada pharmacies.
- 1 license was granted for Out-of-State Outsourcing Facilities.
- 1 license was granted for pharmacist reciprocity with allegations of past criminal activity or drug use (after evaluation by PRN-PRN and more information).
- 1 pharmacist was granted authority to practice outside of a traditional pharmacy

Disciplinary Actions:

- Technicians AM and NS' registrations were revoked for diverting controlled substances from their employing pharmacy.
- Physician IG's Controlled Substance and Practitioner dispensing registrations were revoked for unauthorized access of the Prescription Monitoring Program. IG released the patient's information to a newspaper who published the information. The revocation was stayed and IG placed on probation for 1 year and ordered to pay fees and fines.

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.
- Licensing software updated was provided.
- Legal staff offered updates on present litigation and audits.

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Proposed Regulation of the Nevada State Board of Pharmacy

Workshop

October 11, 2018

Explanation – Language in *blue italics* is new; language in *red text* [~~omitted material~~] is language to be omitted, and language in *green text* indicates prior Board-approved amendments that are in the process of being codified.

AUTHORITY: NRS 639.070; NRS 639.1371

A REGULATION relating to the ratio of pharmaceutical technicians to pharmacists.

NAC 639.250 Restrictions on supervision. (NRS 639.070, 639.0727, 639.1371) Except as otherwise provided in NAC 639.258:

1. Except as otherwise provided in this section, in a hospital, a pharmacist who is dispensing prescriptions may not supervise more than a total of three pharmaceutical technicians at one time. A pharmacist who is supervising distributive functions may not supervise more than a total of two pharmaceutical technicians and one pharmaceutical technician in training while the trainee is performing technician functions in on-the-job training.

2. Except as otherwise provided in this section, in any pharmacy, other than a hospital pharmacy, a pharmacist may not supervise more than a total of three pharmaceutical technicians or one pharmaceutical technician and two pharmaceutical technicians in training at one time.

3. In any telepharmacy, remote site or satellite consultation site, a pharmacist may not supervise more than a total of three pharmaceutical technicians at one time.

4. *In a pharmacy that only performs prescription, patient, and prescriber data entry, and drug utilization reviews, a pharmacist may not supervise more than a total of eight pharmaceutical technicians or six pharmaceutical technicians and two pharmaceutical technicians in training at one time.*

~~4.5.~~ A pharmacist may supervise more pharmaceutical technicians and pharmaceutical technicians in training at one time than are otherwise allowed pursuant to subsections 1 and 2 if:

(a) Not more than three of the pharmaceutical technicians or pharmaceutical technicians in training are performing the duties of a pharmaceutical technician as set forth in NAC 639.245; and

(b) The record kept by the pharmacy pursuant to NAC 639.245 identifies the pharmaceutical technicians and pharmaceutical technicians in training who are performing the duties of a pharmaceutical technician as set forth in NAC 639.245.

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