

NEVADA STATE  
BOARD OF PHARMACY

BOARD MEETING

September 4-5, 2019

HYATT PLACE  
1790 E PLUMB LN  
RENO, NEVADA



# Nevada State Board of Pharmacy

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

Date Posted: August 28, 2019

## SECOND AMENDED AGENDA

### ◆ PUBLIC NOTICE ◆

The Nevada State Board of Pharmacy will conduct a meeting beginning Wednesday, September 4, 2019 at 8:00 am. The meeting will continue, if necessary, on Thursday, September 5, 2019 at 9:00 am or until the Board concludes its business at the following location:

Hyatt Place  
 1790 E Plumb Lane  
 Reno, Nevada

#### Please Note:

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

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

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

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

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

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



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

◆ 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 July 17-18, 2019, Minutes **(FOR POSSIBLE ACTION)**
3. Approval of July 30, 2019, Minutes **(FOR POSSIBLE ACTION)**
4. Applications for Out-of-State Pharmacy – Non Appearance **(FOR POSSIBLE ACTION)**
  - A. Broadway Family Pharmacy – New York, NY
  - B. CarePartners Pharmacy LLC – Libertyville, IL
  - C. Corner Pharmacy, Inc. – Phoenix, AZ
  - D. Cornerstone Health Solutions – Randolph, MA
  - E. Grand Rx – Richmond, TX
  - F. InnovaScript – Indiana, PA
  - G. Kaiser Permanente Pharmacy #985 – Downey, CA
  - H. Kaiser Permanente Sterling Automated Refill Center – Sterling, VA
  - I. LifeScript Pharmacy, PLLC – Fargo, ND
  - J. Mathew Management IV, Inc. – Delray Beach, FL
  - K. Patient Choice Pharmacy – Sugar Land, TX
  - L. RareMed Solution – Pittsburgh, PA
  - M. Relief Med Pharmacy – Conroe, TX
  - N. Roman Health Pharmacy, LLC – Phoenix, AZ
  - O. UrgentMedRx, LLC – Boca Raton, FL
  - P. VectraRx Mail Pharmacy Services, LLC – Oro Valley, AZ

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

- Q. Carefirst Specialty Pharmacy – Cinnaminson, NJ
- R. Millennium Specialty Pharmacy – Winter Park, FL
- S. ProLab Pharmacy – Paris, TX

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

- T. Ashli Healthcare Inc. – Bakersfield, CA

- U. Cardinal Health 200, LLC – Olive Branch, MS
- V. Coosa Valley Respiratory & Home Medical, Inc. – Sylacauga, AL
- W. Handpiece Headquarters – Placentia, CA
- X. Heart Sail Medical – Decatur, AL
- Y. Lincare Inc. – Middletown, OH
- Z. London Medical Supply LLC – Wake Forest, NC
- AA. Teleflex LLC – Olive Branch, MS
- BB. Wound Care Resources, Inc. – Yorkville, TN

Applications for Nevada Ambulatory Surgery Center – Non Appearance  
**(FOR POSSIBLE ACTION)**

- CC. Cimarron Surgery Center – Las Vegas, NV
- DD. Surgeon's Surgery Center – Las Vegas, NV

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

- EE. Partell Specialty Pharmacy – Las Vegas, NV

**◆ REGULAR AGENDA ◆**

5. 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. Christopher Nevarez, MD (19-090-CS-S)
  - B. Douglas Ross, MD (17-100-CS-S)
  - C. Eric Math, MD (19-083-CS-N)
  - D. Eghomware Igbinovia, R.Ph (18-082-RPH-S and 18-131-RPH-S Consolidated)
  - E. ACRX Specialty Pharmacy (18-082-PH-S and 18-131-PH-S Consolidated)
6. Hearing pursuant to NRS 233B.121 to contest ACRX Specialty Pharmacy's involuntary closure pursuant to NAC 639.570 – 19-044-PH-S 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)**
7. Applications for Nevada Pharmacy – Appearance **(FOR POSSIBLE ACTION)**
  - A. Alto Pharmacy – Las Vegas, NV
  - B. Pahump Wellness Pharmacy and Nutrition Center – Pahump, NV
8. Applications for Out-of-State Pharmacy – Appearance **(FOR POSSIBLE ACTION)**

- A. A & W Pharmacy – Duchesne, UT
- B. Edgepark Medical Supplies – Twinsburg, OH
- C. Westmoreland Pharmacy, Inc. – New Albany, IN

9. Application for Out-of-State Compounding Pharmacy – Appearance (**FOR POSSIBLE ACTION**)

PharmaCorr, LLC – Oklahoma City, OK

10. Application for Out-of-State Outsourcing Facility – Appearance (**FOR POSSIBLE ACTION**)

SterRx, LLC – Plattsburg, NY

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

- A. AA Medical (Rancho Drive) – Las Vegas, NV
- B. AA Medica (Eastern Avenue) – Las Vegas, NV
- C. All Time Health Care – Las Vegas, NV
- D. Foothill Medical Supply, LLC – Las Vegas, NV
- E. Optima Prosthetics & Orthotics, LLC – Reno, NV

12. Request for Nevada Medical, Devices, Equipment and Gases Renewal – Appearance Note: The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of any of the below named parties. (**FOR POSSIBLE ACTION**)

Field Ocular Prosthetics LLC

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

- A. Kristin Hestdalen, MD
- B. David J. Smith, MD

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

Bruce K. Fong, DO

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

Gurpartap Basrai

16. Discussion: Nevada's Opioid Response Summit was held August 14<sup>th</sup> and 15<sup>th</sup>. During this summit, licensees and stakeholder questioned if there was an activity that the Board of Pharmacy could undertake to increase communication between licensees related to the prescribing and dispensing of opioid prescription.  
**(FOR POSSIBLE ACTION)**
17. Nevada Ethics Law Training Provide by Yvonne M. Nevarez-Goodson, Esq.  
Executive Director of the Nevada Commission on Ethics
18. General Counsel Report
19. Executive Secretary Report:
- A. Financial Report
  - B. Temporary Licenses
  - C. Staff Activities:
    - 1. Meetings with Other Health Care Boards
    - 2. Presentation to UNLV School of Medicine
    - 3. Nevada Opioid Response Summit
    - 4. Open Beds Meeting
    - 5. Controlled Substance Task Force Meeting
    - 6. Three Stick Production
  - D. Report to Board:
    - 1. Licensing software update
  - E. Board Related News:
    - 1. NABP District Meeting - Boise
  - F. Licensing Activities Report:
    - 1. PMP Integration
    - 2. Online CE activity
    - 3. Renewals

**◆ PUBLIC HEARING ◆**

Thursday, September 5, 2019 – 9:00 am

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

- 1. Amendment of Nevada Administrative Code (NAC) 639.250: Restrictions on supervision.** The proposed amendment will authorize a pharmacist to supervise

not more than a total of eight pharmaceutical technicians or six pharmaceutical technicians in training at one time in any non-dispensing pharmacy. (LCB File No. R002-19)

2. **Amendment of Nevada Administrative Code (NAC) 453.520: Schedule II.** The proposed amendment will add FDA approved dronabinol oral solutions to the controlled substances listed in Schedule II. (LCB File No. R001-19)
3. **Amendment of Nevada Administrative Code (NAC) Chapter 639.** The proposed amendment will add a new regulation authorizing the State Board of Pharmacy to require an applicant for a certificate, license or permit to pay any costs of inspection incurred by the Board. (LCB File No. R005-19)
4. **Amendment of Nevada Administrative Code (NAC) 639.220: Schedule of fees.** The proposed amendments to NAC 639.220 will increase the fees for the application for an initial registration, and the biennial renewal of a registration, as a registered pharmacist, pharmaceutical technician or pharmaceutical technician in training, or for authorization to prescribe or possess controlled substances, to cover the cost of maintaining the computerized program developed pursuant to NRS 453.162. (LCB File No. R034-19)

#### ◆ WORKSHOP ◆

Thursday, September 5, 2019 – 9:00 am

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

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

[Authority – NRS 639.070]

1. **Amendment of Nevada Administrative Code (NAC) 639.240 (Requirements for registration of pharmaceutical technicians), 639.242 (Registration of pharmaceutical technician in training) and 639.7425 (Registration of dispensing technician).** The proposed amendments to the existing registration requirements for a pharmaceutical technician, pharmaceutical technician in training, and dispensing technician would remove prior criminal convictions or past history of drug abuse as mandatory disqualifiers from licensure and make denial for prior criminal convictions or past history of drug abuse permissive consistent with the statutory requirements for other license categories.
2. **Amendment of Nevada Administrative Code (NAC) Chapter 639.** The proposed amendments will add a new regulation requiring a new managing pharmacist to complete 2 extra hours of continuing education on pharmacy management within one year of approval as the managing pharmacist.

3. **Amendment of Nevada Administrative Code (NAC) Chapter 639.** The proposed amendments will add a new regulation requiring any discipline imposed by the Board to be reported to the National Practitioner Data Bank and to any professional licensing board that licenses a practitioner, and require any final decision that a person has engage in unlicensed practice in this state be reported to the National Practitioner Data Bank and to any professional licensing board that licenses a practitioner.
4. **Amendment of Nevada Administrative Code (NAC) Chapter 639.** The proposed amendments will add a new regulation requiring that the Executive Secretary, upon notice that an occupational licensing board that licenses a practitioner has placed that license on inactive status, place any certificate of registration issued by the Board to that practitioner pursuant to NRS 453.226 on inactive status, providing for notice to the practitioner of placement on inactive status, providing for a process to petition for reinstatement of a registration to active status, and providing a process for a registrant to request a hearing before the Board to contest or appeal the placement of a registration on inactive status or the denial of a petition for reinstatement of the registration to active status.
5. **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.
6. **Amendment of Nevada Administrative Code (NAC) 453.510: Schedule I.** The proposed amendment to NAC 453.510 will add newly identified synthetic cannabinoid, cathinones and opiates to the of controlled substances listed in Schedule I.
22. Discussion on the matter of *ACRX Specialty Pharmacy, Inc., a Nevada Corporation; and Eghomware Igbinovia, a/k/a Jerry Igbinovia, an individual vs. Nevada State Board of Pharmacy*, 8<sup>th</sup> J.D. Case No. A-19-798928-C. Please note that during this agenda item the Board may adjourn the meeting and exclude the public for an attorney-client conference on existing litigation pursuant to NRS 241.015(3)(b)(2).
23. Approval of 2020 Board Meeting Dates
24. Date and Location of Next Scheduled Board Meeting:  
  
October 9-10, 2019 – Las Vegas, Nevada
25. Public Comment: No action may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on a future agenda as an item. (NRS 241.020)

Note: We are pleased to make reasonable accommodations for members of the public who are disabled and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify the Nevada

State Board of Pharmacy, 985 Damonte Ranch Parkway, Suite 206, Reno, NV, 89521, or call Shirley Hunting at (775) 850-1440, as soon as possible.

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

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

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

Elko County Courthouse – Elko  
Washoe County Courthouse – Reno

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

**1**



**2**



# NEVADA STATE BOARD OF PHARMACY

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

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

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

## MINUTES

July 17 & 18, 2019

### BOARD MEETING

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

#### Board Members Present:

|               |                 |              |                |
|---------------|-----------------|--------------|----------------|
| Jason Penrod  | Kevin Desmond   | Jade Jacobo  | Wayne Mitchell |
| Melissa Shake | Robert Sullivan | Gener Tejero |                |

#### Board Staff Present:

|                 |             |                      |              |
|-----------------|-------------|----------------------|--------------|
| Dave Wuest      | Yenh Long   | Paul Edwards         | Brett Kandt  |
| Shirley Hunting | Joe Dodge   | Luis Curras          | Dena McClish |
| Leo Basch       | Sophia Long | Kristopher Mangosing |              |

President Penrod 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 July 17, 2019 9:00 AM

John Phoenix, APRN Huntridge Family Clinic, appeared and requested the Board consider developing regulations to make HIV treatment medication more available to patients.

#### 2. Approval of June 5-6, 2019, Minutes

Ms. Shake requested Board Staff review the recording for Item 7 regarding One Choice Pharmacy. Ms. Shake requested Board Staff verify the products and services provided regarding compounding and correct the Minutes if necessary.

#### Board Action:

Motion: Melissa Shake moved to approve the June 2019 Meeting Minutes with corrections to Item 7 if appropriate.

Second: Jade Jacobo

Action: Passed unanimously

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

- A. AbleNet Inc. – Roseville, MN
- B. Alto Pharmacy – Irvine, CA
- C. Beauty Empower Rx LLC – Fairfax, VA
- D. Biologics by McKesson – Cary, NC
- E. Biologics by McKesson – Cary, NC
- F. Cure Pharmacy – Jacksonville, FL
- G. Delta Drugs – Glendale, CA
- H. Hollis Prescription Center, Inc. – Hollis, NY
- I. Lyons Pharmacy – Boca Raton, FL
- J. Natura Pharmacy Inc. – Naples, FL
- K. Rite Care Pharmacy IV – Dallas, TX
- L. RxCrossroads by McKesson – Irving, TX
- M. RxCrossroads by McKesson – Louisville, KY
- N. Simple Rx Pharmacy – Arlington, TX
- O. TPC Pharmacy – Fort Worth, TX
- P. US Vet Meds LLC – Novato, CA

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

- Q. Alphascript, Inc. – San Carlos, CA
- R. Covetrus Maine – Portland, ME
- S. PropacPayless Pharmacy – Vancouver, WA

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

- T. Aspen Medical Products – Irvine, CA
- U. Celularity, Inc. – Eden Prairie, MN
- V. HealthLink International, Incorporated – Memphis, TN
- W. Innovative Supply Group LLC – Lakewood, NJ
- X. Mini Pharmacy – Los Angeles, CA
- Y. Ortho Organizers, Inc. – Carlsbad, CA
- Z. Ortho Technology, Inc. – Lutz, FL
- AA. Pumps It, Inc. – Houston, TX
- BB. Quest Health Solutions, LLC – Coral Springs, FL
- CC. Spectrum Healthcare, Inc. – Eagleville, PA
- DD. St Joseph Medical Equipment Corporation – North Hollywood, CA
- EE. The Hibbert Group – New Castle, DE
- FF. Total Medical Supply, Inc. – Texarkana, TX
- GG. VMR Medical LLC – Lawndale, CA
- HH. Wound Care Concepts, Inc. – Bristol, PA

II. Xcel Med, LLC – Harwood Heights, IL

Application for Nevada Ambulatory Surgery Center – Non Appearance

JJ. Sunset Surgery Center – Las Vegas, NV

Application for Nevada Pharmacy – Non Appearance

KK. Community, A Walgreens Pharmacy #21237 – Reno, NV

Applications for Out-of-State Wholesaler – Non Appearance

LL. Abraxis BioScience, LLC – Summit, NJ  
 MM. Adapt Pharma Inc. – Radnor, PA  
 NN. AdvaGen Pharma Ltd. – Plainsboro, NJ  
 OO. Aimmune Therapeutics, Inc. – Brisbane, CA  
 PP. Alder Pharmaceuticals, Inc. – Bothell, WA  
 QQ. Alnylam Pharmaceuticals, Inc. – Cambridge, MA  
 RR. American Regent, Inc. – Shirley, NY  
 SS. AmerisourceBergen Drug Corporation – Louisville, KY  
 TT. Animal Health International, Inc. – Ceres, CA  
 UU. B. Braun Medical Inc. – Daytona Beach, FL  
 VV. Bayer HealthCare LLC – Berkeley, CA  
 WW. Bayer HealthCare LLC – Whippany, NJ  
 XX. Bayer HealthCare Pharmaceuticals, Inc. – Whippany, NJ  
 YY. BeiGene USA, Inc. – San Mateo, CA  
 ZZ. Bionpharma Inc. – Princeton, NJ  
 AAA. Blueprint Medicines Corporation – Cambridge, MA  
 BBB. Bound Tree Medical, Inc. – Visalia, CA  
 CCC. Brookfield Pharmaceuticals, LLC – Brookfield, WI  
 DDD. Canton Laboratories, LLC – Alpharetta, GA  
 EEE. Cerecor Inc. – Rockville, MD  
 FFF. Celgene Corporation – Summit, NJ  
 GGG. Centurion Medical Products – Howell, MI  
 HHH. Centurion Medical Products – Salisbury, NC  
 III. Chadwick Pharmaceuticals, Inc. – Madison, MS  
 JJJ. Cintex Services, Inc. – Suwanee, GA  
 KKK. Civica, Inc. – Lehi, UT  
 LLL. Cronus Pharma LLC – East Brunswick, NJ  
 MMM. Davol Inc., Subsidiary of C.R. Bard, Inc. – Warwick, RI  
 NNN. Elanco US Inc. – Greenfield, IN  
 OOO. Epizyme, Inc. – Cambridge, MA  
 PPP. Esperion Therapeutics, Inc. – Ann Arbor, MI  
 QQQ. E5 Pharma, LLC – Boca Raton, FL  
 RRR. Fosun Pharma USA, Inc. – Princeton, NJ  
 SSS. Glenmark Therapeutics Inc. USA – Mahwah, NJ  
 TTT. Intra-Cellular Therapies, Inc. – Towson, MD  
 UUU. Kindred Biosciences, Inc. Burlingame. CA

VVV. Leadiant Biosciences, Inc. – Gaithersburg, MD  
 WWW. Leucadia Pharmaceuticals – Carlsbad, CA  
 XXX. Macleods Pharma USA, Inc. – Plainsboro, NJ  
 YYY. Medline Industries, Inc. – Moreno Valley, CA  
 ZZZ. Meitheal Pharmaceuticals, Inc. – Chicago, IL  
 AAAA. Nalpropion Pharmaceuticals, Inc. – San Diego, CA  
 BBBB. Nivagen Pharmaceuticals, Inc. – Sacramento, CA  
 CCCC. Novo Nordisk Inc. – Plainsboro, NJ  
 DDDD. NX Development Corporation – Lexington, KY  
 EEEE. Patheon Pharmaceuticals Inc. – Cincinnati, OH  
 FFFF. Photocure, Inc. – Princeton, NJ  
 GGGG. Rhodes Pharmaceuticals L.P. – Coventry, RI  
 HHHH. Rockwell Medical Inc. – Wixom, MI  
 III. Seqirus USA, Inc. – Summit, NJ  
 JJJJ. Silvergate Pharmaceuticals, Inc. – Greenwood Village, CO  
 KKKK. Slayback Pharma, LLC – Princeton, NJ  
 LLLL. Smith Drug Company, Division of J M Smith Corporation – Paragould, AR  
 MMMM. Snap Medical Industries, LLC – Dublin, OH  
 NNNN. Sprout Pharmaceuticals, Inc. – Raleigh, NC  
 OOOO. TESARO, Inc. – Waltham, MA  
 PPPP. TherapeuticsMD, Inc. – Boca Raton, FL  
 QQQQ. Trapollo LLC – Herndon, VA  
 RRRR. Vyera Pharmaceuticals, LLC – New York, NY  
 SSSS. West Therapeutic Development, LLC – Northbrook, IL

Melissa Shake recused from participation regarding Items 3 KK and 3 SS due to her employment with Walgreens.

Board Action:

Motion: Kevin Desmond moved to approve the Consent Agenda with the exception of Items 3 KK and 3 SS.

Second: Robert Sullivan

Action: Passed unanimously

Board Action:

Motion: Jade Jacobo moved to approve Items 3 KK and 3 SS.

Second: Robert Sullivan

Action: Passed unanimously

4. Discipline

A. Tam Pham Nguyen, DDS

(19-085-CS-S)

Tam Nguyen appeared and was sworn by President Penrod prior to answering questions or offering testimony.

Mr. Kandt stated that Dr. Nguyen did not respond to his Notice of Intended Action and Accusation.

Mr. Kandt summarized the facts of the case where Dr. Nguyen entered into a Stipulation and Voluntary Surrender of License with Nevada State Board of Dental Examiners. Dr. Nguyen admitted to unprofessional and illegal conduct in creating fraudulent prescriptions for Oxycodone-Acetaminophen and Hydrocodone-Acetaminophen.

Mr. Kandt moved to have Exhibits 1-2 admitted into the record.

Dr. Nguyen had no objections to Exhibits 1-2.

President Penrod admitted Exhibits 1-2 into the record.

Mr. Kandt presented documentation that Dr. Nguyen was properly served his Notice of Intended Action and Accusation and a copy of his Stipulation and Voluntary Surrender of License with the Nevada State Board of Dental Examiners.

Dr. Nguyen stated that he would like to surrender his Nevada Controlled Substance Registration and explained that he has no intention of practicing again.

Mr. Kandt reviewed the Regulations regarding the voluntary surrender of a license.

Board Action:

Motion: Kevin Desmond moved to accept Tam Nguyen's voluntary surrender of his Controlled Substance Registration.

Second: Melissa Shake

Action: Passed unanimously

B. Michael S. Mall, MD (19-086-CS-S)

This matter was postponed to a future meeting at the Respondents request.

C. Marika Chunyk, APRN (17-118-CS-A-S)

Marika Chunyk appeared and was sworn by President Penrod prior to answering questions or offering testimony.

Shirley Blazich was present as counsel representing Ms. Chunyk.

Mr. Edwards summarized the facts of the case where Ms. Chunyk was employed by My Vitamin Therapy (MVT). MVT's staff provided on-site and off-site medical treatment to patients, including the administration of dangerous drugs through intravenous therapy and/or injections. MVT's staff protocols, standing orders, and policies and procedures allowed for treatment and administration of drugs without an exam or bona fide relationship with a practitioner. MVT's non-practitioner staff was allowed to obtain, access, possess and store dangerous drugs from MVT's inventory and the non-practitioner staff obtained, accessed and possessed dangerous drugs and administered dangerous drugs to patients, without a practitioner on site and without a practitioner's direct supervision.

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

Ms. Chunyk shall receive a Letter of Reprimand, shall pay a fine of \$3,000.00 and an administrative fee of \$1,000.00. Ms. Chunyk agrees not to engage in any practice in which a substantial portion of the practice is providing injections and/or intravenous infusions of vitamins or fluids for rehydration. If Ms. Chunyk decides to engage in such a practice in the future she shall obtain written permission from Board Staff.

Ms. Chunyk explained that she no longer works at MVT and is currently employed at a family practice clinic.

Board Action:

Motion: Jade Jacobo moved to accept the Stipulation and Order regarding Marika Chunyk

Second: Kevin Desmond

Action: Passed unanimously

D. Tiffany W. Walker, APRN (17-118-CS-B-S)

Mr. Edwards explained that after further investigation Board Staff is dismissing this case regarding Tiffany Walker.

E. Shouping Li, MD (19-087-CS-S)

Dr. Li was not present.

Mr. Kandt summarized the facts of the case where Shouping Li executed a plea agreement with the United States Attorney's Office for the district of Nevada relating to unprofessional and illegal conduct in prescribing dosages and amounts of Oxycodone and Hydrocodone to patients outside the usual course of his professional practice and without legitimate medical purpose.

Mr. Kandt stated that Dr. Li has agreed to voluntarily surrender his Nevada Controlled Substance Registration and to pay \$500.00 in attorney's fees and costs.

Board Action:

Motion: Kevin Desmond moved to accept Shouping Li's Stipulated Agreement and voluntary surrender of his Nevada Controlled Substance Registration as discipline. Board Staff shall report this matter as discipline to the database.

Second: Jade Jacobo

Action: Passed unanimously

F. Douglas Ross, MD (17-100-CS-S)

This matter was postponed to a future meeting at the Respondents request

G. Roger Estevez, MD (19-072-CS-S)

Roger Estevez appeared and was sworn by President Penrod prior to answering questions or offering testimony.

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

Dr. Estevez had no objections to Exhibits 1-5.

President Penrod admitted Exhibits 1-5 into the record.

Mr. Kandt presented documentation showing that Dr. Estevez received proper notice for this hearing, a copy of his Cease and Desist Letter, Dr. Estevez's response to the Cease and Desist Letter and his response to the Notice of Intended Action and Accusation and documentation of reasonably and actually incurred attorney's fees and costs for this case.

Mr. Kandt summarized that Dr. Estevez has appeared before the Board at previous meetings regarding his dispensing license and controlled substance license.

Dr. Estevez apologized for his error and described the changes to his practices' policies and procedures to prevent this error from occurring in the future.

Board Action:

Motion: Melissa Shake moved that the Board has jurisdiction over this matter and that based on the evidence and testimony presented that the factual allegations in the Notice of Intended Action and Accusation are true.

Second: Wayne Mitchell

Action: Passed unanimously



Board Action:

Motion: Melissa Shake moved to find Roger Estevez guilty of the First through Fourth Causes of Action.

Second: Wayne Mitchell

Action: Passed unanimously

Board Action:

Motion: Melissa Shake moved to find that that Attorney's Fees and Costs were necessary, reasonable, and actually incurred.

Second: Jade Jacobo

Action: Passed unanimously

Board Action:

Motion: Wayne Mitchell moved that Roger Estevez shall pay a \$1,500.00 fine and an administrative fee of \$1404.52 due in 60 days.

Second: Melissa Shake

Action: Passed unanimously

H. Kiarash L. Mirkia, MD (19-090-CS-S-A)

This matter was postponed to a future meeting at the Respondents request

I. Roger Ly, R.Ph (16-043-RPH-S)

Mr. Ly was not present.

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

President Penrod admitted Exhibit 1 into the record.

Mr. Kandt presented a Memorandum of Agreement between Mr. Ly, DEA and the US Attorney's Office.

Mr. Kandt summarized the facts of the case where Roger Ly and VIP Pharmacy filled approximately 380 fraudulent prescriptions for Oxycodone and Hydrocodone written by Tam Nguyen, DDS. Mr. Ly admitted to Board investigators that he delivered the fraudulently prescribed drugs directly to Dr. Nguyen and continued to fill Dr. Nguyen's fraudulent prescriptions for approximately five months after patients alleged fraud.

Mr. Kandt explained that Mr. Ly has agreed to pay an administrative fee of \$750.00 and voluntarily surrender his Nevada Pharmacist Registration.

Board Action:

Motion: Melissa Shake moved to accept Roger Ly's voluntary surrender of his Nevada Pharmacist Registration.

Second: Kevin Desmond

Action: Passed unanimously

|    |                    |                |
|----|--------------------|----------------|
| J. | Todd Spears, R.Ph  | (18-005-RPH-S) |
| K. | CVS Pharmacy #5286 | (18-005-PH-S)  |

Todd Spears appeared and was sworn by President Penrod prior to answering questions or offering testimony.

Jeffrey Sinco was present representing the Respondents.

Mr. Kandt stated that pharmaceutical technician Lisa Morris was subpoenaed and present for her involvement in this case.

Mr. Kandt summarized the facts of the case where patient J.T. tendered a prescription to CVS Pharmacy where Ms. Morris performed data entry in CVS's computer system. Ms. Morris mistakenly selected Amlodipine Besylate 10 mg. tablets rather than Amitriptyline 10 mg. tablets as prescribed. Mr. Spears was the verifying pharmacist on record and failed to detect the medication error. J.T. ingested 19 tablets of the wrong medication before CVS notified him of the error.

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

Mr. Spears shall receive a Letter of Reprimand and shall complete an additional four CEU on error prevention within 60 days and shall pay a fine of \$750.00.

CVS Pharmacy shall pay an administrative fee of \$750.00 and a fine of \$500.00.

Mr. Spears apologized for his error and explained the changes he has made to his practice to prevent future errors.

Mr. Sinco explained that CVS Pharmacy has added Amlodipine and Amitriptyline to the list of lookalike drugs.

Board Action:

Motion: Jade Jacobo moved to approve the Stipulation and Order as presented

Second: Melissa Shake

Action: Passed unanimously

L. Joseph Jaffer, PT (19-078-PT-S)

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

Joseph Jaffer was not present.

Mr. Edwards moved to have Exhibits 1-3 admitted into the record.

President Penrod admitted Exhibits 1-3 into the record.

Mr. Edwards summarized the facts of the case where Walgreens Pharmacy notified Board Staff that Mr. Jaffer was terminated from his employment as a pharmaceutical technician at Walgreens Pharmacy #12539 for diversion of controlled substances. Mr. Jaffer confessed to diverting 32 Hydrocodone 10-325 mg tablets.

Mr. Edwards presented documentation showing Mr. Jaffer was properly sent his Notice of Intended Action and Accusation by certified mail, a copy of his licensing file showing Mr. Jaffer's last mailing address of record and a statement from Mr. Jaffer admitting to diversion.

Board Action:

Motion: Wayne Mitchell moved that the Board has jurisdiction over this matter and service was properly given.

Second: Jade Jacobo

Action: Passed unanimously

Board Action:

Motion: Jade Jacobo moved that the factual allegations have been proven and that Joseph Jaffer is guilty of the First through Fourth Causes of Action based on the evidence presented.

Second: Kevin Desmond

Action: Passed unanimously

Mr. Edwards stated that Board Staff recommends revocation of Mr. Jaffer's pharmaceutical technician registration for a minimum of 1 year. Mr. Jaffer shall pay a \$250.00 administrative fee if he decides to reapply

Board Action:

Motion: Wayne Mitchell moved to revoke Joseph Jaffer Pharmaceutical Technician Registration for a minimum of one year. If Mr. Jaffer decides to reapply he shall appear before the Board for approval and shall pay an administrative fee of \$250.00.

Second: Robert Sullivan

Action: Passed unanimously

M. Kelly Ann Trigleth, PT (19-055-PT-S)

Kelly Ann Trigleth was not present.

Mr. Edwards summarized the facts of the case where CVS Pharmacy notified Board Staff that Ms. Trigleth was terminated from her employment as a pharmaceutical technician at CVS Pharmacy #08784 for diversion of approximately 1,000 Tylenol with Codeine #4 for self-use.

Mr. Edwards moved to have Exhibits 1-3 admitted into the record.

President Penrod admitted Exhibits 1-3 into the record.

Mr. Edwards presented documentation that Board Staff sent Ms. Trigleth's Notice of Intended Action and Accusation by certified mail to the most current mailing address of record and a statement from Ms. Trigleth admitting to diverting controlled substances.

Board Action:

Motion: Kevin Desmond moved that the Board has jurisdiction over this matter and that service was properly given.

Second: Melissa Shake

Action: Passed unanimously

Board Action:

Motion: Jade Jacobo moved that the factual allegations have been proven and that Kelly Ann Trigleth is guilty of the First through Fourth Causes of Action based on the evidence presented.

Second: Kevin Desmond

Action: Passed unanimously

Mr. Edwards stated that Board Staff recommends revocation of Ms. Trigleth's pharmaceutical technician registration for a minimum of one year. Ms. Trigleth shall pay an administrative fee of \$250.00 and shall appear before the Board if she decided to reapply.

Board Action:

Motion: Kevin Desmond moved to revoke Kelly Ann Trigleth's Pharmaceutical Technician Registration for a minimum of one year. If Ms. Trigleth decides to reapply she shall appear before the Board for approval and shall pay a \$250.00 administrative fee.

Second: Melissa Shake

Action: Passed unanimously

5. Application for Practitioner Dispensing Registration - Appearance:

Kimberly Adams. MD

Melissa Shake and Jade Jacobo disclosed that they have filled prescriptions written by Dr. Adams at their pharmacies, but stated that they could participate in this matter fairly and without bias.

Kimberly Adams appeared and was sworn by President Penrod prior to answering questions or offering testimony.

Kristopher Rath was present as counsel representing Dr. Adams.

Mr. Edwards explained that Board Staff received a complaint that Dr. Adams was dispensing medication without proper licensure. He stated that Board Staff sent Dr. Adams a Cease and Desist/Citation. He explained that Dr. Adams did not challenge the Cease and Desist and has paid the fine.

Mr. Rath stated that Dr. Adams was working with a consultant regarding her dispensing practice and received incorrect information.

Dr. Adam's stated that she accepts full responsibility for the error and is applying to correct the issue.

Dr. Adam's answered questions to the Board's satisfaction regarding her work history and practice.

Board Action:

Motion: Melissa Shake moved to approve Kimberly Adam's Application for Practitioner Dispensing Registration pending a positive inspection.

Second: Wayne Mitchell

Action: Passed unanimously

6. Hearing pursuant to NRS 639.2895(2) on appeal of citation and fine for unlicensed prescribing and dispensing.

Valorie Davidson

(18-059-S)

Ms. Davidson contacted Board Staff to withdraw her request to appeal her citation and fine for unlicensed prescribing and dispensing.

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

Golden Gate Veterinary Compounding Pharmacy, Inc. – Novato, CA

Paul Lofholm, Vice President, appeared and was sworn by President Penrod prior to answering questions or offering testimony.

Yenh Long, Deputy Executive Secretary Nevada State Board of Pharmacy, appeared and was sworn by President Penrod prior to answering questions or offering testimony.

Mr. Lofholm explained that Golden Gate Veterinary Compounding Pharmacy, Inc. (Golden Gate) provides non-sterile compounding services. Mr. Lofholm stated that Golden Gate only compounds veterinary products.

Ms. Long questioned Mr. Lofholm regarding Golden Gate's products and services provided, past inspections, past discipline, pharmacy staff and the company's policies and procedures.

Mr. Lofholm answered Ms. Long's questions to the Board's satisfaction. Mr. Lofholm described the updates Golden Gate implemented to increase security and internal controls of their medications.

Board Action:

Motion: Melissa Shake moved to approve Golden Gate Veterinary Compounding Pharmacy, Inc.'s Application for Out-of-State Pharmacy License with conditions. Golden Gate Veterinary Compounding Pharmacy, Inc shall report any medication loss within 10 days.

Second: Kevin Desmond

Action: Passed unanimously

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

A. All Time Health Care – Las Vegas, NV

No representative from All Time Health Care was present for the meeting.

B. MDRX, LLC – Henderson, NV

This matter was continued to a future meeting.

C. Providence Medical Supply – Las Vegas, NV

Melissa Shake disclosed that Modupe Irorobeje is an acquaintance, but stated that she could participate in this matter fairly and without bias.

Jade Jacobo disclosed that she was former coworkers with Modupe Irorobeje, but stated that she could participate in this matter fairly and without bias.

Modupe Irorobeje, owner and MDEG Administrator, appeared and was sworn by President Penrod prior to answering questions or offering testimony.

Ms. Irorobeje explained that Providence Medical Supply will provide diabetic supplies and assistive equipment to patients and prescriber's offices. She stated that she plans to also provide orthotics in the future.

After discussion, the Board clarified that Providence Medical Supply would require an additional license to be able to sell products to prescriber's offices.

Ms. Irorobeje stated that she would only be selling directly to patients and would seek additional licensure prior to selling products to prescribers.

Ms. Irorobeje answered questions to the Board's satisfaction regarding the products and services provided and her work history.

Board Action:

Motion: Kevin Desmond moved to approve Providence Medical Supply's Application for Nevada MDEG License pending a positive inspection.

Second: Wayne Mitchell

Action: Passed unanimously

9. Presentation from CVS Health on the progress of modifications to CVS Pharmacy's computer system to limit record deletions and ensure compliance with requirements for readily retrievable records.

Jeff Sinco and Mark Johnstone appeared and provided an update regarding modification made to CVS Pharmacy's computer system to limit record deletions.

Mr. Sinco explained that pharmacy data goes into information warehouse that is accessible to CVS corporate. He stated that changes are being made to allow access to this data at the store level.

Mr. Sinco stated that training is ongoing and estimates the modifications will be completed in the first quarter of 2020.

10. Applications for Controlled Substance Registration - Appearance

A. Maryanne Phillips, MD (13-061-CS-S)

Maryanne Phillips appeared and was sworn by President Penrod prior to answering questions or offering testimony.

Ken Hogan was present as counsel representing Dr. Phillips.

Mr. Edwards provided background information regarding Dr. Phillips past discipline.

Mr. Hogan stated that Dr. Phillips had entered into a Settlement Agreement with the Nevada State Board of Medical Examiners that would allow her to practice anesthesia.

Board discussion ensued regarding Dr. Phillips' past discipline and Settlement Agreement.

Board Staff expressed concern that Dr. Phillips' application had discipline questions answered incorrectly and that the supporting documentation for her past discipline was not complete.

After discussion, President Penrod offered Dr. Phillips the option to table her application in order to correct her application and provide adequate supporting documentation.

The Board tabled Dr. Phillips' application at her request.

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

Dr. Toledo contacted Board Staff to withdraw his application.

11. Applications for Pharmaceutical Technician - Appearance:

A. Joanna L. Thompson (07-097-PT-S)

Joanna Thompson appeared and was sworn by President Penrod prior to answering questions or offering testimony.

Mr. Kandt explained that Ms. Thompson disclosed past discipline on her application.

Mr. Kandt summarized the facts of the case where Ms. Thompson's pharmaceutical technician license was revoked for writing and attempting to have two fraudulent prescriptions filled for her father.



The Board questioned Ms. Thompson regarding her past discipline and what she has done to keep her pharmacy knowledge up to date.

Ms. Thompson explained that she attempted to have the fraudulent prescriptions filled so that she would be fired from her current employment.

After discussion, the Board expressed concern regarding Ms. Thompson attitude regarding the seriousness of her case.

Board Action:

Motion: Jade Jacobo moved to deny Joanna Thompson's Application for Pharmaceutical Technician License

Second: Gener Tejero

Aye: Desmond, Jacobo, Mitchell, Sullivan, Tejero

Nay: Shake

Action: Motion carries

B. Mychela B. Predium

Mychela Predium was not present.

Mr. Wuest stated that Board Staff would contact Ms. Predium to reschedule.

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

A. Kolong P. Ongor

Kolong Ongor was not present.

B. Andrew L. Solis

Andrew Solis appeared and was sworn by President Penrod prior to answering questions or offering testimony.

Mr. Edwards stated that Mr. Solis disclosed past discipline on his pharmaceutical technician in training application.

Mr. Solis stated that in 2016 he was arrested and charged for possession of marijuana and use/possession of drug-paraphernalia.

Mr. Solis answered questions to the Board's satisfaction regarding his discipline, drug use and recovery.

The Board discussed having Mr. Solis evaluated by PRN-PRN.

Board Action:

Motion: Melissa Shake moved to approve Andrew Solis' Application for Pharmaceutical Technician in Training Registration pending a positive evaluation from PRN-PRN and that Mr. Solis disclose all discipline to any future employer.

Second: Kevin Desmond

Action: Passed unanimously

13. Applications for Nevada Pharmacy – Appearance

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

No representative from Aaron Pharmacy, Inc. was present.

B. Combined Wellness Pharmacy – Las Vegas, NV

No representative from Combined Wellness Pharmacy was present.

C. Credo Pharmacy LLC – Las Vegas, NV

Melissa Shake disclosed that she has worked with Olukunle Alabi in the past, but stated that she could participate in this matter fairly and without bias.

Olukunle Alabi, managing pharmacist, and Arman Martirosyan, owner, appeared and were sworn by President Penrod prior to answering questions or offering testimony.

Todd Lemonpole was present as counsel representing Credo Pharmacy LLC.

Mr. Alabi stated that Credo Pharmacy LLC is a retail pharmacy that will service long term care facilities.

The Board questioned Mr. Alabi regarding his work history and past discipline.

Mr. Alabi explained that he did not disclose his past discipline on the application because he did not know the year it happened. He stated that he was disciplined for not completing the required hours of CEU during his renewal and stated that he did comply with the Order at that time.

Mr. Alabi and Mr. Martirosyn answered questions to the Board's satisfaction.

Board Action:

Motion: Jade Jacobo moved to approve Credo Pharmacy LLC's Application for Nevada Pharmacy License pending a positive inspection and submission of a corrected application and managing pharmacist application. Credo Pharmacy LLC shall receive Staff approval before providing mail services.

Second: Melissa Shake

Action: Passed unanimously

D. Economy Drug – Eureka – Eureka, NV

Andrew Bath, managing pharmacist and part-owner, appeared and was sworn by President Penrod prior to answering questions or offering testimony.

Mr. Bath explained that Economy Drug – Eureka would be a retail satellite pharmacy to service the town of Eureka.

Mr. Wuest stated that Eureka has no dispensing practitioners in the area, and that Eureka patients have to travel approximately 80 miles to the nearest pharmacy.

Mr. Dodge stated that Economy Drug in Ely has had positive past inspections and explained that Mr. Bath has been in contact with the satellite pharmacy in Alamo to discuss the pharmacy layout.

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

Board Action:

Motion: Kevin Desmond moved to approve Economy Drug – Eureka's Application for Nevada Pharmacy License pending a positive inspection

Second: Melissa Shake

Action: Passed unanimously

E. Old Fashioned Pharmacy LLC – Las Vegas, NV

Jaime Dorsett, managing pharmacist, and Carlos Echevarria, owner, appeared and were sworn by President Penrod.

Mr. Echevarria stated that Old Fashioned Pharmacy, LLC is a community pharmacy that plans to serve the underserved Spanish community.

Mr. Echevarria answered questions regarding his employment history, products and services provided, staff and pharmacy funding.

After discussion, the Board expressed concern regarding Mr. Echevarria's lack of experience and knowledge regarding pharmacy.

President Penrod offered Mr. Echevarria the option to table Old Fashioned Pharmacy LLC's application to allow him time to become familiar with pharmacy law and to discuss the pharmacy's business model.

The Board tabled Old Fashion Pharmacy LLC's application at Mr. Echevarria's request.

#### F. Sunrise Pharmacy – Las Vegas, NV

Christopher Goodman, managing pharmacist, Mike Peters, current owner, and Robert Seik, new owner, appeared and were sworn by President Penrod prior to answering questions or offering testimony.

Kristopher Rath was present as counsel representing Sunrise Pharmacy.

Jade Jacobo disclosed that Mr. Goodman was a past coworker, but stated that she could participate in this matter fairly and without bias.

Mr. Seik and Mr. Peters stated that the purpose of the ownership change is because the current ownership is unable to make the changes to make Sunrise Pharmacy USP 800 compliant.

Mr. Seik stated that his intention is to potentially consolidate Sunrise Pharmacy and Partell Pharmacy.

Mr. Seik and Mr. Peters answered the Board's questions regarding, Sunrise Pharmacy's products and services provided and staff.

#### Board Action:

Motion: Kevin Desmond moved to approve Sunrise Pharmacy's Ownership Change Application for Nevada Pharmacy License.

Second: Melissa Shake

Action: Passed unanimously

#### G. Vegas Pharma LLC – Las Vegas, NV

Ashley Isom, managing pharmacist, and Blake McCloud, pharmacist, appeared and were sworn by President Penrod prior to answering questions or offering testimony.

Mr. McCloud presented a Letter of Authorization allowing him to speak on behalf of the company.

Mr. Wuest stated that Ms. Isom and Mr. Delk, owner, appeared at a previous meeting. At that meeting, the Board tabled Vegas Pharma LLC's application to allow Ms. Isom to receive more training regarding compounding.

Ms. Isom explained that she went to Kentucky to participate in the company's compounding training.

Mr. Dodge appeared and questioned Ms. Isom and Mr. McCloud regarding sterile compounding, products and services provided, Vegas Pharma LLC's policies and procedures and drug formulations.

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

Board Action:

Motion: Jade Jacobo moved to approve Vegas Pharma LLC's Application for Nevada Pharmacy License pending a positive inspection. Vegas Pharma LLC shall have quarterly inspections at the company's expense.

Second: Wayne Mitchell

Action: Passed unanimously

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

A. Miller's of Wyckoff – Wyckoff, NJ

David Miller, managing pharmacist, appeared and was sworn by President Penrod prior to answering questions or offering testimony.

Mr. Miller stated that Miller's of Wyckoff is retail pharmacy that provides sterile and non-sterile compounding services.

Mr. Dodge questioned Mr. Miller regarding Miller's of Wyckoff's product and services provided, policies and procedures, past inspections, shipping procedures and staff.

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

Board Action:

Motion: Melissa Shake moved to approve Miller's of Wyckoff's Ownership Change Application for Out-of-State Compounding Pharmacy

Second: Jade Jacobo

Action: Passed unanimously

B. OSRX, Inc. – Missoula, MT

Brian Wolwarth, Chief Compounding pharmacist, appeared and was sworn by President Penrod prior to answering questions or offering testimony.

Mr. Wolwarth stated that OSRX, Inc. is a retail pharmacy that provides sterile and non-sterile compounded products. He explained that OSRX, Inc. compounds high risk ophthalmic medication.

Mr. Dodge questioned Mr. Wolwarth regarding OSRX, Inc.'s past FDA inspections, OSRX Inc.'s policies and procedures and product testing.

Mr. Wolwart explained each of FDA's observations and described what OSRX, Inc. changed in order to correct each issue.

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

Board Action:

Motion: Kevin Desmond moved to approve OSRX, Inc.'s Ownership Change Application for Out-of-State Pharmacy License.

Second: Jade Jacobo

Action: Passed unanimously

C. Rite Away Pharmacy & Medical Supply – San Antonio, TX

Carlos Tami, consulting pharmacist, appeared and was sworn by President Penrod prior to answering questions or offering testimony.

Mr. Tami presented a Letter of Authorization allowing him to speak on behalf of the company.

Mr. Tami stated that Rite Away Pharmacy & Medical Supply is a community pharmacy that provides sterile and non-sterile compounded products. He explained that Rite Away Pharmacy will send HCG and testosterone products directly to patients.

The Board removed Rite Away Pharmacy & Medical Supply's affidavit not to send sterile compounded products from the record at Mr. Tami's request.

Mr. Tami was unable to answer the Board's questions regarding Rite Away Pharmacy & Medical Supply's policies and procedures regarding sterile compounding.

After discussion, President Penrod offered Mr. Tami the option to table Rite Away Pharmacy & Medical Supply's application to allow the compounding pharmacist to appear and answer the Board's questions.

The Board tabled Rite Away Pharmacy & Medical Supply's application at Mr. Tami's request.

D. Premier Specialty Infusion LLC – Hoffman Estates, IL

This matter was postponed to a future Board Meeting.

15. Applications for Nevada Wholesaler – Appearance

A. 1 Click Logistics – Sparks, NV

James Applebach appeared and was sworn by President Penrod prior to answering questions or offering testimony.

The Board questioned Mr. Applebach regarding 1 Click Logistics products and services provided and his work experience and past discipline.

Mr. Applebach answered questions to the Board's satisfaction regarding past discipline and 1 Click Logistics products and services provided. He explained that 1 Click Logistics is a third-party logistics company that sells primarily micro catheters and guidewires.

Board Action:

Motion: Kevin Desmond moved to approve 1 Click Logistics' Application for Nevada Wholesaler pending a positive inspection. 1 Click Logistics shall notify Board Staff prior to shipping any sterile products.

Second: Jade Jacobo

Action: Passed unanimously

B. Secura Bio, Inc. – Las Vegas, NV

Hector Tamburini, Senior Director, Mark Spring, CFO, Joseph Limber, President/CEO and Brett Lunch, Chief Legal Officer, appeared and were sworn by President Penrod prior to answering questions or offering testimony.

Mr. Limber presented information regarding Secura Bio, Inc. Mr. Limber explained that Secura Bio, Inc. plans to provide Farydak which is a FDA approved drug for myeloma treatment.

Mr. Limber stated that no manufacturing will take place at the Nevada location.

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

Mr. Limber answered Mr. Dodge's questions to the Board's satisfaction regarding Secura Bio, Inc.'s past FDA inspection.

Board Action:

Motion: Kevin Desmond moved to approve Secura Bio, Inc.'s Application for Nevada Wholesaler License.

Second: Melissa Shake

Action: Passed unanimously

16. Hearing pursuant to NRS 233B.121 to contest ACRX Specialty Pharmacy's involuntary closure pursuant to NAC 639.570 – 19-044-PH-S 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.

This matter was continued to a future Board Meeting.

17. Request for Removal of Probation on Pharmacist License - Appearance:

Stephanie Ng

(13-053-RPH-O)

Stephanie Ng appeared and was sworn by President Penrod prior to answering questions or offering testimony.

Mr. Wuest explained that Ms. Ng's pharmacist license was placed on probation as a part of a parallel action that occurred with the California State Board of Pharmacy.

Ms. Ng stated that she has successfully completed her probation in California and is requesting to have her Nevada pharmacist license restored.

Ms. Ng answered questions to the Board's satisfaction regarding her discipline in California.

Board Action:

Motion: Melissa Shake moved to approve Stephanie Ng's Request for Removal of Probation on Pharmacist License with the condition that Ms. Ng notify Board Staff prior to practicing in Nevada.

Second: Kevin Desmond

Action: Passed unanimously

18. Personnel Review

A. Personnel Evaluation

Mr. Wuest and Ms. Long commended Board Staff for their hard work.

B. Executive Secretary Evaluation



The Board commended Mr. Wuest for his hard work and leadership as the Executive Secretary.

19. General Counsel Report

20. Executive Secretary Report:

A. Financial Report

Mr. Wuest presented the financial report to the Board's satisfaction.

B. Temporary Licenses

Three temporary licenses were issued since the last Board meeting.

C. Staff Activities:

1. Meetings with other health care boards
2. Presentation to UNLV School of Medicine
3. Grant Presentation - Washington DC
4. Walgreen's Order update

D. Report to Board:

1. Licensing software update

E. Board Related News:

1. Legislative Update

F. Licensing Activities Report:

1. PMP Integration
2. Inspection update
3. Online CE activity

Public Comment July 17, 2019 3:00 PM

There was no public comment.

Public Comment July 18, 2019 9:00 AM

There was no public comment.

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

1. **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.

Mr. Wuest provided background information and presented a summary of the past workshops regarding the pharmaceutical technician to pharmacist ratio.

Mr. Wuest presented the results from the last pharmacist survey regarding the pharmaceutical technician to pharmacist ratio.

Mr. Edwards and Ms. Long read written public comment into the record.

Adam Porath submitted written public comment against the proposed regulation changes.

Margot Leland submitted written public comment against the proposed regulation changes.

Kelsey Maxim submitted written public comment against the proposed regulation changes.

David Simsek submitted written public comment against the proposed regulation changes.

President Penrod opened the Public Comment.

Linh McIntire, pharmacist, appeared and expressed concerns that the proposed regulation changes could create an unsafe work environment.

Lauren Paul, CVS Health, appeared and expressed support of the proposed language.

Liz MacMenamin, RAN, appeared and apologized for making someone feel uncomfortable at the last Board meeting. Ms. MacMenamin expressed support of the proposed language.

Mary Staple, National Association of Chain Drug Stores, appeared and presented documentation regarding other states with an increased pharmaceutical technician to pharmacist ratio. Ms. Staple expressed support for the proposed language and discussed the benefits of increasing the ratio.

Mary Greer, pharmacist, appeared and stated that an increase in the ratio would not allow for more patient to pharmacist interaction.

Karen Rosani, pharmacist, appeared and stated that the increased ratio would create more pressure and work for the pharmacist.

President Penrod closed the Public Comment.

Board discussion ensued regarding different pharmacy models and the benefits and dangers of increasing the ratio.

After discussion, the Board agreed to modify the proposed language with 4:1 pharmaceutical technician to pharmacist ratio.

#### Board Action:

Motion: Wayne Mitchell moved to adopt the proposed language with modifications to bring the pharmaceutical technician to pharmacist ratio to 4:1

Second: Gener Tejero

Aye: Desmond, Mitchell, Shake, Sullivan, Tejero  
Nay: Jacobo

Action: Motion carries

2. **Amendment of Nevada Administrative Code Chapter 453 to add new sections thereto and to amend NAC 453.070 and NAC 453.074 relating to access to the database of the program established pursuant to NRS 453.162 by pharmacy personnel, practitioners, delegates of practitioners, and hospitals.**

Mr. Kandt stated that the proposed language would codify the current procedures of the Prescription Monitoring Program (PMP) regarding PMP use by pharmacist, pharmacy technicians, interns, practitioners, hospitals and delegates.

President Penrod opened the Public Comment.

There was no public comment.

Board Action:

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

Second: Kevin Desmond

Action: Passed unanimously

3. **Amendment of Nevada Administrative Code (NAC) 639.220: Schedule of fees.** The proposed amendments to NAC 639.220 will increase the fees for the application for an initial registration, and the biennial renewal of a registration, as a registered pharmacist, pharmaceutical technician or pharmaceutical technician in training, or for authorization to prescribe or possess controlled substances, to cover the cost of maintaining the computerized program developed pursuant to NRS 453.162.

Mr. Wuest provided background information.

President Penrod opened the Public Comment.

There was no public comment.

After discussion, the Board agreed that the proposed increase in fees were fair and necessary to address current budgetary concerns.

Board Action:

Motion: Kevin Desmond moved to adopt the proposed language and move forward to Public Hearing.

Second: Melissa Shake

Action: Passed unanimously

4. **Amendment of Nevada Administrative Code (NAC) Chapter 639 to add a new section thereto and to amend NAC 453.190 regarding the payment of fees for initial registration, the biennial renewal of a registration, or any other fees charged by the Board.** The proposed amendments will require that payment to the Board be made by credit card, debit card or electronic transfer of money, or by personal, certified or cashier's check or money order payable to the State Board of Pharmacy.

Mr. Kandt provided background information.

President Penrod opened the Public Comment.

There was no public comment.

Board Action:

Motion: Jade Jacobo moved to adopt the proposed language and move forward to Public Hearing.

Second: Melissa Shake

Action: Passed unanimously

22. Date and Location of Next Scheduled Board Meeting:

September 4-5, 2019 - Reno, Nevada

23. Public Comment July 18, 2019 3:00 PM

There was no public comment.

**3**



# NEVADA STATE BOARD OF PHARMACY

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

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

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

## MINUTES

July 30, 2019

## BOARD MEETING

Nevada State Board of Pharmacy Offices

985 Damonte Ranch Parkway, Suite 206  
Reno, Nevada  
and  
1050 E Flamingo Road, Suite E217  
Las Vegas, Nevada

### Board Members Present:

|               |                 |                |
|---------------|-----------------|----------------|
| Jason Penrod  | Jade Jacobo     | Wayne Mitchell |
| Melissa Shake | Robert Sullivan | Gener Tejero   |

### Board Members Absent:

Kevin Desmond

### Board Staff Present:

|              |           |                      |                 |
|--------------|-----------|----------------------|-----------------|
| Dave Wuest   | Yenh Long | Paul Edwards         | Shirley Hunting |
| Dena McClish | Leo Basch | Kristopher Mangosing |                 |

President Penrod 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 July 30, 2019 11:00 AM

There was no public comment.

2. Application for Pharmaceutical Technician in Training - Appearance:

Kolong P. Ongor

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

Kolong Ongor was sworn by President Penrod prior to answering questions or offering testimony.

Mr. Wuest stated that Ms. Ongor failed to disclose past discipline on her recently submitted pharmaceutical technician in training application. He explained that Board Staff discovered that Ms. Ongor had disclosed prior discipline on an application submitted in August 2015.

Ms. Ongor answered questions to the Board's satisfaction regarding her past discipline. She stated that the prior misdemeanor domestic violence case was the only discipline on her record and testified that nothing has occurred since then.

The Board questioned Ms. Ongor regarding her employment with Walgreens.

Ms. Ongor explained that she is applying for a second pharmaceutical technician in training license in order to work at two stores and obtain more hours.

Board Action:

Motion: Gener Tejero moved to approve Kolong Ongor's Application for Pharmaceutical Technician in Training License.

Second: Jade Jacobo

Action: Passed unanimously

3. Appearance of Vetsource and Andrew Bane on application pursuant to NRS 639.500

This matter was continued to a future Board Meeting.

4. Appearance of Medical Purchasing Solutions, LLC and Denis McNicholl on application pursuant to NRS 639.500.

This matter was continued to a future Board Meeting.

5. Appearance of JAMSRX-DEERFIELD and Peter Bizzarro on application pursuant to NRS 639.500.

This matter was continued to a future Board Meeting.

6. Public Comment July 30, 2019 11:30 AM

There was no public comment.

**4**



**NEVADA STATE BOARD OF PHARMACY**  
985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521  
**APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE**

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

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

Application must be printed legibly or typed

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

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

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

Pharmacy Name: PRxP of New York LLC DBA Broadway Family Pharmacy

Physical Address: 510 Amsterdam Ave STR1 (South Store) New York, NY 10024-3935

Mailing Address: 510 Amsterdam Ave STR1 (South Store)

City: New York, State: NY Zip Code: 10024-3935

Telephone: 212-724-1950 Fax: 212-724-1946

Toll Free Number: 888-609-2064 (Required per NAC 639.708)

E-mail: prxpny@340bpharm.com Website: www.340bpharm.com (informational purposes only)

Managing Pharmacist: Shmuel Stuart Winzelberg License Number: 032821

**TYPE OF PHARMACY AND SERVICES PROVIDED**

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

**NEVADA STATE BOARD OF PHARMACY**  
 985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521  
**APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE**

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

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

Application must be printed legibly or typed

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

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

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

Pharmacy Name: CarePartners Pharmacy LLC

Physical Address: 326 Peterson Road, Libertyville, IL 60048

Mailing Address: 326 Peterson Road

City: Libertyville State: IL Zip Code: 60048

Telephone: (224) 294-1199 Fax: (224) 433-6862

Toll Free Number: (866) 832-7171 (Required per NAC 639.708)

E-mail: kamg@CarePartnersRx.com Website: \_\_\_\_\_

Managing Pharmacist: Kamyar Ghazvini License Number: 051-040315 ILLINOIS

**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

**NEVADA STATE BOARD OF PHARMACY**  
 985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521  
**APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE**

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

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

Application must be printed legibly or typed

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

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

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

☐ Partnership - Pages 1,2,5,7

☒ Non Publicly Traded Corporation – Pages 1,2,4,7

☐ Sole Owner – Pages 1,2,6,7

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

Pharmacy Name: Corner Pharmacy, Inc.

Physical Address: 112 N. 5th Ave Ste 101

Mailing Address: Same as above

City: Phoenix State: AZ Zip Code: 85003

Telephone: (602) 258-0128 Fax: (602)258-0248

Toll Free Number: (833) 770-3077 (Required per NAC 639.708)

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

Managing Pharmacist: Augustine F Aworuwa License Number: S019064

**TYPE OF PHARMACY AND SERVICES PROVIDED**

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

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

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

☐ **Partnership** – Pages 1,2,5,7

☐ **Non Publicly Traded Corporation** – Pages 1,2,4,7

☐ **Sole Owner** – Pages 1,2,6,7

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

Pharmacy Name: Cornerstone Health Solutions

Physical Address: 41 Teed Drive

Mailing Address: 41 Teed Drive

City: Randolph State: Massachusetts Zip Code: 02368

Telephone: (781) 805 - 8220 Fax: (781) 805 - 8221

Toll Free Number: (844) 319-7588 (Required per NAC 639.708)

E-mail: \_\_\_\_\_ Website: https://www.cornerstonehealthsolutions.org

Managing Pharmacist: To-Anh Phung License Number: PH26540

### TYPE OF PHARMACY

AND

### SERVICES PROVIDED

Yes/No

☒ ☐ Retail

☐ ☒ Hospital (# beds \_\_\_\_\_)

☒ Internet

☐ ☒ Nuclear

☐ ☒ Ambulatory Surgery Center

☐ ☒ Community

☒ Other: \_\_\_\_\_

All boxes must be checked

For the application to be complete

Yes/No

☒ Off-site Cognitive Services

☐ ☒ Parenteral \*\*

☐ ☒ Parenteral (outpatient)

☐ ☒ Outpatient/Discharge

☒ ☐ Mail Service

☐ ☒ Long Term Care

☐ ☒ Sterile Compounding \*\*

☐ ☒ Non Sterile Compounding

☐ ☒ Mail Service Sterile Compounding \*\*

☐ ☒ Other Services: \_\_\_\_\_

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

E

**NEVADA STATE BOARD OF PHARMACY**  
 985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521  
**APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE**

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

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

Application must be printed legibly or typed

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

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

LLC

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

Pharmacy Name: Grand Rx

Physical Address: 7830 W. Grand PKWY S. STE 160

Mailing Address: 7830 W. Grand PKWY S. STE 160

City: Richmond State: TX Zip Code: 77406

Telephone: 832-449-3828 Fax: 832-449-3832

Toll Free Number: 888-741-4019 (Required per NAC 639.708)

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

Managing Pharmacist: Desire Eyong License Number: 44538

**TYPE OF PHARMACY**

**AND**

**SERVICES PROVIDED**

Yes/No

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

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,**

6/20

# 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: InnovaScript

Physical Address: 641 Kolter Drive

Mailing Address: 641 Kolter Drive

City: Indiana State: PA Zip Code: 15701

Telephone: 724-599-2510 Fax: 724-599-3999

Toll Free Number: 877-261-5101 (Required per NAC 639.708)

E-mail: mstipanovich@innovascript.com Website: www.innovascript.com

Managing Pharmacist: Michael Stipanovich License Number: RP039225L

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

☒ ☐ Retail

☐ ☒ Hospital (# beds \_\_\_\_\_)

☐ ☒ Internet

☐ ☒ Nuclear

☐ ☒ Ambulatory Surgery Center

☐ ☒ Community

☒ ☐ Other: closed door

All boxes must be checked

For the application to be complete

Yes/No

☐ ☒ Off-site Cognitive Services

☐ ☒ Parenteral \*\*

☐ ☒ Parenteral (outpatient)

☐ ☒ Outpatient/Discharge

☒ ☐ Mail Service

☐ ☒ Long Term Care

☐ ☒ Sterile Compounding \*\*

☐ ☒ Non Sterile Compounding

☐ ☒ Mail Service Sterile Compounding \*\*

☐ ☒ Other Services: \_\_\_\_\_

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



G

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

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

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

☐ Partnership - Pages 1,2,5,7

☒ Non Publicly Traded Corporation – Pages 1,2,4,7

☐ Sole Owner – Pages 1,2,6,7

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

Pharmacy Name: Kaiser Permanente Pharmacy #985

Physical Address: 9521 Dalen street. Downey, CA 90242

Mailing Address: 9521 Dalen street

City: Downey State: CA Zip Code: 90242

Telephone: 562-401-4200 Fax: 562-401-2378

Toll Free Number: 866-206-2983 (Required per NAC 639.708)

E-mail: Sheetal.V.Vakil@kp.org Website: www.kp.org

Managing Pharmacist: Sheetal Vakil License Number: RPH 54839

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

See attached Corporate List (Tax-exempt, non-profit, non-stock corporation)

☒ 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

✓ Non-stock, tax-exempt corporation – see Corporate List of Officers

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

Pharmacy Name: Kaiser Permanente Sterling Automated Refill Center

Physical Address: 22370 Davis Drive, Sterling, VA 20164

Mailing Address: Same as above

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

Telephone: (703) 466-4900 Fax: (703) 466-4901

Toll Free Number: 1-800-733-6345 (Required per NAC 639.708)

E-mail: christine.balow@kp.org Website: www.kp.org

Managing Pharmacist: Christina Balow License Number: 0202009758 (VA)

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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



I

**NEVADA STATE BOARD OF PHARMACY**  
 985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521  
**APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE**

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

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

Application must be printed legibly or typed

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

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

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

Pharmacy Name: LifeScript Pharmacy, PLLC

Physical Address: 5670 38th Ave S Suite A, Fargo, ND, 58104

Mailing Address: 5670 38th Ave S Suite A

City: Fargo State: ND Zip Code: 58104

Telephone: 701-205-4545 Fax: 701-205-0305

Toll Free Number: 844-423-8899 (Required per NAC 639.708)

E-mail: simonne@rxmso.com Website: https://www.lifescrptpharmacy.com/

Managing Pharmacist: Lance LeClair License Number: Rph5751

**TYPE OF PHARMACY AND SERVICES PROVIDED**

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

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

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

☐ **Partnership** - Pages 1,2,5,7

☒ **Non Publicly Traded Corporation** – Pages 1,2,4,7

☐ **Sole Owner** – Pages 1,2,6,7

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

Pharmacy Name: Mathew Management IV, Inc.

Physical Address: 600 N Congress Ave Suite 130

Mailing Address: 600 N Congress Ave Suite 130

City: Delray Beach State: Florida Zip Code: 33445

Telephone: 727-754-2088 Fax: 727-400-4861

Toll Free Number: 800-674-9101 (Required per NAC 639.708)

E-mail: eagleridgepharmacy@gmail.com Website: www.eagleridgerx.com

Managing Pharmacist: David Paul Mackarey License Number: PS24599

### 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,**

53  
K

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

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

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

Pharmacy Name: Patient Choice Pharmacy

Physical Address: 6514 HWY 90A, STE 102, Sugar Land, TX 77498

Mailing Address: 6514 HWY 90A, STE 102, Sugar Land, TX 77498

City: Sugar Land State: TX Zip Code: 77498

Telephone: 832-532-7086 Fax: 832-532-7362

Toll Free Number: 888-741-4034 (Required per NAC 639.708)

E-mail: Patient Choice Pharmacy @ gmail . com Website: N/A

Managing Pharmacist: Arwa Aboud License Number: 64662

### TYPE OF PHARMACY

AND

### SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

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

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

☐ Partnership - Pages 1,2,5,7

☒ Non Publicly Traded Corporation – Pages 1,2,4,7

☐ Sole Owner – Pages 1,2,6,7

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

Pharmacy Name: RareMed Solution

Physical Address: 305 Merchant Lane

Mailing Address: 305 Merchant Lane

City: Pittsburgh State: PA Zip Code: 15205

Telephone: 833-676-7273 Fax: 866 204-9117

Toll Free Number: 833-676-7273 (Required per NAC 639.708)

E-mail: dgebhard@raremed.com Website: www.raremed.com

Managing Pharmacist: Douglas Gebhard License Number: RP443595

### 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,**

M

# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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: Relief Med Pharmacy

Physical Address: 310 East Davis Ste. 100

Mailing Address: 310 East Davis Ste. 100

City: Conroe State: TX Zip Code: 77301

Telephone: 936-703-5389 Fax: 936-703-5397

Toll Free Number: 1-833-743-4213 (Required per NAC 639.708)

E-mail: Executives@reliefmedpharmacy.com Website: reliefmedpharmacy.com

Managing Pharmacist: Eric Ellison License Number: 53369

### 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,**

N

**NEVADA STATE BOARD OF PHARMACY**

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

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

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

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

Application must be printed legibly or typed

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

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

☐ **Publicly Traded Corporation** – Pages 1,2,3,7☐ **Partnership** – Pages 1,2,5,7☒ **Non Publicly Traded Corporation** – Pages 1,2,4,7☐ **Sole Owner** – Pages 1,2,6,7**GENERAL INFORMATION to be completed by all types of ownership**Pharmacy Name: Roman Health Pharmacy, LLCPhysical Address: 2331 West Royal Palm Rd, Suite A, Phoenix, AZ 85021Mailing Address: 2331 West Royal Palm Rd, Suite A,City: Phoenix, State: AZ Zip Code: 85021Telephone: (888) 798-8686 Fax: NONEToll Free Number: (888) 798-8686 (Required per NAC 639.708)E-mail: Casey@Ro.Co Website: www.getroman.comManaging Pharmacist: Taylor Allen License Number: S023495**TYPE OF PHARMACY****AND****SERVICES PROVIDED**

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

**NEVADA STATE BOARD OF PHARMACY**  
 985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521  
**APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE**

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

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

Application must be printed legibly or typed

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

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

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

Pharmacy Name: UrgentMedRx, LLC

Physical Address: 6971 N Federal Hwy Suite 203 Boca Raton, FL 33487

Mailing Address: 6917 N Federal Hwy, Suite 203

City: Boca Raton State: FL Zip Code: 33487

Telephone: 888-536-9963 Fax: 844-267-9645

Toll Free Number: 888-536-9963 (Required per NAC 639.708)

E-mail: rph@urgentmedrx.com Website: N/A

Managing Pharmacist: Van Thanh Le License Number: PS58793 (FL)

**TYPE OF PHARMACY AND**

**SERVICES PROVIDED**

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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



# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

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

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

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

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

Pharmacy Name: VectraRx Mail Pharmacy Services, LLC

Physical Address: 10860 N. Marine Dr., Suite 100

Mailing Address: same

City: Oro Valley State: Arizona Zip Code: 85737

Telephone: 520-352-1096 Fax: 520-352-1097

Toll Free Number: 855-245-0092 (Required per NAC 639.708)

E-mail: customer.support@vectrarmail.com Website: www.vectrarmail.com

Managing Pharmacist: Teresa R. Cacciola, R.Ph. License Number: 5006870

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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



# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

☒ 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: CAREFIRST SPECIALTY PHARMACY

Physical Address: 2200 GARRY ROAD, SUITE 1

Mailing Address: (Same)

City: CINNAMINSON State: NJ Zip Code: 08077

Telephone: 844-822-7379 Fax: 844-922-7379

Toll Free Number: 844-822-7379 (Required per NAC 639.708)

E-mail: info@cfbpharmacy.com Website: www.cfbpharmacy.pharmce

Managing Pharmacist: SUNDEEP THAKRAR License Number: 28R102571800

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

☒ ☐ Retail

☐ ☒ Hospital (# beds \_\_\_\_\_)

☐ ☒ Internet

☐ ☒ Nuclear

☐ ☒ Ambulatory Surgery Center

☒ ☐ Community

☐ ☒ Other: \_\_\_\_\_

All boxes must be checked

For the application to be complete

Yes/No

☐ ☒ Off-site Cognitive Services

☐ ☒ Parenteral \*\*

☐ ☒ Parenteral (outpatient)

☐ ☒ Outpatient/Discharge

☒ ☐ Mail Service

☐ ☒ Long Term Care

☐ ☒ Sterile Compounding \*\*

☒ ☐ Non Sterile Compounding

☐ ☒ Mail Service Sterile Compounding \*\*

☐ ☒ Other Services: \_\_\_\_\_

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

# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

☒ 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: MILLENNIUM SPECIALTY PHARMACY

Physical Address: 110 S ORLANDO AVE , SUITE 5 , WINTER PARK , FL 32789

Mailing Address: 110 S ORLANDO AVE , SUITE 5 ,

City: WINTER PARK , State: FL Zip Code: 32789

Telephone: 407-636-5222 Fax: 407-636-5232

Toll Free Number: 1833-910-0114 (Required per NAC 639.708)

E-mail: MILLENNIUMSPECIALTYRX@GMAIL.COM Website: WWW.MILLENNIUMSPECIALTYRX.COM

Managing Pharmacist: DR TAM TU License Number: PS37024

### 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,**

S

**NEVADA STATE BOARD OF PHARMACY**

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

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

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

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

Application must be printed legibly or typed

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

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

☐ **Publicly Traded Corporation** – Pages 1,2,3,7☐ **Partnership** – Pages 1,2,5,7☒ **Non Publicly Traded Corporation** – Pages 1,2,4,7☐ **Sole Owner** – Pages 1,2,6,7**GENERAL INFORMATION to be completed by all types of ownership**Pharmacy Name: ProLab PharmacyPhysical Address: 3020 Lamar Ave, Paris, TX 75460Mailing Address: P.O. Box 6794City: Paris State: TX Zip Code: 75461Telephone: 877-785-8750 Fax: 903-785-1357Toll Free Number: 877-785-8750 (Required per NAC 639.708)E-mail: jateague-99@yahoo.com Website: \_\_\_\_\_Managing Pharmacist: Katherine Shuffer License Number: 51778**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: veterinary

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

# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

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

### FACILITY INFORMATION

Facility Name: Ashli Healthcare Inc.

Physical Address: 2201 Zeus Ct Bakersfield, CA 93308  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 2201 Zeus Ct Bakersfield, CA 93308

City: Bakersfield, CA State: CA Zip Code: 93308 Telephone: \_\_\_\_\_  
888-831-7977 Fax: 888-831-0909

E-mail: Joanne.yoon@ashlihealthcare.com Website: NA

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

Mon: 8:30 to 5:00 Tue: 8:30 to 5:00 Wed: 8:30 to 5:00 Thu: 8:30 to 5:00 Fri: 8:30 to 5:00  
Sat: NA to on call Sun: NA to on call Holidays: on call to on call

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

Name: Joanne Yoon / Heriberto Diaz

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

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

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

Name: Marc Baruch Telephone: 702-321-8481

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

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

#### FACILITY INFORMATION

Facility Name: Cardinal Health 200, LLC

Physical Address: 8640 Nail Road, Suite 115, Olive Branch, MS 38654  
 (This must be a business address, we can not issue a license to a home address)

Mailing Address: 7200 Cardinal Place, QRA - Facility Licensing

City: Dublin State: OH Zip Code: 43017

Telephone: 909-605-0900 Fax: 614-652-0282

E-mail: licensure@cardinalhealth.com Website: www.cardinalhealth.com

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

Mon: 4AM to 1AM Tue: 4AM to 1AM Wed: 4AM to 1AM Thu: 4AM to 1AM

Fri: 4AM to 1AM Sat: to Closed Sun: to Closed Holidays: Closed to

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

Name: Jeffrey Barr

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

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

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

Name: Jeffrey Barr

Telephone: 662-892-3902

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

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

### FACILITY INFORMATION

Facility Name: Coosa Valley Respiratory & Home Medical, Inc.

Physical Address: 201 W. Ft. Williams St., Ste. 28, Sylacauga, AL 35150  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 406 Medical Center Dr.

City: Jasper State: AL Zip Code: 35501

Telephone: 256-245-1411 Fax: 256-245-1471

E-mail: lwells@medsouthinc.net Website: www.medsouthinc.net

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

Mon: 8:00 AM to 4:00 PM Tue: 8:00 AM to 4:00 PM Wed: 8 AM to 4 PM Thu: 8:00 AM to 4:00 PM

Fri: 8:00 AM to 4:00 PM Sat: N to A Sun: N to A Holidays: N to A - Closed on:

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

Name: Melvin Palmer

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

☐ Medical Gases\*\*

☒ Respiratory Equipment\*\* O<sub>2</sub> Concentrators

☒ Life-sustaining equipment\*\* Ventilators

☐ Diabetic Supplies

☐ Assistive Equipment

☐ Parenteral and Enteral Equipment\*\*

☐ Orthotics and Prosthesis

Other: Negative Pressure Wound Therapy Pumps / Supplies;

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

Name: Lisa Wells

Telephone: 205-221-8258

Page 1 High Frequency Chest Wall Oscillation Devices / Supplies

New Year's Day  
Memorial Day  
Independence Day  
Labor Day  
Thanksgiving Day  
Christmas Eve  
Christmas Day



W

# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

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

### FACILITY INFORMATION

Facility Name: Handpiece Headquarters

Physical Address: 620 S. Placentia Ave., Placentia, CA 92870  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 620 S. Placentia Ave.

City: Placentia State: CA Zip Code: 92870

Telephone: 714-579-0175 Fax: 714-579-0186

E-mail: frederick.wang@henryschein.com Website: www.handpieceheadquarters.com

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

Mon: 7:30 to 4:30 Tue: 7:30 to 4:30 Wed: 7:30 to 4:30 Thu: 7:30 to 4:30

Fri: 7:30 to 4:30 Sat: N/A to N/A Sun: N/A to N/A Holidays: N/A to N/A

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

Name: Timothy Ropchan

### 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>Dental Components</u>                             |

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

Name: N/A Telephone: N/A

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

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

### FACILITY INFORMATION

Facility Name: Heart Sail, Inc d/b/a Heart Sail Medical

Physical Address: 1016 Somerville Road SE, Decatur, AL 35601  
 (This must be a business address, we can not issue a license to a home address)

Mailing Address: PO Box 1672

City: Hartselle State: AL Zip Code: 35640

Telephone: (256) 309-5454 Fax: (256) 309-5455

E-mail: nick.letson@heartsail.com Website: www.heartsail.com

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

Mon: 8:00a to 5:00p Tue: 8:00a to 5:00p Wed: 8:00a to 5:00p Thu: 8:00a to 5:00p  
 Fri: 8:00a to 5:00p Sat: Closed Sun: Closed Holidays: Closed

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

Name: Nick Letson

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

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

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

Name: n/a Telephone: n/a



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

### FACILITY INFORMATION

Facility Name: Lincare Inc.

Physical Address: 4765 Emerald Way, Middletown, Ohio 45044

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

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

City: Clearwater State: Florida Zip Code: 33758

Telephone: 513-705-4250 Fax: 513-705-4221

E-mail: dklemenc@lincare.com Website: www.lincare.com

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

Mon: 0800to1700 Tue: 0800to1700 Wed: 0800to1700 Thu: 0800to1700

Fri: 0800to1700 Sat: On Call Sun: On Call Holidays: On Call

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

Name: Kelli Paxitzis

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

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

Telephone: 513-705-4250

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

### FACILITY INFORMATION

Facility Name: London Medical Supply LLC

Physical Address: 12335 Wake Union Church Rd, Suite 207 Wake Forest, NC 27587  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 12335 Wake Union Church Rd, Suite 207

City: Wake Forest State: NC Zip Code: 27587

Telephone: 888-206-0377 Fax: 888-206-0377

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

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

Mon: 9-12 to 1230-5 Tue: 9-12 to 1230-5 Wed: 9-12 to 1230-5 Thu: 9-12 to 1230-5

Fri: NA to Sat: NA to Sun: NA to Holidays: to closed

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

Name: James Foley

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

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

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

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

AA

## NEVADA STATE BOARD OF PHARMACY

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

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

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

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

Application must be printed legibly or typed

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

|  |   |
|--|---|
| <input type="checkbox"/> New MDEG  | <input checked="" type="checkbox"/> Ownership Change<br>(Please provide current license number if making changes: MP or MW <u>MP01280</u> ) |
| <input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4                 | <input type="checkbox"/> Partnership – Pages 1,2,3,6  |
| <input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5  | <input type="checkbox"/> Sole Owner – Pages 1,2,3,7   |
| Please check box for type of ownership and complete correct part of the application. |   |

### FACILITY INFORMATION

Facility Name: Teleflex LLC

Physical Address: 11245 North Distribution Cove Olive Branch MS 38654  
 (This must be a business address, we can not issue a license to a home address)

Mailing Address: Teleflex LLC attention Bettina Knight 3015 Carrington Mill Blvd

City: Morrisville State: NC Zip Code: 27560

Telephone: 662-892-9100 Fax: 662-892-9900

E-mail: statelicensing@teleflex.com Website: https://www.teleflex.com

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

Mon: 6am to 6am Tue: 6am to 6am Wed: 6am to 6am Thu: 6am to 6am  
 Fri: 6am to 6am Sat: depends on business requirements Sun: to Holidays: to

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

Name: Michael Adam Nester

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

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Medical Gases**<br><input type="checkbox"/> Respiratory Equipment**<br><input type="checkbox"/> Life-sustaining equipment**<br><input type="checkbox"/> Diabetic Supplies | <input type="checkbox"/> Assistive Equipment<br><input type="checkbox"/> Parenteral and Enteral Equipment**<br><input type="checkbox"/> Orthotics and Prosthesis<br>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: William Schaal Telephone: 303-717-8841

**NEVADA STATE BOARD OF PHARMACY**

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

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

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

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

Application must be printed legibly or typed

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

|  |  |
|--|--|
| <input type="checkbox"/> New MDEG  | <input checked="" type="checkbox"/> Ownership Change |
| (Please provide current license number if making changes: <u>MP or MW 00898</u> )    |  |
| <input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4                 | <input type="checkbox"/> Partnership - Pages 1,2,3,6 |
| <input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5             | <input type="checkbox"/> Sole Owner – Pages 1,2,3,7  |
| Please check box for type of ownership and complete correct part of the application. |  |

**FACILITY INFORMATION**Facility Name: Wound Care Resources, Inc.Physical Address: 4 Newbern Hwy  
(This must be a business address, we can not issue a license to a home address)Mailing Address: P.O. Box 155City: Yorkville State: TN Zip Code: 38389Telephone: 888-287-9191 Fax: 877-287-2007E-mail: \_\_\_\_\_ Website: WWW.WoundCAREresources.net**DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING**Mon: 8 to 5 Tue: 8 to 5 Wed: 8 to 5 Thu: 8 to 5Fri: 8 to 5 Sat: \_\_\_\_\_ to \_\_\_\_\_ Sun: \_\_\_\_\_ to \_\_\_\_\_ Holidays: \_\_\_\_\_ to \_\_\_\_\_**MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis**Name: Susan G. Davis**TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)**

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

71  
CC

# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR NEVADA PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH \_\_\_\_\_)  
Check box below for type of ownership and complete all required forms. \*\*If LLC use Non Public Corporation or Partnership.

☐ Publicly Traded Corporation – Pages 1,2,3,10,11a&b

☐ Partnership - Pages 1,2,6,10,11a&b

☒ Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b

☐ Sole Owner – Pages 1,2,8,10,11a&b

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

Pharmacy Name: CIMARRON SURGERY CENTER

Physical Address: 6920 S. CIMARRON RD., SUITE #150

City: LAS VEGAS, NV. State:        Zip Code: 89113 Telephone:       

(702) 982 3233 Fax: (866) 787 4376 Toll Free Number: N/A

E-mail: pending

Website: www.CimarronSurgeryCenter.com

Managing Pharmacist: MARY GREAR 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: \_\_\_\_\_



# DD

## NEVADA STATE BOARD OF PHARMACY

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

### APPLICATION FOR NEVADA PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

- ☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH \_\_\_\_\_)  
Check box below for type of ownership and complete all required forms. \*\*If LLC use Non Public Corporation or Partnership.
- ☐ Publicly Traded Corporation – Pages 1,2,3,10,11a&b ☐ Partnership - Pages 1,2,6,10,11a&b  
☒ Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b ☐ Sole Owner.– Pages 1,2,8,10,11a&b

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

Pharmacy Name: SURGEDN'S SURGERY CENTER

Physical Address: 6920 S. CIMARRON RD. SUITE #100

City: LAS VEGAS, NV. State:        Zip Code: 89113 Telephone:       

(702) 9823555 Fax: (866) 7874376 Toll Free Number: N/A

E-mail: pending

Website: WWW.SurgeonsSurgeryCenter.com

Managing Pharmacist: MARY GREAR 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: \_\_\_\_\_

**NEVADA STATE BOARD OF PHARMACY**

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

**APPLICATION FOR NEVADA PHARMACY LICENSE**

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

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

Application must be printed legibly or typed

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

☐ New Pharmacy or ☒ Ownership Change (Provide current license number if making changes: PH N02028)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: Partell Specialty PharmacyPhysical Address: 5835 S Eastern Ave, #101City: Las Vegas State: NV Zip Code: 89119Telephone: 702-791-3800Fax: 702-791-3630Toll Free Number: 888-490-5534E-mail: info@partellmedrx.comWebsite: www.partellpharmacy.comManaging Pharmacist: Jeffrey S. Lang License Number: 17503**TYPE OF PHARMACY****AND****SERVICES PROVIDED**

Yes/No

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

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: patient consults

**5**



### MATRIX GUIDELINE FOR DISCIPLINARY ACTIONS

|  | 1st Action | 2nd Action                   | 3rd Action |
|--|------------|------------------------------|------------|
| Non ingested error   | Letter     | Letter                       | Hearing    |
| No counseling  | \$750.00   | Counseling CE +<br>\$1000.00 | Hearing    |
| Attorney Fees and Costs                                      | Actual     | Actual                       | Actual     |
| Ingested no potential harm                                   | \$500.00   | \$1000.00                    | Hearing    |
| Ingested with potential harm<br>or adverse outcomes          | \$1000.00  | Hearing                      | Hearing    |
| Ingested with negative outcome<br>or patient discomfort.     |            |                              |            |
| No institution intervention                                  | Hearing    | Hearing                      | Hearing    |
| Ingested with significant negative<br>health circumstance.   |            |                              |            |
| With institution admit                                       | Hearing    | Hearing                      | Hearing    |
| Ingested with death related to<br>inappropriate drug therapy | Hearing    | Hearing                      | Hearing    |

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

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

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

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

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

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

Updated May 2019

| FINDING   | HARM | DISCIPLINE INDIVIDUAL   | DISCIPLINE FACILITY  |
|---|------|---|--|
| RPH DC and WB did not complete required CEs.  | N/A  | DC: \$500 fine; \$1,000 administrative fee; additional CEs; attend 3 of the next 4 Board meetings; complete and pass Nevada law.<br>WB: \$500 fine; \$1,000 administrative fee; additional CEs; attend 3 of the next 4 Board meetings.  |  |
| RPH SB failed to speak to the prescriber before, at the time or after she declined to fill a patient's prescription for clopidogrel.  | N/A  | Fined \$500; administrative fee of \$1,000; 4 hours of CE related to cardiology or cardiac drugs.   | Fined \$1,000; an administrative fee of \$2,000; establish Board-approved policies and procedures that are consistent with Nevada law and retrain its current and future pharmacists regarding the same. |
| RP allowed unlicensed staff to prescribe/order dangerous drugs and use his authority to obtain, administer, access and/or possess an inventory of dangerous drugs when he was not onsite and without his direct supervision. RP did not have a bona fide therapeutic relationship with the patients. RP purchased compounded dangerous drugs from a pharmacy not licensed with the Board. | N/A  | RP shall receive a public letter of reprimand; his CS registration shall be placed on probation for a period of 12 months; fined \$5,000; administrative fee of \$2,500; establish policies and procedures. RP's offices/clinics are subject to quarterly inspections for one year.               | N/A  |
| RPH NR verified a prescription for 30 chlorthalidone 25 mg. capsules which was labeled and dispensed to the wrong patient.<br>RPH JA failed to counsel the patient.<br>PT LP deleted the prescription from the pharmacy system.<br>ML was the managing pharmacist.  | N/A  | NR shall receive a letter of reprimand; fined \$2,750; 2 additional hours of CE on error prevention.<br>JA shall receive a letter of reprimand; fined \$750; 2 additional hours of CE on patient counseling.<br>LP fined \$500; \$1,000 administrative fee; attend three of the Board's next four | \$1,000 fine; \$1,500 administrative fee.  |

| FINDING   | HARM | DISCIPLINE INDIVIDUAL  | DISCIPLINE FACILITY   |
|---|------|--|---|
|   |      | meetings on disciplinary day.<br>ML shall complete 4 additional hours of CE on pharmacy management.  |   |
| PT MC diverted controlled substances from her employing pharmacy.   | N/A  | Revocation of pharmaceutical technician registration.  | N/A   |
| RPH SB did not renew his registration and worked 244 days unlicensed. He was also the PIC.  | N/A  | Fined \$2,500 and \$1,000 administrative fee.  | Fined \$5,000 fine and \$2,683.99 administrative fee  |
| RPH CD verified Risperidone 2 mg. tablets in the prescription bottle as the correct product for dispensing when the physician prescribed Ropinirole 2 mg. tablets. CD failed to adequately provide counseling.                      | N/A  | Letter of reprimand; fined \$1,000; \$1,000 administrative fee; complete 2 CEs on error prevention.  | WG-NV fined \$1,000; \$1,000 administrative fee. WG-FL fined \$2,000; \$1,000 administrative fee.                 |
| RPH JS dispensed medication labeled with incorrect instructions.  | N/A  | Letter of reprimand; \$1,000.00 fine; \$1,000.00 administrative fee; complete two additional CEs on error prevention.  | Fined \$1,000.00; \$1,000.00 administrative fee.  |
| RPH JCH filled and dispensed a Vancomycin prescription without the necessary knowledge and proper training, accepting verbal prescriptions from non-practitioners and failing to follow the prescription written by the prescriber. | N/A  | Registration revoked; the revocation is stayed with conditions: take and pass the NAPLEX and MPJE; pay a \$5,000.00 fine; pay a \$1,250.00 administrative fee. Registration shall be placed on probation for four years during which time he cannot work as a managing pharmacist in any Nevada-licensed pharmacy; cannot engage in any form of compounding; and he must attend two Board meetings each year | \$5,000.00 fine; \$1,250.00 administrative fee; subject to quarterly inspections for one year at its own expense. |

| FINDING  | HARM  | DISCIPLINE<br>INDIVIDUAL  | DISCIPLINE<br>FACILITY   |
|--|---|---|--|
|  |   | during the four year probationary periods.  |  |
| RPH WM was the managing pharmacist accountable for violations by personnel in his employ regarding the filling, compounding and record keeping of drug products  | N/A   | Letter of reprimand; \$500.00 fine; \$500.00 administrative fee.  | \$1,500.00 fine; \$2,500.00 administrative fee; purchase software for tracking components used in its compounding services and the products it compounds; create new policies and procedures regarding medication management and compounding; subject to quarterly inspections at their own expense. |
| RPH KB verified data as correct when it was not and dispensed Prednisone 50 mg. tablets when 5 mg. tablets was prescribed.   | The patient experienced a temporary negative outcome as a result of the error | \$1,000.00 fine; an administrative fee of \$500.00; complete two additional CEs related to prescription verification/error prevention and 2 CEs on to DUR warnings.   | Pay an administrative fee of \$1,000.00.   |
| PT GO dispensed a prescription drug to the wrong patient.  | N/A   | N/A   | \$500 fine; \$750 administrative fee.  |
| RPH SD made false adjustments to the Tramadol inventory. He voluntarily surrendered his registration as discipline. RPH MK was the managing pharmacist and did not report the Tramadol losses to the DEA or Board.   | N/A   | SD imposed \$600 administrative fee. May not reapply for 1 year. MK to receive letter of reprimand; \$250 fine; 2 additional CEs.   | \$1,000 administrative fee; implement new policies and procedures.   |
| APRN MC allowed non-practitioner/non-licensed staff to possess or prescribe dangerous drugs and/or to obtain, access, possess and store dangerous drugs and/or administer drugs when she was not on site at the facility, before she examined the patient and before she wrote a patient-specific order. | N/A   | Public letter of reprimand; pay a \$3,000.00 fine and \$1,000.00 in attorney's fees and costs. MC shall not engage in any practice in which a substantial portion of the practice is providing injections and/or intravenous infusions of vitamins or fluids for rehydration. | N/A  |

| FINDING   | HARM | DISCIPLINE INDIVIDUAL   | DISCIPLINE FACILITY                                 |
|---|------|---|---|
| RPH TS verified as accurate, when it was not, the data and final product of a prescription resulting in the pharmacy dispensing amlodipine besylate 10mg. tablets rather than the amitriptyline 10mg. tablets as prescribed and failed to adequately provide patient counseling.  | None | Public letter of reprimand; pay a \$750.00 fine, and complete 4 additional hours of CE on error prevention and patient counseling                     | Pay a \$500.00 fine and \$750.00 in fees and costs. |
| PT JJ admitted to diverting of 32 Hydrocodone 10/325 mg. tablets for self-use from his employing pharmacy.  | N/A  | Revocation of pharmaceutical technician registration.   | N/A   |
| PT KT admitted to diverting approximately 1,000 Tylenol with Codeine #4 tablets from her employing pharmacy for self-use.   | N/A  | Revocation of pharmaceutical technician registration.   | N/A   |
| RE failed to timely renew his CS Registration, which expired on October 31, 2018. He wrote 189 prescriptions for controlled substances between November 1, 2018 and March 28, 2019, without a valid registration.   | N/A  | Pay a fine of \$1,500.00 and \$1,404.52 in attorney's fees and costs.   | N/A   |
| SL executed a plea agreement with the United States Attorney's Office for the district of Nevada relating to unprofessional and illegal conduct in prescribing dosages and amounts of Oxycodone and Hydrocodone to patients outside the usual course of his professional practice and without a legitimate medical purpose. | N/A  | In lieu of appearing at a hearing, the SL voluntarily surrendered his Nevada CS registration and agreed to pay \$500.00 in attorney's fees and costs. | N/A   |
| RPH SL served with an Accusation related to unprofessional and illegal conduct in filling approximately 380 fraudulent prescriptions for Oxycodone-Acetaminophen and  | N/A  | In lieu of appearing at a hearing, SL voluntarily surrendered his Nevada CS registration and agreed to pay \$750.00 in attorney's fees and costs.     | N/A   |

| FINDING  | HARM | DISCIPLINE<br>INDIVIDUAL  | DISCIPLINE<br>FACILITY |
|--|------|---|------------------------|
| Hydrocodone-Acetaminophen.   |      |   |                        |
| TG served with an Accusation related to unprofessional and illegal conduct in creating fraudulent prescriptions for Oxycodone-Acetaminophen and Hydrocodone-Acetaminophen. | N/A  | In lieu of appearing at a hearing, TG voluntarily surrendered his Nevada CS registration. | N/A                    |

**5A**

**FILED**

JUN 12 2019

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

|   |   |                                  |
|---|---|----------------------------------|
| <b>NEVADA STATE BOARD OF PHARMACY,</b>          | ) | <b>CASE NOS. 19-090-CS-S</b>     |
|   | ) |                                  |
| <b>Petitioner,</b>                              | ) | <b>NOTICE OF INTENDED ACTION</b> |
| <b>v.</b>                                       | ) | <b>AND ACCUSATION</b>            |
|   | ) |                                  |
| <b>CHRISTOPHER NEVAREZ, M.D.,</b>               | ) |                                  |
| <b>Certificate of Registration No. CS19561,</b> | ) |                                  |
|   | ) |                                  |
| <b>Respondent.</b>                              | / |                                  |

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

**JURISDICTION****I.**

The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter and this respondent because at the time of the events alleged herein, Respondent Christopher Nevarez, M.D., Certificate of Registration No. CS19561 ("Dr. Nevarez") held a Board-issued controlled substance registration.

**FACTUAL ALLEGATIONS****II.**

In February 2018, Respondent Dr. Nevarez was the medical director of Push IV, LLC. ("Push IV"). Non-respondent Noah Auspitz owned Push IV.

**III.**

At that time, Push IV provided on-site and off-site medical treatment to patients, including the administration of dangerous drugs through intravenous ("IV") therapy and/or



injections using registered nurses (“RNs”) and licensed paramedics (collectively “Non-practitioner Staff Members”).

#### IV.

Dr. Nevarez allowed Push IV’s Non-practitioner Staff Members to possess the information and keys necessary to access and possess drugs from Push IV’s inventory of dangerous drugs without a licensed practitioner present.

#### V.

Under Dr. Nevarez’s direction, Push IV’s Non-practitioner Staff Members accessed and possessed Push IV’s inventory of dangerous drugs and provided supplies of dangerous drugs to RNs and paramedics without a practitioner on site, without a practitioner’s direct supervision, before Dr. Nevarez or any other practitioner examined the patient, and before there was a patient-specific and medication-specific written order for the patient and/or the medication.

#### VI.

Dr. Nevarez directed the Non-practitioner Staff Members who were employed by Push IV to possess and control dangerous drugs from Push IV’s inventory, including storing dangerous drugs in their cars or at their homes, without a practitioner on site, without direct practitioner supervision, without a patient-specific and medication-specific written order for the patient and/or medication.

#### VII.

Dr. Nevarez allowed Non-practitioner Staff Members to transport the dangerous drugs he put into their possession or that he allowed them to possess and control without a patient-specific and medication-specific order.

#### VIII.

Dr. Nevarez frequently had no contact—did not examine and did not establish a *bona fide* therapeutic relationship with the patient—until after one of Push IV’s Non-practitioner Staff Members transported the dangerous drugs in his/her possession to the patient’s location.

## IX.

For off-site medical treatment, once a Non-practitioner Staff Member arrived at the patient's location, the Non-practitioner Staff Member would examine the patient and discuss why an IV or injection would be beneficial to the patient.

## X.

The Non-practitioner Staff Member would then communicate his/her assessment of the patient to Dr. Nevarez by telephone or text, to which Dr. Nevarez would then approve the medication by text.

## XI.

Through that exam process, Dr. Nevarez often did not speak or communicate directly with the patient.

## XII.

Push IV and its Non-practitioner Staff Members often provided medical treatment to patients at Push IV's physical location in a similar fashion when Dr. Nevarez was not on site.

## XIII.

Under Dr. Nevarez's direction, Push IV purchased dangerous drugs and prescription-only supplies from State Surgical Supply, in Siloam Springs, Arkansas.

## XIV.

State Surgical Supply sold dangerous drugs and prescription-only supplies to practitioners in Nevada, included Dr. Nevarez and Push IV.

## XV.

State Surgical Supply is not licensed in Nevada.

**APPLICABLE LAW**

## XVI.

No person may possess a dangerous drug in Nevada without specific statutory authority to do so. *See* NRS 454.213, NRS 454.316, NRS 454.321.

## XVII.

A practitioner can give a registered nurse limited authority to possess and administer dangerous drugs without the practitioner onsite by way of NRS 454.213(1)(c), which says in relevant part:

a drug or medicine referred to in NRS 454.181 to 454.371, inclusive, may be possessed and administered by . . . a registered nurse licensed to practice professional nursing or licensed practical nurse, at the direction of a prescribing physician, physician assistant licensed pursuant to chapter 630 or 633 of NRS, dentist, podiatric physician or advanced practice registered nurse, *or pursuant to a chart order, for administration to a patient at another location.*

NRS 454.213(1)(a)(*emphasis added*); *see also* NRS 639.100.

## XVIII.

Chart orders must be written (NRS 454.223) and are patient-specific and medication-specific.<sup>1</sup>

## XIX.

“Except as otherwise specifically provided, every person who violates any provision of NRS 454.181 to 454.371, inclusive, is guilty of a misdemeanor.” NRS 454.356.

## XX.

A practitioner must first establish a *bona fide therapeutic relationship* with a patient by examination before he or she can determine that a medication is medically necessary and direct and/or authorize an RN to possess and administer a dangerous drug on-site or issue a chart order for off-site administration of a dangerous drug to treat the patient’s medical condition. *See* NAC 639.945(1)(o) and NRS 454.213(1)(a).

---

<sup>1</sup> *See* NRS 639.004 “Chart order” means an order entered on the chart of a patient in a hospital, facility for intermediate care or facility for skilled nursing which is licensed as such by the Division of Public and Behavioral Health of the Department of Health and Human Services or on the chart of a patient under emergency treatment in a hospital by a practitioner or on the written or oral order of a practitioner authorizing the administration of a drug to the patient.

## XXI.

[A] bona fide therapeutic relationship between the patient and practitioner shall be deemed to exist if the patient was examined in person, electronically, telephonically or by fiber optics . . . by the practitioner within the 6 months immediately preceding the date the practitioner . . . prescribes a drug to the patient and, as a result of the examination, the practitioner diagnosed a condition for which a given drug therapy is prescribed.

NRS 639.945(3).

## XXII.

An outsourcing facility that is engaged in the compounding of sterile drugs in this State [Nevada] or for shipment into this State shall:

1. Obtain a license from the Board as a manufacturer in accordance with NRS 639.100 and 639.233;
2. Comply with the provisions of NAC 639.609 to 639.619, inclusive; and
3. Comply with all the requirements of 21 U.S.C. § 353b.

NAC 639.6915

## XXIII.

“Supplying . . . medicines, substances or devices which are legally sold in pharmacies or by wholesalers, so that unqualified persons can circumvent any law pertaining to the legal sale of such articles” constitutes “unprofessional conduct and conduct contrary to the public interest.”

NAC 639.945(1)(g).

## XXIV.

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).

## XXV.

“Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration” constitutes “unprofessional conduct and conduct contrary to the public interest.” NAC 639.945(1)(k).

## XXVI.

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).

## XXVII.

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).

## XXVIII.

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**

**Unlawful Access and Possession of Dangerous Drugs - Statutory Violations**

## XXIX.

By allowing Push IV’s Non-practitioner Staff Members to operate Push IV and to use Dr. Nevarez’s authority as a practitioner to obtain, access, possess and/or store dangerous drugs when he was not on site, without a proper examination, without direct supervision and before he wrote a patient-specific order, Dr. Nevarez violated, or assisted and abetted Push IV’s staff in violating, NRS 454.213(1), NRS 454.316 and/or NRS 454.356.

## **SECOND CAUSE OF ACTION**

### **Unlawful Access and Possession of Dangerous Drugs – Unprofessional Conduct**

XXX.

By allowing Push IV's Non-practitioner Staff Members to operate Push IV and to use Dr. Nevarez's authority as a practitioner to obtain, access, possess and/or store dangerous drugs when he was not on site, without a proper examination, without direct supervision and before he wrote a patient-specific order, Dr. Nevarez engaged, or assisted and abetted Push IV's staff to engage, in unprofessional conduct as defined in NAC 639.945(1)(g), (i), and (k).

## **THIRD CAUSE OF ACTION**

### **Unlawful Administration of Dangerous Drugs – No Bona Fide Therapeutic Relationship and No Authority to Determine Medical Necessity**

XXXI.

By authorizing Push IV's Non-practitioner Staff Members to use his authority to operate Push IV, to administer a dangerous drug to patients who had not been examined by a practitioner, where he did not have a *bona fide* therapeutic relationship and for whom he had not diagnosed or determined that a dangerous drug was medically necessary, Dr. Nevarez violated, and/or aided and abetted Push IV's staff in violating Nevada law, including NRS 454.221(1). He also acted unprofessionally. *See* NAC 639.945(1)(k) and (o).

## **FOURTH CAUSE OF ACTION**

### **Purchasing Dangerous Drugs and Prescription Only Supplies from an Unlicensed Pharmacy**

XXXII.

By purchasing sterile compounded dangerous drugs from a pharmacy not licensed with the Board, Dr. Nevarez violated, or assisted and abetted that pharmacy in violating, NRS 639.233, NRS 639.285 and/or NAC 639.6915. Because of that conduct, Dr. Nevarez's controlled substance registration, Certificate of Registration No. CS19561 is subject to discipline pursuant to NRS 639.210(4) and (12), NRS 453.236(1)(d); NRS 453.241(1) and/or NRS 639.255.

## XXXIII.

For the violations and conduct alleged in paragraphs II through XXXII above, Dr. Nevarez's Controlled Substance Registration, Certificate of Registration No. CS19561 is subject to discipline pursuant to NRS 453.236(1)(d), NRS 453.241(1), NRS 639.210(4) and (12) and/or NRS 639.255.

## XXXIV.

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 12<sup>th</sup> day of June 2019.



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

### **NOTICE TO RESPONDENT**

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file of two copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 639.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.



**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

|   |   |                                  |
|---|---|----------------------------------|
| <b>NEVADA STATE BOARD OF PHARMACY,</b>          | ) | <b>CASE NO. 19-090-CS-S</b>      |
|   | ) |                                  |
| <b>Petitioner,</b>                              | ) |                                  |
| <b>v.</b>                                       | ) |                                  |
|   | ) | <b>STATEMENT TO THE</b>          |
| <b>CHRISTOPHER NEVAREZ, M.D.,</b>               | ) | <b>RESPONDENT</b>                |
| <b>Certificate of Registration No. CS19561,</b> | ) | <b>NOTICE OF INTENDED ACTION</b> |
|   | ) | <b>AND ACCUSATION</b>            |
| <b>Respondent.</b>                              | / | <b>RIGHT TO HEARING</b>          |

---

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

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

## III.

**The Board has scheduled your hearing on this matter for Wednesday, July 17, 2019, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.**

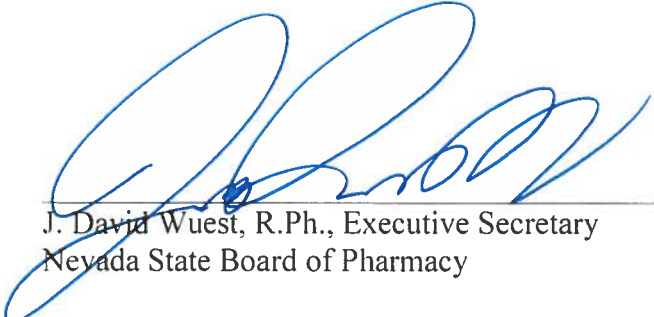
## IV.

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

## V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 12<sup>th</sup> day of June, 2019.

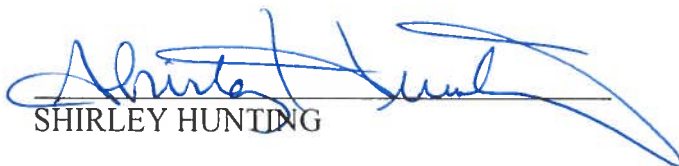


J. David Wuest, R.Ph., Executive Secretary  
Nevada State Board of Pharmacy

### **CERTIFICATE OF SERVICE**

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 13<sup>th</sup> day of June, 2019, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

CHRISTOPHER NEVAREZ, MD  
4315 DEAN MARTIN DR #230  
LAS VEGAS, NV 89148

  
SHIRLEY HUNTING

JUL - 5 2019

NEVADA STATE BOARD  
OF PHARMACY

## BEFORE THE NEVADA STATE BOARD OF PHARMACY

|  |   |                      |
|--|---|----------------------|
| NEVADA STATE BOARD OF PHARMACY,          | ) | CASE NO. 19-090-CS-S |
|  | ) |                      |
| Petitioner,                              | ) |                      |
| v.                                       | ) | ANSWER AND NOTICE    |
|  | ) | OF DEFENSE           |
| CHRISTOPHER NEVAREZ, M.D.,               | ) |                      |
| Certificate of Registration No. CS19561, | ) |                      |
|  | ) |                      |
| 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").

None.

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

Please see attached statement.

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 30 day of June, 2019.



CHRISTOPHER NEVAREZ, M.D.

---

Case No. 19-090-CS-S  
Christopher Nevarez, M.D.  
July 1, 2019

With regard to the allegations in the Notice of Intended Action and Accusation, I previously responded on March 9, 2018 to a letter of investigation from the Nevada Board of Pharmacy ("BOP") dated February 27, 2018. That investigation was prompted by complaints related to Push IV, where I have served as medical director since 2015. Push IV is an infusion clinic which caters to Las Vegas visitors and residents seeking hangover relief and/or vitamin supplementation. As the Board is no doubt aware, such infusion clinics have become very popular in Las Vegas and across the country in recent years. It is my understanding that the Board inspected several Las Vegas IV infusion clinics in 2018, prompted by complaints by competing clinics.


As a preliminary matter, I wish to make clear that Push IV has not used emergency medical technicians or paramedics (collectively, "EMTs") to provide infusion services since early 2018. Despite my due diligence efforts in setting up Push IV, discussed below, we were not informed and not aware until the Board's investigation that EMTs are not considered qualified to provide anything other than medical assistant services outside of an emergency response environment.

Additionally, the Board should be aware that I recently resigned as Medical Director of Push IV, effective July 15, 2019.

#### ***Due Diligence***

I became Medical Director of Push IV in 2015. In setting up operations with Push IV owner Noah Auspitz, I conducted my own due diligence rather than relying on what other area infusion clinics considered "compliant" or "acceptable". This due diligence included direct and transparent communication with both the Nevada State Board of Medical Examiners (NBME) and the Nevada State Board of Pharmacy ("BOP").

On September 1, 2015, I emailed J. David Wuest R. Ph., then Deputy Secretary of the BOP. (See Exhibit 1). I wrote to ask if adding Zofran and/or Toradol to Push IV's services would be permitted. I explained to Mr. Wuest at that time that Push IV "is currently utilizing licensed nurses and medics to start IV's and administer prefabricated solutions of normal saline as a treatment for hangovers." Mr. Wuest replied on September 3, 2015, asking that I call him to discuss. If nothing else, this




signifies the BOP was aware of Push IV's operations since 2015, but we were not informed until under investigation in 2018 that providing services through EMTs was not permitted.

On December 8, 2015, I emailed Todd Rich, then Deputy Executive Director of the NBME. (See Exhibit 2). I wrote to request clarification of Nevada's corporate practice of medicine prohibitions as related specifically to medical spas. I wrote to Mr. Rich,

"I'm currently medical director for an up and coming medical spa in Las Vegas. At present, we provide intravenous fluids for purposes of health maintenance, vitamin replenishments, and of course hangover recovery. I'm attempting to ensure that all boxes are checked and t's are crossed as we move forward. I joined the americanmedspa.org in hopes of fully outlying [sic] and understanding those that can and should be involved in med spas.... [A]s I understand [corporate practice of medicine] non licensed personnel cannot own med spas in that they cannot dictate medical policy to medical personnel. I have some current business partners who started this particular med spa concept who are not licensed medical providers and I'm working to make sure our business model isn't in violation of current Nevada law." (Emphases added).

Mr. Rich replied, in part, "The subject of med spas is not really contemplated in the Medical Board's governing statutes" and "The medical spa issue in Nevada is one that could use some clarity relative to the Nevada Revised Statutes (NRS)." It has not been well defined by the Nevada Legislature, and is not defined in the Board of Medical Examiner's (Board) governing statutes, chapter 630." (Emphasis added). It appears I was trying to understand and ensure compliance for a business model that was "not really contemplated" and inherently unclear under Nevada law.

In addition, in 2016 Mr. Auspitz sought a legal guidance regarding the potential roles and limitations of various levels of practitioners and personnel within Push IV's business model. Although counsel recommended practitioner assessment rather than standing orders, and advised against using EMTs to provide infusion services, I was never provided a copy of that legal



memo. Instead, Mr. Auspitz told me only that he had consulted an attorney regarding compliance. I suppose I had assumed that Mr. Auspitz was adhering to legal advice in pursuing operations as Push Initially did, it never occurred to me that he would not follow his counsel's guidance.

### ***EMT Services***

I have been an emergency department physician in Las Vegas for 8 years. I am accustomed to working closely with EMTs, and I am very familiar with their training and skills. My communication with and orders for EMTs are often carried out by telephone. But for legal limitations, I would feel quite confident in delegating many invasive tasks to EMTs. Compared to emergency response in the field, IV hydration on a typically healthy individual in a calm, controlled setting would easily fall within an EMT's skill set.

I can tell the Board that I sincerely believed I had "done my homework" to ensure both legal compliance and patient safety at Push IV. Both the BOP and the NBME were informed of Push IV's operations from the outset as I sought guidance for a business model not really addressed under Nevada law. Although I was requesting assistance and clarification, there was little provided, or possibly even available to the Boards at that time. Furthermore, I had no reason to doubt the clinical skills and familiar communication methods of EMTs, which I witnessed first hand nearly every day in the emergency department.

### ***State Surgical Supply***

With regard to allegations regarding Push IV's ordering, at my direction, prescription drugs and materials from an unlicensed pharmacy, I wish to provide context and an explanation. In January 2015, we attempted to order bags of normal saline from State Surgical Supply in Arkansas ("SSS"). On January 29, 2015, Mr. Auspitz received an email from SSS (see Exhibit-3) which stated in part, "Each state has different requirements and that keeps our license compliance officer on her toes. What I need is a copy of the Dr. Nevarez's Nevada State Board of Pharmacy License.... Nevada requires us to have a copy of that license on file to ship RX items. The address on the Nevada State Board of Pharmacy License is the only address we can ship RX items to." Push IV duly complied with that request, believing the pharmacy to have a better understanding of applicable law than we did. For a brief period of time, Push IV ordered normal saline from SSS, but later switched all ordering to McKesson.






After receiving the BOP's Notice in this case, I contacted SSS on June 20, 2019 to understand their licensure status. (See Exhibit 4). I had been told that SSS held a Nevada wholesaler's license with the BOP and sought verification. My most recent response from SSS was that they were checking with their "RX compliance officer," but I was assured "we are licensed in NV to sell RX items including Saline." My own license verification through the BOP website yielded no results which appeared to be related in any way to SSS. I am at a loss to explain the discrepancy, and can only explain to the BOP that we understood SSS to be operating in compliance with Nevada law, or Push IV never would have used them.

***Summary***

I appreciate the BOP's efforts in enforcing existing law for the benefit of the public, but I hope the Board will understand my efforts and intent to safeguard both the public interest and the integrity of the medical profession. As mentioned, I am an emergency room physician, I tried through my own due diligence to comply with all laws. However, since PUSH is not owned by a medical doctor or licensed by any state board, I believe it is best to resign my position, as I do not want to put my licenses at further risk.



---

Christopher Nevarez, M.D.

July 1, 2019

**EXHIBIT 1**  
**EMAILS**  
**D. WUEST, 9/2015**

**From:** David Wuest <[dwuest@pharmacy.nv.gov](mailto:dwuest@pharmacy.nv.gov)>

**Date:** September 3, 2015 at 9:50:56 AM PDT

**To:** " " <[@yahoo.com](mailto:)> <[@yahoo.com](mailto:)>

**Subject:** RE: dispensing zofran question

Doctor, thank you for your question. Could you please call me when you have a chance.

Sincerely,

Dave

J. David Wuest R.Ph.  
Deputy Secretary  
(775) 850-1440  
[dwuest@pharmacy.nv.gov](mailto:dwuest@pharmacy.nv.gov)

-----Original Message-----

From: Pharmacy Board  
Sent: Wednesday, September 02, 2015 8:08 AM  
To: David Wuest  
Subject: FW: dispensing zofran question

---

From: Chris Nevarez [ <[@yahoo.com](mailto:)> ]  
Sent: Tuesday, September 01, 2015 4:27 PM  
To: Pharmacy Board  
Subject: dispensing zofran question

To whom it may concern,

My name is Dr. Christopher Nevarez. I'm currently functioning as Medical Director for PUSH IV INC here in Las Vegas, Nevada. We've been interested in adding to our provided services to include IV Zofran and / or Toradol if allowed. Admittedly, I'm not familiar with the rules or regulations of making this a reality. Could you please enlighten me or point me in the appropriate direction? As a background, the company is currently utilizing licensed nurses and medics to start IV's and administer prefabricated solutions of normal saline as a treatment for hangovers. My medical license is on file for procedures and protocols and hope to use it accordingly to guidelines to begin administering the above medications as well. Please advise.

Sincerely,

Christopher Nevarez M.D.

**EXHIBIT 2**  
**EMAILS**  
**T. RICH, 12/2015**

---

**From:** Todd Rich <[trich@medboard.nv.gov](mailto:trich@medboard.nv.gov)>  
**Date:** December 8, 2015 at 3:37:37 PM PST  
**To:** "Nevarez" < : [@yahoo.com](mailto:@yahoo.com)>  
**Subject:** RE: Medical Spa Question

Hi Dr. Nevarez:

The medical spa issue in Nevada is one that could use some clarity relative to the Nevada Revised Statutes (NRS). It has not been well defined by the Nevada Legislature, and is not defined in the Board of Medical Examiner's (Board) governing statutes, chapter 630. From the Board perspective, we are interested in ensuring that the practice of medicine (below) is only performed by licensed practitioners. Typically, medical spa's offer a variety of services, and it has been our position if these services are invasive in nature, then there needs to be physician involvement. Some of the services can be delegated, please see NAC 630.800-630.830 (below).

In respect to ownership of a medical spa, this issue is not contemplated in Chapter 630 of the NRS. However, there are some areas of the law that discuss referral of patients and accepting compensation (also below) that you may want to review. I don't know of any specific Nevada law that would not allow ownership of a medical spa by a non-licensed practitioner, but you may want to seek legal advice on the ownership question. Please feel free to call me if you have other questions.

**NRS 630.020 "Practice of medicine" defined.** "Practice of medicine" means:

1. To diagnose, treat, correct, prevent or prescribe for any human disease, ailment, injury, infirmity, deformity or other condition, physical or mental, by any means or instrumentality, including, but not limited to, the performance of an autopsy.
2. To apply principles or techniques of medical science in the diagnosis or the prevention of any such conditions.
3. To perform any of the acts described in subsections 1 and 2 by using equipment that transfers information concerning the medical condition of the patient electronically, telephonically or by fiber optics from within or outside this State or the United States.
4. To offer, undertake, attempt to do or hold oneself out as able to do any of the acts described in subsections 1 and 2.

**NAC 630.800 "Delegating practitioner" defined.** (NRS 630.130, 630.138) As used in NAC 630.800 to 630.830, inclusive, unless the context otherwise requires, "delegating practitioner" means a

person who is licensed as a physician or physician assistant and who delegates to a medical assistant the performance of a task pursuant to the provisions of NAC 630.810 or 630.820.

(Added to NAC by Bd. of Medical Exam'rs by R094-12, eff. 2-20-2013)

**NAC 630.810 Delegation of tasks to medical assistant. (NRS 630.130, 630.138)**

1. A delegating practitioner may delegate to a medical assistant the performance of a task if:

(a) The delegating practitioner knows that the medical assistant possesses the knowledge, skill and training to perform the task safely and properly;

(b) The medical assistant is not required to be certified or licensed to perform that task; and

(c) The medical assistant is employed by the delegating practitioner or the medical assistant and the delegating practitioner are employed by the same employer.

2. Except as otherwise provided in NAC 630.820, if a medical assistant is delegated a task which involves an invasive procedure, the delegating practitioner must be immediately available to exercise oversight in person while the medical assistant performs the task.

(Added to NAC by Bd. of Medical Exam'rs by R094-12, eff. 2-20-2013)

**NAC 630.820 Remote supervision of medical assistant. (NRS 630.130, 630.138)**

1. A delegating practitioner may supervise remotely a medical assistant to whom the practitioner has delegated the performance of a task if:

(a) The patient is located in a rural area;

(b) The delegating practitioner is physically located a significant distance from the location where the task is to be performed;

(c) The delegating practitioner determines that the exigent needs of the patient require immediate attention;

(d) The patient and the delegating practitioner previously established a practitioner-patient relationship; and

(e) The delegating practitioner is immediately available by telephone or other means of instant communication during the performance of the task by the medical assistant.

2. As used in this section, "rural area" means any area in this State other than Carson City or the City of Elko, Henderson, Reno, Sparks, Las Vegas or North Las Vegas.

(Added to NAC by Bd. of Medical Exam'rs by R094-12, eff. 2-20-2013)

**NAC 630.830 Prohibited activities by delegating practitioner.** (NRS 630.130, 630.138) A delegating practitioner retains responsibility for the safety and performance of each task which is delegated to a medical assistant. A delegating practitioner shall not:

1. Delegate a task that is not within the authority, training, expertise or normal scope of practice of the delegating practitioner;
2. Transfer to another physician or physician assistant the responsibility of supervising a medical assistant during the performance of a task unless the physician or physician assistant knowingly accepts that responsibility;
3. Authorize or allow a medical assistant to delegate the performance of a task delegated to the medical assistant to any other person; or
4. Delegate or otherwise allow a medical assistant to administer an anesthetic agent which renders a patient unconscious or semiconscious.

**NRS 630.305 Accepting compensation to influence evaluation or treatment; inappropriate division of fees; inappropriate referral to health facility, laboratory or commercial establishment; charging for services not rendered; aiding practice by unlicensed person; delegating responsibility to unqualified person; failing to disclose conflict of interest; failing to initiate performance of community service; exception.**

1. The following acts, among others, constitute grounds for initiating disciplinary action or denying licensure:

(a) Directly or indirectly receiving from any person, corporation or other business organization any fee, commission, rebate or other form of compensation which is intended or tends to influence the physician's objective evaluation or treatment of a patient.

(b) Dividing a fee between licensees except where the patient is informed of the division of fees and the division of fees is made in proportion to the services personally performed and the responsibility assumed by each licensee.

(c) Referring, in violation of NRS 439B.425, a patient to a health facility, medical laboratory or commercial establishment in which the licensee has a financial interest.

(d) Charging for visits to the physician's office which did not occur or for services which were not rendered or documented in the records of the patient.

(e) Aiding, assisting, employing or advising, directly or indirectly, any unlicensed person to engage in the practice of medicine contrary to the provisions of this chapter or the regulations of the Board.

(f) Delegating responsibility for the care of a patient to a person if the licensee knows, or has reason to know, that the person is not qualified to undertake that responsibility.

(g) Failing to disclose to a patient any financial or other conflict of interest.

(h) Failing to initiate the performance of community service within 1 year after the date the community service is required to begin, if the community service was imposed as a requirement of the licensee's receiving loans or scholarships from the Federal Government or a state or local government for the licensee's medical education.

2. Nothing in this section prohibits a physician from forming an association or other business relationship with an optometrist pursuant to the provisions of NRS 636.373.

**NRS 439B.425 Prohibited referral of patients; exceptions; penalty.**

1. Except as otherwise provided in this section, a practitioner shall not refer a patient, for a service or for goods related to health care, to a health facility, medical laboratory, diagnostic imaging or radiation oncology center or commercial establishment in which the practitioner has a financial interest.

2. Subsection 1 does not apply if:

(a) The service or goods required by the patient are not otherwise available within a 30-mile radius of the office of the practitioner;

(b) The service or goods are provided pursuant to a referral to a practitioner who is participating in the health care plan of a health maintenance organization that has been issued a certificate of authority pursuant to chapter 695C of NRS;

(c) The practitioner is a member of a group practice and the referral is made to that group

practice:

(d) The referral is made to a surgical center for ambulatory patients, as defined in NRS 449.019, that is licensed pursuant to chapter 449 of NRS;

(e) The referral is made by:

(1) A urologist for lithotripsy services; or

(2) A nephrologist for services and supplies for a renal dialysis;

(f) The financial interest represents an investment in a corporation that has shareholder equity of more than \$100,000,000, regardless of whether the securities of the corporation are publicly traded; or

(g) The referral is made by a physician to a surgical hospital in which the physician has an ownership interest and:

(1) The surgical hospital is:

(I) Located in a county whose population is less than 100,000; and

(II) Licensed pursuant to chapter 449 of NRS as a surgical hospital and not as a medical hospital, obstetrical hospital, combined-categories hospital, general hospital or center for the treatment of trauma;

(2) The physician making the referral:

(I) Is authorized to perform medical services and has staff privileges at the surgical hospital; and

(II) Has disclosed the physician's ownership interest in the surgical hospital to the patient before making the referral;

(3) The ownership interest of the physician making the referral pertains to the surgical hospital in its entirety and is not limited to a department, subdivision or other portion of the hospital;

(4) Every physician who has an ownership interest in the surgical hospital has agreed to treat patients receiving benefits pursuant to Medicaid and Medicare;

(5) The terms of investment of each physician who has an ownership interest in the surgical hospital are not related to the volume or value of any referrals made by that physician;

(6) The payments received by each investor in the surgical hospital as a return on his or her investment are directly proportional to the relative amount of capital invested or shares owned by the investor in the hospital;

(7) None of the investors in the surgical hospital has received any financial assistance from the hospital or any other investor in the hospital for the purpose of investing in the hospital; and

(8) Either:

(I) The governing body of every other hospital that regularly provides surgical services to residents of the county in which the surgical hospital is located has issued its written general consent to the referral by such physicians of patients to that surgical hospital; or

(II) The board of county commissioners of the county in which the surgical hospital is located has issued a written declaration of its reasonable belief that the referral by such physicians of patients to that surgical hospital will not, during the 5-year period immediately following the commencement of such referrals, have a substantial adverse financial effect on any other hospital that regularly provides surgical services to residents of that county.

3. A person who violates the provisions of this section is guilty of a misdemeanor.

4. The provisions of this section do not prohibit a practitioner from owning and using equipment in his or her office solely to provide to his or her patients services or goods related to health care.

5. As used in this section:

(a) "Group practice" means two or more practitioners who organized as a business entity in accordance with the laws of this state to provide services related to health care, if:

(1) Each member of the group practice provides substantially all of the services related to health care that he or she routinely provides, including, without limitation, medical care, consultations, diagnoses and treatment, through the joint use of shared offices, facilities, equipment and personnel located at any site of the group practice;

(2) Substantially all of the services related to health care that are provided by the members of the group practice are provided through the group practice; and

(3) No member of the group practice receives compensation based directly on the volume of any services or goods related to health care which are referred to the group practice by that member.

(b) "Patient" means a person who consults with or is examined or interviewed by a practitioner or health facility for purposes of diagnosis or treatment.

(c) "Substantial adverse financial effect" includes, without limitation, a projected decline in the revenue of a hospital as a result of the loss of its surgical business, which is sufficient to cause a deficit in any cash balances, fund balances or retained earnings of the hospital.

Todd Rich  
Deputy Executive Director  
Nevada State Board of Medical Examiners  
[trich@medboard.nv.gov](mailto:trich@medboard.nv.gov)  
(775) 324-9355



**From:** Nevarez [mailto:[nevarez@yahoo.com](mailto:nevarez@yahoo.com)]  
**Sent:** Tuesday, December 08, 2015 1:36 PM  
**To:** Todd Rich  
**Cc:** Chris Nevarez  
**Subject:** Re: Medical Spa Question

Hello again Mr. Rich, your email below was very helpful indeed but I do have some follow ups.

To provide a bit of background, I'm currently medical director for an up and coming medical spa in Las Vegas. At present, we provide intravenous fluids for purposes of health maintenance, vitamin replenishments, and of course hangover recovery. I'm attempting to ensure that all boxes are checked and t's are crossed as we move forward. I joined the [americanmedspa.org](http://americanmedspa.org) in hopes of fully outlying and understanding those that can and should be involved in med spas and ran across the following excerpt:

Who can own a medical spa?

Because Nevada is a "corporate practice of medicine" State, generally only (LINK) licensed physicians can own medical spas in Nevada. That means the corporate practice of medicine is only legal if conducted by a professional entity, whose shareholders, members, officers, directors and managers are all licensed Nevada physicians. This is because the statutes governing physicians could be circumvented if one or more persons who themselves do not have the requisite learning to become physicians could nevertheless form a business in whose name they could lawfully practice medicine when they do not qualify to do so as individuals. Further, a physician who performed medical services and whose payment for the services was made to a non-physician who then paid the physician would generally be considered to be fee-splitting, which is a violation of Nevada law.

Not to put it too simply, but as I understand this non licensed personnel cannot own med spas in that they cannot dictate medical policy to medical personnel. I have some current business partners who started this particular med spa concept who are not licensed medical providers and I'm working to make sure our business model isn't in violation of current Nevada law. Would this clause be circumvented if the Medical Director were an Independent Contractor to the medical spa? To put it bluntly, I didn't quite know where to start so here we are. Hopefully you can help point me in the right direction.

Sincerely,

Christopher Nevarez MD

Hello Dr. Nevarez:

The subject of medical spas is not really contemplated in the Medical Board's governing statutes. If the services include the "practice of medicine" (below), then an appropriate licensed medical practitioner needs to be involved. In regard to the corporate practice of medicine, I would refer you NRS 630.305 (also below). Please call me if you have more specific questions, and I can try to assist you. My direct number is listed below.

**NRS 630.020 "Practice of medicine" defined.** "Practice of medicine" means:

1. To diagnose, treat, correct, prevent or prescribe for any human disease, ailment, injury, infirmity, deformity or other condition, physical or mental, by any means or instrumentality, including, but not limited to, the performance of an autopsy.
2. To apply principles or techniques of medical science in the diagnosis or the prevention of any such conditions.
3. To perform any of the acts described in subsections 1 and 2 by using equipment that transfers information concerning the medical condition of the patient electronically, telephonically or by fiber optics from within or outside this State or the United States.
4. To offer, undertake, attempt to do or hold oneself out as able to do any of the acts described in subsections 1 and 2.

**NRS 630.305 Accepting compensation to influence evaluation or treatment; inappropriate division of fees; inappropriate referral to health facility, laboratory or commercial establishment; charging for services not rendered; aiding practice by unlicensed person; delegating responsibility to unqualified person; failing to disclose conflict of interest; failing to initiate performance of community service; exception.**

1. The following acts, among others, constitute grounds for initiating disciplinary action or denying licensure:
  - (a) Directly or indirectly receiving from any person, corporation or other business organization any fee, commission, rebate or other form of compensation which is intended or tends to influence the physician's objective evaluation or treatment of a patient.
  - (b) Dividing a fee between licensees except where the patient is informed of the division of fees and the division of fees is made in proportion to the services personally performed and the responsibility assumed by each licensee.
  - (c) Referring, in violation of NRS 439B.425, a patient to a health facility, medical laboratory or commercial establishment in which the licensee has a financial interest.
  - (d) Charging for visits to the physician's office which did not occur or for services which were not rendered or documented in the records of the patient.
  - (e) Aiding, assisting, employing or advising, directly or indirectly, any unlicensed person to engage in the practice of medicine contrary to the provisions of this chapter or the regulations of the Board.
  - (f) Delegating responsibility for the care of a patient to a person if the licensee knows, or has reason to know, that the person is not qualified to undertake that responsibility.
  - (g) Failing to disclose to a patient any financial or other conflict of interest.
  - (h) Failing to initiate the performance of community service within 1 year after the date the community service is required to begin, if the community service was imposed as a requirement of the licensee's receiving loans or scholarships from the Federal Government or a state or local government for the licensee's medical education.
2. Nothing in this section prohibits a physician from forming an association or other business relationship with an optometrist pursuant to the provisions of NRS 636.373.

Thank you.

Todd Rich  
Deputy Executive Director  
Nevada State Board of Medical Examiners

[trich@medboard.nv.gov](mailto:trich@medboard.nv.gov)  
(775) 324-9355

**EXHIBIT 3**  
**EMAILS**  
**STATE SURGICAL SUPPLY, 1/2015**

---

**From:** "Ken Thomas" <KThomas@StateSurgicalSupply.com>  
**Date:** January 29, 2015 at 8:45:07 AM PST  
**To:** "Noah Auspitz" <[mailto:pushlv.com]>  
**Subject:** RE: Nevada Licensure - Christopher Nevarez M.D.

Good morning Noah,  
I apologize for the license request confusion. Each state has different requirements and that keeps our license compliance officer on her toes.

What I need is a copy of the Dr. Nevarez's Nevada State Board of Pharmacy License. That license expires every two years. Nevada requires us to have a copy of that license on file to ship RX items. The address on the Nevada State Board of Pharmacy License is the only address we can ship RX items to. I hope this information is not a surprise to you.

Below is the public license information off of the Nevada State Board of Pharmacy website. I will need an actual copy of it. Let me know if I can help.



Best regards,

***Ken Thomas***

**Arkansas Surgical Supply- State Surgical Supply**  
**StateSurgicalSupply.com**

**479-756-6871**

**800-756-6871**

Notice of Confidentiality This email and any attached files contain CONFIDENTIAL information belonging to the sender. The information is intended only for the use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or taking of any action in reliance on the contents of this email and attached information is strictly prohibited. If you have received this email in error, please notify sender by telephoning immediately and delete the email along with any attachments.

**From:** Noah Auspitz [mailto:pushlv.com]

**Sent:** Wednesday, January 28, 2015 5:45 PM  
**To:** Ken Thomas  
**Subject:** Fwd: Nevada Licensure - Christopher Nevarez M.D.

Hey Ken see below...

Begin forwarded message:

**From:** Chris Nevarez  
 <[REDACTED]@yahoo.com>  
**Subject:** Fwd: Nevada Licensure -  
 Christopher Nevarez M.D.  
**Date:** January 26, 2015 4:13:29 PM PST  
**To:** Noah Auspitz <Noah@pushlv.com>

Sent from my iPhone

Begin forwarded message:


**From:** "Kristi L. Stewart"  
 <klsnsmc@medboard.nv.gov>  
**Date:** January 26, 2015 at 2:38:27 PM PST  
**To:** "'[REDACTED]@yahoo.com'"  
 <[REDACTED]@yahoo.com>  
**Subject:** Nevada Licensure - Christopher  
 Nevarez M.D.

Good afternoon Dr. Nevarez,

Your license is valid until 06/30/2015. You may refer to the back of your wallet card (license) or you may view your information at:  
<http://medboard.nv.gov/Verification/>

Sincerely,

**Kristi Stewart**  
 License Specialist  
 Nevada State Board of Medical Examiners  
 P.O. Box 7238  
 Reno, NV 89510-7238  
 Ph. 775-688-2559 x228  
 Fax 775-688-2551  
[www.medboard.nv.gov](http://www.medboard.nv.gov)

[www.medboard.nv.gov](http://www.medboard.nv.gov)  Please consider the environment before printing this email. The information contained in this electronic communication and any electronic attachment (s) is confidential. This communication is intended only for the recipient(s) above. If the reader of this message is not the intended recipient or an employee or agent responsible for the delivery of this message to the intended recipient, you are hereby notified that you may not directly or indirectly, use, disclose, distribute, print, retransmit or copy any part of this message. If you have received this communication in error please advise the sender immediately by return e-mail or telephone, and then delete it and all copies from your system.

All the best,



**EXHIBIT 4**  
**EMAILS**  
**STATE SURGICAL SUPPLY, 6/2019**



---

----- Forwarded message -----

From: <KThomas@arkansassurgicalsupply.com>

Date: Wed, Jun 26, 2019 at 2:42 PM

Subject: RE: Wholesale license

To: christopher nevarez <\_\_\_\_\_@gmail.com>

Dr Nevarez,

I forwarded your email to our RX compliance officer to see what licensed you will need from us. It is the end of day here so it will be tomorrow until I have the information. I assure you we are licensed in NV to sell RX items including Saline.

Best regards,

*Ken Thomas*

Arkansas Surgical Supply - State Surgical Supply

Office 479-756-6871 or 800-756-6871

Notice of Confidentiality

This email and any attached files contain CONFIDENTIAL information belonging to the sender. The information is intended only for the use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or taking of any action in reliance on the contents of this email and attached information is strictly prohibited. If you have received this email in error, please notify sender by telephoning immediately and delete the email along with any attachments.

**From:** christopher nevarez <\_\_\_\_\_d@gmail.com>

**Sent:** Wednesday, June 26, 2019 4:34 PM  
**To:** [KThomas@arkansassurgicalsupply.com](mailto:KThomas@arkansassurgicalsupply.com)  
**Subject:** Fwd: Wholesale license

Below is the forwarded email from my sent mail folder. I hope you may be able to assist.  
 Have a pleasant rest of the day.

I have since found our email correspondence in which I forwarded copies of my CS license as well as my Nevada state medical license. I'm confused as to where they see a discrepancy and hope your wholesale license may provide some clarification for them.

Sincerely,

Christopher Nevarez MD

----- Forwarded message -----

From: **christopher nevarez** <[christophernevarez@gmail.com](mailto:christophernevarez@gmail.com)>  
 Date: Thu, Jun 20, 2019 at 10:32 AM  
 Subject: Wholesale license  
 To: <[kthomas@statesurgicalsupply.com](mailto:kthomas@statesurgicalsupply.com)>

Mr. Thomas,

Hope this email finds you well. I spoke with one of your representatives at the number provided on your website, John I believe, and he directed my inquiry to you. My name is Dr Christopher Nevarez and I'm medical director for PUSH IV in Las Vegas. I've recently run into some difficulties with the Nevada board of pharmacy regarding our previous transaction. They're alleging that you do not have a license to sell saline (which as I recall is the only item we would have purchased from you) in Nevada. Your colleague mentioned your company possesses a wholesale license and are permitted to sell to licensed providers such as myself. Is this correct and, if so, may I request a copy of your wholesale license for use in my defense?

Sincerely,  
 Christopher Nevarez  
 Sent from my iPhone

**5B**

**FILED**

JUN 13 2019

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

|   |   |                                  |
|---|---|----------------------------------|
| <b>NEVADA STATE BOARD OF PHARMACY,</b>          | ) | <b>CASE NOS. 17-100-CS-S</b>     |
|   | ) |                                  |
| <b>Petitioner,</b>                              | ) | <b>NOTICE OF INTENDED ACTION</b> |
| <b>v.</b>                                       | ) | <b>AND ACCUSATION</b>            |
|   | ) |                                  |
| <b>DOUGLAS ROSS, M.D.,</b>                      | ) |                                  |
| <b>Certificate of Registration No. CS10138,</b> | ) |                                  |
|   | ) |                                  |
| <b>Respondent.</b>                              | / |                                  |

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

**JURISDICTION****I.**

The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter and this respondent because at the time of the events alleged herein, Respondent Douglas Ross, M.D., Certificate of Registration No. CS10138 ("Dr. Ross") held a Board-issued controlled substance registration.

**FACTUAL ALLEGATIONS****II.**

In October 2017, Respondent Dr. Ross was the medical director of Infuze LV, LLC ("Infuze LV").

**III.**

While Dr. Ross was Infuze LV's medical director, the Board received consumer complaints alleging that under Dr. Ross's direction, Infuze LV allowed registered nurses ("RNs") and licensed paramedics (collectively "Non-practitioner Staff Members") to access,

possess and administer dangerous drugs to patients by intravenous (“IV”) and intramuscular injections.

#### IV.

The Board’s investigation produced evidence to substantiate those claims.

#### V.

Dr. Ross allowed Infuze LV’s Non-Practitioner Staff to access, possess and control Infuze LV’s inventory of dangerous drugs without a licensed practitioner present.

#### VI.

Dr. Ross and Infuze LV allowed Non-practitioner Staff to provide IV therapy, injections and other medical procedures where the patient had not been examined by a practitioner and therefore did not have a *bona fide* relationship with the practitioner who authorized the treatment.

#### VII.

Under Dr. Ross’s direction, Infuze LV’s Non-practitioner Staff Members accessed and possessed the clinic’s inventory of dangerous drugs and provided supplies of dangerous drugs to Non-Practitioner Staff Members without a practitioner on site, without a practitioner’s direct supervision, before Dr. Ross or any other practitioner examined the patient, and before there was a patient-specific and medication-specific written order for the patient and/or the medication.

#### VIII.

Dr. Ross allowed Infuze LV’s Non-practitioner Staff Members to transport dangerous drugs without a patient-specific and medication-specific order.

#### IX.

Dr. Ross frequently had no contact with and did not examine the patient to establish a *bona fide* therapeutic relationship with the patient until after one of Infuze LV’s Non-Practitioner Staff Members transported the dangerous drugs in his/her possession to the patient’s location.

X.

For off-site medical treatment, once a Non-practitioner Staff Member arrived at the patient's location, the RN or paramedic would examine the patient and discuss why an IV or injection would be beneficial to the patient.

XI.

The RN would then communicate his/her assessment of the patient to Dr. Ross by telephone or text, by which Dr. Ross would then approve the medication by text.

XII.

Through that exam process, Dr. Ross often did not speak or communicate directly with the patient.

XIII.

Infuze LV and its Non-practitioner Staff Members often provided medical treatment to patients at its physical location when Dr. Ross was not on site.

### **APPLICABLE LAW**

XIV.

No person may possess a dangerous drug in Nevada without specific statutory authority to do so. *See* NRS 454.213, NRS 454.316, NRS 454.321.

XV.

A practitioner can give a registered nurse limited authority to possess and administer dangerous drugs without the practitioner onsite by way of NRS 454.213(1)(c), which says in relevant part:

a drug or medicine referred to in NRS 454.181 to 454.371, inclusive, may be possessed and administered by . . . a registered nurse licensed to practice professional nursing or licensed practical nurse, at the direction of a prescribing physician, physician assistant licensed pursuant to chapter 630 or 633 of NRS, dentist, podiatric physician or advanced practice registered nurse, *or pursuant to a chart order, for administration to a patient at another location.*

NRS 454.213(1)(a)(*emphasis added*); *see also* NRS 639.100.

XVI.

Chart orders must be written (NRS 454.223) and are patient-specific and medication-specific.<sup>1</sup>

XVII.

“Except as otherwise specifically provided, every person who violates any provision of NRS 454.181 to 454.371, inclusive, is guilty of a misdemeanor.” NRS 454.356.

XVIII.

A practitioner must first establish a *bona fide therapeutic relationship* with a patient by examination before he or she can determine that a medication is medically necessary and direct and/or authorize an RN to possess and administer a dangerous drug on-site or issue a chart order for off-site administration of a dangerous drug to treat the patient’s medical condition. *See* NAC 639.945(1)(o) and NRS 454.213(1)(a).

XIX.

[A] bona fide therapeutic relationship between the patient and practitioner shall be deemed to exist if the patient was examined in person, electronically, telephonically or by fiber optics . . . by the practitioner within the 6 months immediately preceding the date the practitioner . . . prescribes a drug to the patient and, as a result of the examination, the practitioner diagnosed a condition for which a given drug therapy is prescribed.

NRS 639.945(3).

XX.

An outsourcing facility that is engaged in the compounding of sterile drugs in this State [Nevada] or for shipment into this State shall:

1. Obtain a license from the Board as a manufacturer in accordance with NRS 639.100 and 639.233;

---

<sup>1</sup> *See* NRS 639.004 “Chart order” means an order entered on the chart of a patient in a hospital, facility for intermediate care or facility for skilled nursing which is licensed as such by the Division of Public and Behavioral Health of the Department of Health and Human Services or on the chart of a patient under emergency treatment in a hospital by a practitioner or on the written or oral order of a practitioner authorizing the administration of a drug to the patient.

2. Comply with the provisions of NAC 639.609 to 639.619, inclusive; and
3. Comply with all the requirements of 21 U.S.C. § 353b.

NAC 639.6915

#### XXI.

“Supplying . . . medicines, substances or devices which are legally sold in pharmacies or by wholesalers, so that unqualified persons can circumvent any law pertaining to the legal sale of such articles” constitutes “unprofessional conduct and conduct contrary to the public interest.”

NAC 639.945(1)(g).

#### XXII.

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).

#### XXIII.

“Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration” constitutes “unprofessional conduct and conduct contrary to the public interest.” NAC 639.945(1)(k).

#### XXIV.

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).

#### XXV.

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).



## XXVI.

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****Unlawful Access and Possession of Dangerous Drugs - Statutory Violations**

## XXVII.

By allowing Infuze LV's Non-practitioner Staff Members to operate Infuze LV and to use his authority as a practitioner to obtain, access, possess and/or store dangerous drugs when he was not on site, before he examined the patient (or without an examination), before he wrote a patient-specific order and without his direct supervision, Dr. Ross violated, or assisted and abetted Infuze LV's staff in violating, NRS 454.213(1), NRS 454.316 and/or NRS 454.356.

**SECOND CAUSE OF ACTION****Unlawful Access and Possession of Dangerous Drugs – Unprofessional Conduct**

## XXVIII.

By allowing Infuze LV's staff, none of whom were practitioners and none of whom were licensed to possess or prescribe dangerous drugs, to operate Infuze LV and/or to obtain, access, possess and store dangerous drugs when he was not on site, before he examined the patient and before he wrote a patient-specific order, Dr. Ross engaged, or assisted and abetted Infuze LV's staff to engage, in unprofessional conduct as defined in NAC 639.945(1)(g), (i), and (k).

**THIRD CAUSE OF ACTION****Unlawful Administration of Dangerous Drugs – No Bona Fide Therapeutic Relationship and No Authority to Determine Medical Necessity**

## XXIX.

By authorizing Infuze LV's Non-practitioner Staff, none of whom were licensed practitioners, to use his authority to operate Infuze LV, to administer a dangerous drug to patients who had not been examined by a practitioner, when he did not have a *bona fide*

therapeutic relationship and for whom he had not diagnosed or determined that a dangerous drug was medically necessary, Dr. Ross violated, and/or aided and abetted Infuze LV's staff in violating Nevada law, including NRS 454.221(1). He also acted unprofessionally. *See* NAC 639.945(1)(k) and (o).

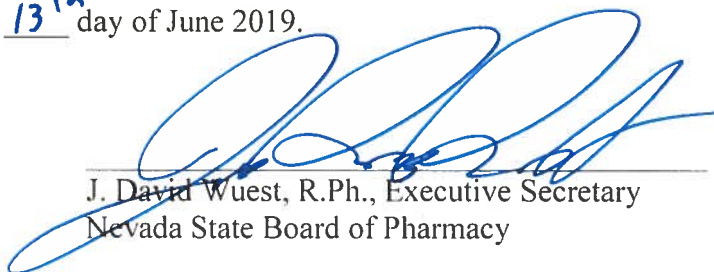
XXX.

For the violations and conduct alleged in paragraphs II through XXIX above, Dr. Ross's Controlled Substance Registration, Certificate of Registration No. CS10138 is subject to discipline pursuant to NRS 453.236(1)(d), NRS 453.241(1), NRS 639.210(4) and (12) and/or NRS 639.255.

XXXI.

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 13<sup>th</sup> day of June 2019.



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

### **NOTICE TO RESPONDENT**

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file of two copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 639.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

|   |   |                                  |
|---|---|----------------------------------|
| <b>NEVADA STATE BOARD OF PHARMACY,</b>          | ) | <b>CASE NO. 17-100-CS-S</b>      |
|   | ) |                                  |
| <b>Petitioner,</b>                              | ) |                                  |
| <b>v.</b>                                       | ) |                                  |
|   | ) | <b>STATEMENT TO THE</b>          |
| <b>DOUGLAS ROSS, M.D.,</b>                      | ) | <b>RESPONDENT</b>                |
| <b>Certificate of Registration No. CS10138,</b> | ) | <b>NOTICE OF INTENDED ACTION</b> |
|   | ) | <b>AND ACCUSATION</b>            |
| <b>Respondent.</b>                              | / | <b>RIGHT TO HEARING</b>          |

---

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

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

## III.

**The Board has scheduled your hearing on this matter for Wednesday, July 17, 2019, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.**

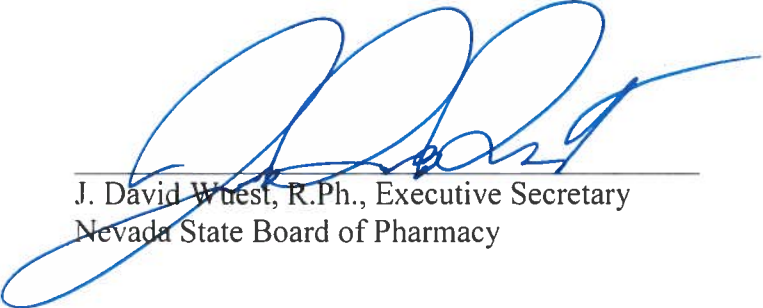
## IV.

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

## V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 17<sup>th</sup> day of June, 2019.

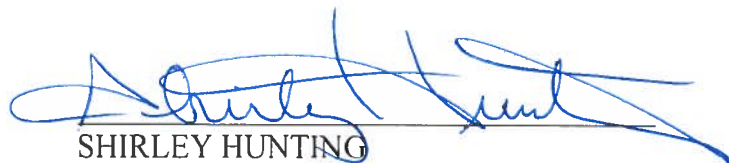


J. David Wuest, R.Ph., Executive Secretary  
Nevada State Board of Pharmacy

**CERTIFICATE OF SERVICE**

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 13<sup>th</sup> day of June, 2019, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

DOUGLAS ROSS, MD  
2481 W HORIZON RIDGE PKWY #100  
HENDERSON, NV 89052

  
SHIRLEY HUNTING

**FILED**

JUL - 8 2019

NEVADA STATE BOARD  
OF PHARMACY**BEFORE THE NEVADA STATE BOARD OF PHARMACY****STATE OF NEVADA BOARD OF  
PHARMACY,****Petitioner,****-vs-****DOUGLAS ROSS, M.D.,  
Certificate of Registration No. CS10138****Respondent.****CASE NO. 17-100-CS-S****ANSWER TO NOTICE OF INTENDED  
ACTION AND ACCUSATION**

DOUGLAS ROSS, M.D., by and through his attorneys Maria Nutile, Esq. and Bridget Kelly, Esq. of the law firm Nutile Law, and in answer to the Notice of Intended Action and Accusation in the above referenced matter, filed on June 13, 2019 upon permission from the Nevada State Board of Pharmacy ("Board"), admits and denies as follows:

1. Answering Paragraphs I, II, III Respondent admits the allegations contained therein.
2. Answering Paragraphs VI, VII, VIII, IX, XII, XIII, XXVII, XXVIII, and XXIX, Respondent denies the allegations contained therein.
3. Answering Paragraphs IV, X, XI, Respondent is without sufficient knowledge upon which to base a belief as to the truth of the allegations contained therein, and therefore denies each and every allegation contained therein.
4. Answering Paragraphs V, XXX, XXXI, and Paragraphs XIV through XXVI, Respondent states these Paragraphs require no response.

DATED this 3rd day of July 2019.

NUTILE LAW



MARIA NUTILE, ESQ.

Nevada Bar No. 7847

BRIDGET KELLY, ESQ.

Nevada Bar No. 14388

**NUTILE LAW**

7395 S. PECOS RD.

SUITE 103

LAS VEGAS, NV 89120

(702) 307-4880

Fax (702) 307-4881

bridget@nutilelaw.com

maria@nutilelaw.com

*Attorneys for Respondent*



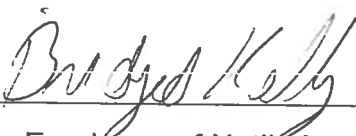
## CERTIFICATE OF SERVICE

I hereby certify that I am an employee of Nutile Law and that on the 3rd day of July 2019, a copy of RESPONDENT'S ANSWER TO NOTICE OF INTENDED ACTION AND ACCUSATION, CASE NO. 17-100-CS-S with all Exhibits thereto, was placed into the hands of the United States Postal Service, postage prepaid on the date listed herein, addressed as follows:

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

A copy was also emailed to S. Paul Edwards, General Counsel for the Board, at [pedwards@pharmacy.nv.gov](mailto:pedwards@pharmacy.nv.gov)

Dated this 3<sup>rd</sup> day of July 2019.

  
An Employee of Nutile Law

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

|   |   |                             |
|---|---|-----------------------------|
| <b>NEVADA STATE BOARD OF PHARMACY,</b>          | ) | <b>CASE NO. 17-100-CS-S</b> |
|   | ) |                             |
| <b>Petitioner,</b>                              | ) | <b>ANSWER AND NOTICE</b>    |
| <b>v.</b>                                       | ) | <b>OF DEFENSE</b>           |
|   | ) |                             |
| <b>DOUGLAS ROSS, M.D.,</b>                      | ) |                             |
| <b>Certificate of Registration No. CS10138,</b> | ) |                             |
|   | ) |                             |
| <b>Respondent.</b>                              | / |                             |

---

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").


**None.**

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

Please see attached statement.

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 3 day of July 2019.

  
\_\_\_\_\_  
DOUGLAS ROSS, M.D.

**Respondent Statement**  
**Case No. 17-100-CS-S**  
**Douglas Ross, M.D.**

In answer to the Notice of Intended Action and Accusation, I deny the allegations against me in the Notice.

I have been the Medical Director of Infuze, LLC ("Infuze") since it opened in 2015. I am also a Fellow of the American College of Emergency Physicians and have been licensed to practice in Nevada since 2000.

My intent in establishing and operating Infuze has always been to provide high-quality patient care in accordance with state and federal law and professional ethics. Through the course of this investigation by the Board of Pharmacy ("BOP"), I learned that my initial understanding of proper procedure in providing infusion services was not entirely accurate, though not for lack of due diligence on my part. I have also learned there is a high degree of confusion and ambiguity on the part of both infusion practices and regulatory agencies responding to a relatively new practice model.

As I had stated in my initial response to the BOP in this matter dated March 14, 2018 ("Initial Response"), Infuze ceased utilizing emergency medical technicians ("EMTs") to provide any services, other than when acting as medical assistants ("MAs") in the clinic setting with appropriate supervision. This change was in immediate response to being informed by the BOP in early 2018 during its investigation that EMTs are not authorized to provide infusion services outside of EMS duty. As discussed in my Initial Response, neither my legal due diligence in launching Infuze (including a discussion with a physician-director of the Southern Nevada Health District) nor my first-hand experience with EMTs as an emergency physician, informed me that off-duty EMTs could not independently perform any concierge infusion visits. Additionally, many active Senior Paramedics working for Las Vegas Fire, Henderson Fire, Boulder City Fire, Community Ambulance, and AMR, with whom I had discussed this issue, were similarly ignorant as to their own scope of authority when not on EMS duty. Nonetheless, I modified Infuze's operations immediately upon notification of its non-compliant utilization of EMTs.

Similarly, Infuze ceased permitting registered nurses ("RNs") to transport infusion supplies to any patients, prior to a practitioner's assessment and order, immediately upon learning of this requirement. A Regulatory Interpretation by BOP General Counsel S. Paul Edwards dated May 23, 2018 as published by a third-party website<sup>1</sup> (see Exhibit 1, "Interpretation"), clarifies legal limitations on an RN's possession of prescription medication for off-site administration. I find it noteworthy that this issue has been ambiguous enough in the Las Vegas healthcare market to spawn an entire "Bad RN" website to explain and warn RN's of practice limitations related to

<sup>1</sup> <https://www.badrn.com/regulatory-letters>, accessed July 1, 2019.

Douglas Ross, M.D.

July 3, 2019

Statement of D. Ross, M.D.

July 3, 2019

pg. 2

mobile infusion services, yet no guidance on this issue could be found on the BOP website as of the date of this statement. I know I am not the only practice trying to navigate the murky legal compliance related to increasingly popular outpatient and mobile IV infusion, and it is disappointing that professional guidance should be so difficult to find.

As stated in my Initial Response, my medical practice is located immediately adjacent to the Infuze clinic, so I have been able to provide personal oversight and supervision as Medical Director since Infuze began. I have also actively and consistently provided telehealth assessments for Infuze's concierge services. Where our proactive efforts have failed, we have reacted immediately to new guidance and information, and adjusted policies, procedures, and personnel as necessary for compliance. Currently, I or a physician's assistant or a nurse practitioner perform a telehealth assessment of each patient prior to dispatching an RN to a patient preferred site, and Infuze RN's only carry those medications and supplies necessary to fulfill an order for a *bona fide* patient. Although Infuze's practice model has evolved and adapted in the interests of compliance, at no point did Infuze compromise patient safety or quality of care

I respectfully request that the charges against me be dismissed.



---

Douglas Ross, M.D.

June \_\_, 2019

# **EXHIBIT 1**

## **Regulatory Interpretation**

2018 05 22 Resp Pet Interp Burke



# Nevada State Board of Pharmacy

431 W. Plumb Lane• Reno, NV 89509  
 (775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444  
 E-mail: pedwards@pharmacy.nv.gov • Web Page: bop.nv.gov

May 23, 2018

Jason Burke, M.D.  
 Hangover Heaven, LLC  
 3281 S. Highland Dr., #806  
 Las Vegas, Nevada 89109

Dear Dr. Burke:

I am responding on behalf of the Nevada State Board of Pharmacy (Board) to two "scenarios" you presented in your January 24, 2018 *Petition for Regulatory Interpretation to the Nevada Board of Pharmacy*. Those scenarios can be reduced to two questions, as indicated in your April 6, 2018 email to the Board. The plain language of existing statutes answer both of those questions such that no Board interpretation is necessary. Those statutes give practitioners general authority to possess and administer prescription medications in conformity with the applicable standard of care. A registered nurse<sup>1</sup> (RN), however, may possess a prescription medication for off-site administration only pursuant to an existing patient-specific chart order.

## Legal Framework:

No person may possess a controlled substance or a dangerous drug (collectively a prescription medication) in Nevada without specific statutory authority to do so.<sup>2</sup> The Nevada Legislature granted practitioners<sup>3</sup> that authority in NRS chapters 453 and 454.<sup>4</sup> RNs do not enjoy such broad authority.

<sup>1</sup> NRS 632.019 "Registered nurse" means a person who is licensed to practice professional nursing.

<sup>2</sup> See NRS 453.336, NRS 453.338, NRS 454.316, NRS 454.321.

<sup>3</sup> NRS 454.00958 "Practitioner" means:

1. A physician, dentist, veterinarian or podiatric physician who holds a valid license to practice his or her profession in this State.

2. A pharmacy, hospital or other institution licensed or registered to distribute, dispense, conduct research with respect to or to administer a dangerous drug in the course of professional practice in this State.

3. When relating to the prescription of poisons, dangerous drugs and devices:

(a) An advanced practice registered nurse who holds a certificate from the State Board of Pharmacy permitting him or her so to prescribe; or

(b) A physician assistant who holds a license from the Board of Medical Examiners and a certificate from the State Board of Pharmacy permitting him or her so to prescribe.

4. An optometrist who is certified to prescribe and administer dangerous drugs pursuant to NRS 636.288 when the optometrist prescribes or administers dangerous drugs which are within the scope of his or her certification.

<sup>4</sup> See NRS 453.375(1)(a); NRS 454.213(1)(a).

Regarding controlled substances, NRS chapter 453 states in relevant part:

1. A controlled substance may be possessed and administered by the following persons:

- (a) A practitioner.
- (b) A registered nurse licensed to practice professional nursing or licensed practical nurse, *at the direction* of a physician, physician assistant, dentist, podiatric physician or advanced practice registered nurse, or *pursuant to a chart order*, for administration to a patient at another location.

....

NRS 453.375(1)(a) and (b) (*emphasis added*). Similarly, as to dangerous drugs, NRS chapter 454 says:

1. A drug or medicine referred to in NRS 454.181 to 454.371, inclusive, may be possessed and administered by:

- (a) A practitioner.

....

(c) Except as otherwise provided in paragraph (d), a registered nurse licensed to practice professional nursing or licensed practical nurse, *at the direction of* a prescribing physician, physician assistant licensed pursuant to chapter 630 or 633 of NRS, dentist, podiatric physician or advanced practice registered nurse, or *pursuant to a chart order*, for administration to a patient at another location.

....

NRS 454.231(1)(a) and (c) (*emphasis added*).

By way of those statutes, the Nevada Legislature gave practitioners general authority to possess and administer prescription medications.<sup>5</sup> That authority is broad such that a practitioner can possess and maintain an inventory of prescription medications for the future needs of his or her practice.<sup>6</sup>

Conversely, the Legislature used qualifying language to describe instances where a RN may possess and administer a prescription medication.<sup>7</sup> A RN may possess and administer a prescription medication only “at the direction” of a practitioner, which usually occurs in a facility setting where the practitioner is located. A RN may also possess and administer a prescription medication “pursuant to a chart order, for administration to a patient at another

<sup>5</sup> See NRS 453.375(1)(a); NRS 454.213(1)(a).

<sup>6</sup> *Id.*

<sup>7</sup> NRS 453.375(1)(b); NRS 454.213(1)(c).



location.”<sup>8</sup> Chart orders are patient-specific and medication-specific.<sup>9</sup> The Legislature did not grant RNs authority to possess a prescription medication (or an inventory of prescription medications) absent an existing chart order in anticipation of a yet-to-be-written chart order.

As with any prescription medication, a practitioner must first establish a bona fide therapeutic relationship with the patient before directing a RN to possess and administer a prescription medication on-site or issuing a chart order for off-site administration.<sup>10</sup> “[A] bona fide therapeutic relationship between the patient and practitioner shall be deemed to exist if the patient was examined in person, electronically, telephonically or by fiber optics . . . by the practitioner within the 6 months immediately preceding the date the practitioner . . . prescribes a drug to the patient and, as a result of the examination, the practitioner diagnosed a condition for which a given drug therapy is prescribed.”<sup>11</sup>

From that legal framework the two “scenarios” or questions you present in your Petition may be analyzed.

#### Scenario 1:

Your Scenario 1 asks whether, after establishing a bona fide therapeutic relationship with the patient, the practitioner has to physically give any prescription medication the practitioner ordered through a chart order to the RN for off-site administration to the patient?

#### Response to Scenario 1:

Yes, a RN must receive a prescription medication for off-site administration pursuant to a chart order directly from a practitioner. A RN does not have authority to possess a prescription medication that is not specifically ordered in an existing chart order.

#### Scenario #2:

The second scenario presented in your Petition asks whether a RN may keep medications at home or in the car in preparation for going out on house calls.

<sup>8</sup> *Id.*

<sup>9</sup> See NRS 639.004 “Chart order” means an order entered on the chart of a patient in a hospital, facility for intermediate care or facility for skilled nursing which is licensed as such by the Division of Public and Behavioral Health of the Department of Health and Human Services or on the chart of a patient under emergency treatment in a hospital by a practitioner or on the written or oral order of a practitioner authorizing the administration of a drug to the patient.

<sup>10</sup> See NAC 639.945(1)(c).

<sup>11</sup> NRS 639.945(3).

2018 05.22 Resp Pet Interp Burke

Response to Scenario #2:

No. A RN may possess a prescription medication "for administration to a patient at another location" "pursuant to a chart order."<sup>12</sup> The statutes do not authorize a RN to possess an inventory of a prescription medication without a chart order. If an RN had access to or possessed a prescription medication without a chart order for that medication, the RN would possess the prescription medication unlawfully and could be found criminally liable.<sup>13</sup>

Finally, it should be noted that a RN, after administering a prescription medication to a patient pursuant to chart order, may not leave any prescription medication with the patient, even if the RN anticipates making a house call to the patient in the future. Leaving medication with the patient constitutes dispensing,<sup>14,15</sup> which NRs are not authorized to do.<sup>16</sup>

You may access the statutes cited herein by way of the Board's website at [bop.nv.gov](http://bop.nv.gov), or you may request a copy from my office.

Sincerely,



S. PAUL EDWARDS, ESQ.  
General Counsel  
Nevada State Board of Pharmacy

<sup>12</sup> NRS 453.375(1)(b); NRS 454.213(1)(c).

<sup>13</sup> See NRS 453.336, NRS 453.338, NRS 454.316, NRS 454.321.

<sup>14</sup> NRS 453.056 "Dispense" defined.

1. Except as limited by subsection 2, "dispense" means to deliver a controlled substance to an ultimate user, patient or research subject by or pursuant to the lawful order of a practitioner, including the prescribing, administering, packaging, labeling or compounding necessary to prepare the substance for that delivery.

2. The term does not include the furnishing of a controlled substance by a hospital pharmacy for inpatients.

<sup>15</sup> NRS 454.211 "Dispense" defined.

1. "Dispense" means the furnishing of a dangerous drug in any amount greater than that which is necessary for the present and immediate needs of the ultimate user.

2. The term does not include the furnishing of a dangerous drug by a hospital pharmacy for inpatients.

<sup>16</sup> NRS 453.377, NRS 454.215.

**5C**

JUL 12 2019

NEVADA STATE BOARD  
OF PHARMACY

## BEFORE THE NEVADA STATE BOARD OF PHARMACY

|  |   |                           |
|--|---|---------------------------|
| NEVADA STATE BOARD OF PHARMACY,          | ) | CASE NO. 19-083-CS-N      |
|  | ) |                           |
| Petitioner,                              | ) |                           |
| v.                                       | ) |                           |
|  | ) | NOTICE OF INTENDED ACTION |
| ERIC MARTIN MATH, MD,                    | ) | AND ACCUSATION            |
| Certificate of Registration No. CS04598, | ) |                           |
|  | ) |                           |
| Respondent.                              | / |                           |

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

### JURISDICTION

#### I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and this respondent because at the time of the alleged events, Respondent Eric Martin Math, MD (Math), held a Nevada Controlled Substance Registration, Certificate No. CS04598, issued by the Pharmacy Board.

### FACTUAL ALLEGATIONS

#### II.

On June 3, 2019, Math surrendered his DEA Certificate of Registration No. BM4705616 to the U.S. Drug Enforcement Administration by executing a DEA Form 104, entitled "Surrender for Cause" (DEA Surrender for Cause).

## III.

By executing the DEA Surrender for Cause, Math acknowledged in pertinent part the following:

In view of my alleged failure to comply with the Federal requirements pertaining to controlled substances or list 1 chemicals, and as an indication of my good faith in desiring to remedy any incorrect or unlawful practices on my part, I hereby surrender for cause my Drug Enforcement Administration (DEA) Certification of Registration.

## IV.

On or about June 4, 2019, Board staff notified Math that his surrender of DEA Certificate of Registration No. BM4705616 for cause operated as an immediate suspension of his Certificate of Registration No. CS04598 with the Board pursuant to NRS 639.2107.

**APPLICABLE LAW**

## V.

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).

## VI.

The surrender of a registration to the Drug Enforcement Administration by a practitioner operates as an immediate suspension of a registration issued by the Board pursuant to NRS Chapter 453 to possess, administer, prescribe or dispense controlled substances. NRS 639.2107.

## VII.

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 or registration issued by the Board. NRS 639.210(11).

## VIII.

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 or registration issued by the Board. NRS 639.210(12).

**FIRST CAUSE OF ACTION**

## IX.

By failing to comply with the Federal requirements pertaining to controlled substances, Math committed an act that would render his Nevada Controlled Substance Registration inconsistent with the public interest, and is subject to discipline pursuant to NRS 453.236(1)(d) and NRS 453.241(1).

**SECOND CAUSE OF ACTION**

## X.

By surrendering his DEA Certificate of Registration No. FM2307468 for cause, the suspension of Math's Nevada Controlled Substance Registration, Certificate No. CS04598 pursuant to NRS 639.2107 is subject to review by the Board pursuant to NRS 453.236(1) and NRS 639.255(1)(c).

**THIRD CAUSE OF ACTION**

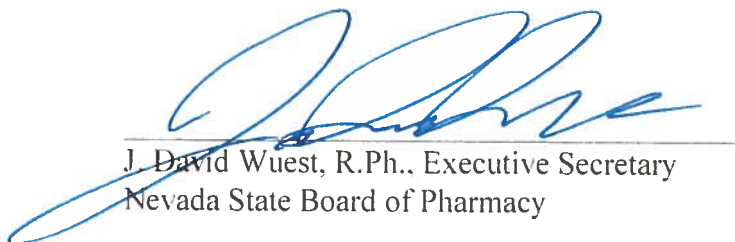
## XI.

By failing to comply with the Federal requirements pertaining to controlled substances, Math is subject to discipline pursuant to NRS 639.210(11) and/or (12), and NRS 639.255.

## XII.

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 12<sup>th</sup> day of July, 2019.



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

**NOTICE TO RESPONDENT**

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file of two copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 639.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.



**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

|   |   |                                  |
|---|---|----------------------------------|
| <b>NEVADA STATE BOARD OF PHARMACY,</b>          | ) | <b>CASE NO. 19-083-CS-N</b>      |
|   | ) |                                  |
| <b>Petitioner,</b>                              | ) |                                  |
| <b>v.</b>                                       | ) |                                  |
|   | ) | <b>STATEMENT TO THE</b>          |
| <b>ERIC MARTIN MATH, MD,</b>                    | ) | <b>RESPONDENT</b>                |
| <b>Certificate of Registration No. CS04598,</b> | ) | <b>NOTICE OF INTENDED ACTION</b> |
|   | ) | <b>AND ACCUSATION</b>            |
| <b>Respondent.</b>                              | / | <b>RIGHT TO HEARING</b>          |

---

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

**I.**

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

**II.**

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

## III.

**The Board has scheduled your hearing on this matter for Wednesday, September 4, 2019, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hyatt Place, 1790 East Plumb Lane, Reno, Nevada.**

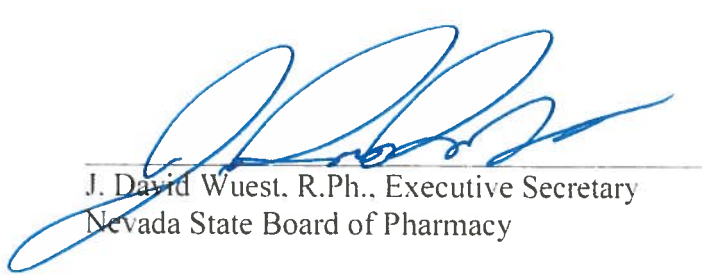
## IV.

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

## V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 12<sup>th</sup> day of July, 2019.



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

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

|   |   |                             |
|---|---|-----------------------------|
| <b>NEVADA STATE BOARD OF PHARMACY,</b>          | ) | <b>CASE NO. 19-083-CS-N</b> |
|   | ) |                             |
| <b>Petitioner,</b>                              | ) |                             |
| <b>v.</b>                                       | ) | <b>ANSWER AND NOTICE</b>    |
|   | ) | <b>OF DEFENSE</b>           |
| <b>ERIC MARTIN MATH, MD,</b>                    | ) |                             |
| <b>Certificate of Registration No. CS04598,</b> | ) |                             |
|   | ) |                             |
| <b>Respondent.</b>                              | / |                             |

---

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 July, 2019.

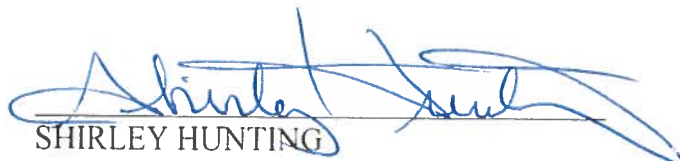
---

**ERIC MARTIN MATH, MD**

### CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 24<sup>th</sup> day of July, 2019, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

**Eric Math, MD**  
**6580 Mahogany Ridge Drive**  
**Reno, NV 89523**



SHIRLEY HUNTING

## RETURN OF SERVICE

STATE OF NEVADA

)

**SS.**

**COUNTY OF WASHOE**

)

I HEREBY certify and return that I received the within Notice of Intended Action,  
Statement to the Respondent Notice of Intended Action and Accusation Right to Hearing,  
Answer and Notice of Defense, and Suspension of Certificate of Registration No. CS04598 on  
the 31<sup>st</sup> day of July, 2019 and that I personally served the same upon  
Front desk receptionist Itzel Arriaga at the law office of  
David Huston, 432 Court Street, Reno, NV 89501,  
a person at least eighteen years of age, at law office of  
David Huston on the 31<sup>st</sup> day of  
July, 2019.

Signature

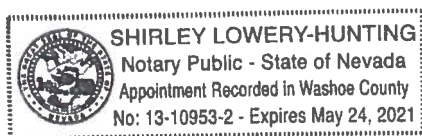
Name (print)

SUBSCRIBED AND SIGNED before me

this 31<sup>ST</sup> day of JULY, 2019

by JOSEPH J. DEPCZYNSKI

NOTARY PUBLIC





NEVADA STATE BOARD OF PHARMACY  
**OFFICE OF THE GENERAL COUNSEL**

WRITER'S DIRECT DIAL: (775) 850-1440 • E-MAIL: [bkandt@pharmacy.nv.gov](mailto:bkandt@pharmacy.nv.gov) • FAX: (775) 850-1444

June 4, 2019

**VIA CERTIFIED U.S. MAIL AND ELECTRONIC MAIL TO: [emath@renown.org](mailto:emath@renown.org)**

Eric Martin Math, MD  
 5538 Longley Lane – Suite B  
 Reno, NV 89511

**Re: *Suspension of Certificate of Registration No. CS04598***

Dear Dr. Math:

The Nevada State Board of Pharmacy (Board) has been notified by the U.S. Drug Enforcement Administration that you surrendered your DEA Certificate of Registration No. BM4705616 on June 3, 2019 (documentation enclosed).

Please be advised that pursuant to NRS 639.2107 your surrender of your DEA registration operates as an immediate suspension of your Certificate of Registration No. CS04598 with the Board. Furthermore, your access to the Nevada Prescription Monitoring Program (PMP) database is terminated effective immediately since you are no longer authorized to access the PMP pursuant to NRS 453.221.

You may request a hearing before the Board to contest the suspension of your registrations by submitting a written request to the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521.

Please be aware that the forgoing does not preclude a formal investigation or filing of an accusation pursuant to NRS 639.241. If you have any questions, please do not hesitate to contact me at 775-850-1440 or [bkandt@pharmacy.nv.gov](mailto:bkandt@pharmacy.nv.gov).

Best regards,

A handwritten signature in blue ink, appearing to read "Brett Kandt".

Brett Kandt  
 General Counsel  
 Nevada State Board of Pharmacy

9171 9690 0935 0157 4990 51

U. S. Department of Justice - Drug Enforcement Administration

**SURRENDER FOR CAUSE OF DEA  
CERTIFICATE OF REGISTRATION****DEA USE ONLY**File No.  

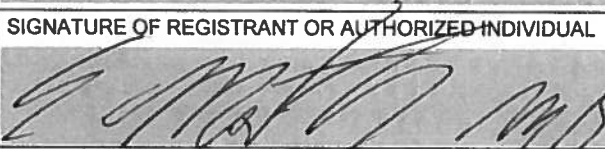

In view of my alleged failure to comply with the Federal requirements pertaining to controlled substances or list I chemicals, and as an indication of my good faith in desiring to remedy any incorrect or unlawful practices on my part, I hereby surrender for cause my Drug Enforcement Administration (DEA) Certificate of Registration.

I understand that submission of this document to DEA, including any employee of DEA, shall result in the immediate termination of my registration.


I understand that I am not entitled to a refund of any payments made by me in connection with my registration.

I understand that, beginning on the date that I sign below, I am not authorized to order, manufacture, distribute, possess, dispense, administer, prescribe, or engage in any other activities with controlled substances or list I chemicals.

With the understanding that I am not required to surrender my DEA Certificate of Registration, I freely and under no duress, implied or expressed, execute this document and choose to take the action described herein.

|   |  |  |  |
|---|--|--|--|
| <b>NAME OF REGISTRANT (Print)</b>   |  | <b>ADDRESS OF REGISTRANT</b>             |  |
| Eric Martin Math, M.D.  |  | 5538 Longley Ln. Ste B<br>Reno, NV 89511 |  |
| <b>DEA REGISTRATION NO.</b>   |  |  |  |
| BM4705616   |  |  |  |
| <b>SIGNATURE OF REGISTRANT OR AUTHORIZED INDIVIDUAL</b>                           |  | <b>DATE</b>                              |  |
|  |  | 6/3/19                                   |  |

**WITNESSES TO REGISTRANT'S SIGNATURE**

|   |               |
|---|---------------|
| <b>NAME AND DATE</b>  | <b>TITLE</b>  |
| Wampler, 6/3/19   | Special Agent |
| <b>NAME AND DATE</b>  | <b>TITLE</b>  |
|  6/3/19 | SPECIAL AGENT |

**PRIVACY ACT**

**AUTHORITY:** Section 301 of the Controlled Substances Act of 1970 (21 U.S.C. 821)  
**PURPOSE:** Permit surrender for cause of DEA Certificate of Registration.  
**ROUTINE USES:** The Controlled Substances Act Registration Records produce special reports as required for statistical analytical purposes. Disclosures of information from this system are made to the following categories of users for the purposes stated:  
 A. Other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.  
 B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.  
 C. Persons registered under the Controlled Substances Act (21 U.S.C. 822 and 957) for the purpose of verifying the registration of customers and practitioners.  
**EFFECT:** Submission of this information is voluntary. There is no effect on the individual if not provided.



**5D**

JUL 25 2019

NEVADA STATE BOARD  
OF PHARMACY

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

|  |   |                                  |
|--|---|----------------------------------|
| <b>NEVADA STATE BOARD OF PHARMACY,</b>             | ) | <b>CASE NOS. 18-082-RPH-S</b>    |
|  | ) | <b>18-082-PH-S</b>               |
| <b>Petitioner,</b>                                 | ) | <b>18-131-RPH-S</b>              |
| <b>v.</b>  | ) | <b>18-131-PH-S</b>               |
|  | ) |                                  |
| <b>EGHOMWARE IGBINOVIA (AKA JERRY</b>              | ) |                                  |
| <b>IGBINOVIA), Certificate of Registration No.</b> | ) | <b>NOTICE OF INTENDED ACTION</b> |
| <b>16316, and</b>                                  | ) | <b>AND ACCUSATION</b>            |
|  | ) | <b>(Consolidated Cases)</b>      |
| <b>ACRX SPECIALTY PHARMACY, Certificate of</b>     | ) |                                  |
| <b>Registration No. PH03673,</b>                   | ) |                                  |
|  | ) |                                  |
| <b>Respondents.</b>                                | / |                                  |

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 622A.300(1) and/or NRS 639.241.

**JURISDICTION**

1.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and these respondents because at the time of the events alleged herein, Respondent EGHOMWARE IGBINOVIA (aka Jerry Igbinovia) (Igbinovia), Certificate of Registration No. 16316, was a pharmacist registered with the Board, and Respondent ACRX SPECIALTY PHARMACY (ACRX), Certificate of Registration No. PH03673, located at 3204 Soaring Gulls #101, Las Vegas, Nevada was a pharmacy licensed by the Board. At times Igbinovia and ACRX are referred to collectively herein as "Respondents."

**FACTUAL ALLEGATIONS**

2.

At the time of the events alleged herein, Respondent Igbinovia owned and operated ACRX.

3.

Igbinovia was ACRX's managing pharmacist/pharmacist-in-charge and the only pharmacist working full time at ACRX.

**Patient Complaint that ACRX Dispensed Expired Medication**

4.

On August 23, 2018, ACRX dispensed two vials of human chorionic gonadotropin (HCG) to patient C.B. It designated and labelled them as Prescription No. 400989.

5.

Each of those two vials was marked with a beyond use date (BUD) of July 22, 2018.

6.

Both vials of HCG that ACRX dispensed to C.B. on August 23, 2018, were expired at the time that ACRX dispensed them.

7.

Neither of the vials of HCG that ACRX dispensed to C.B. were frozen when ACRX dispensed them.

8.

ACRX did not include instructions on either vial to freeze the product or to keep it frozen.

9.

The label on each vial of HCG that ACRX dispensed to C.B. stated "Refrigerate" and "Store in Refrigerator".

10.

Both of the vials of compounded HCG that ACRX dispensed to C.B. on August 23, 2018, were from a batch of HCG that Igbinovia compounded on June 7, 2018 and designated as Lot No. 06072018@12.

11.

Igbinovia assigned a 45-day BUD of July 22, 2018, to each of the vials that ACRX dispensed to C.B.

12.

Respondents should have assigned a three-day (3-day) BUD to each of the vials from Lot No. 06072018@12 because the product was refrigerated and Respondents did not have documentation of stability and sterility testing to support a BUD of more than three days.

13.

As of August 23, 2018, Respondents had not conducted stability or sterility testing on the HCG product that ACRX dispensed to C.B. They did not have documentation to support the 45-day BUD they assigned to the two vials of HCG that ACRX dispensed to C.B.

14.

During the investigation of C.B.'s complaint, a Board Investigator requested sales records for prescriptions filled with vials from Lot No. 06072018@12. Respondents did not provide accurate records for that batch.

15.

The names of 17 patients appeared on the sales records that Respondents provided for Lot No. 06072018@12. Patient C.B.'s name was not among those 17 names. The records for Prescription No. 400989, however, indicate the expired HCG vials that Respondents dispensed to C.B. came from Lot No. 06072018@12.

16.

ACRX assigned inconsistent BUDs to the vials it dispensed from Lot No. 06072018@12. ACRX's records show that vials of HCG from that batch were given various BUDs as follows:

07/22/2018 – ACRX dispensed vials with this BUD to 2 patients.

07/23/2018 – ACRX dispensed vials with this BUD to 4 patients.

07/28/2018 – ACRX dispensed vials with this BUD to 2 patients.

07/29/2018 – ACRX dispensed vials with this BUD to 5 patients.

07/30/2018 – ACRX dispensed vials with this BUD to 3 patients.

08/02/2018 – ACRX dispensed vials with this BUD to 1 patient.

17.

The BUD dates on every vial from Lot No. 06072018@12 should have been the same. Each BUD should have been three days after ACRX compounded the product on June 7, 2018.

18.

ACRX's compounding worksheet for Lot No. 06072018@12 indicates that:

According to USP guidelines, in the absence of passing a sterility test the storage periods for compounded sterile preparations (high risk) cannot exceed the following time periods.

Controlled Room Temp - - - - not more than 24 hours

Cold temperature- - - - - not more than 3 days

19.

Igbinovia compounded the batch designated as Lot No. 06072018@12. He did not assign a three-day BUD to any of the vials of HCG from that batch.

20.

Igbinovia performed the final product verification on Prescription No. 400989 prior to dispensing the two vials of HCG to C.B. He failed to detect that the product was already expired—beyond the BUD—and he approved both vials for dispensing.

21.

Igbinovia was the pharmacist who sold Prescription No. 400989 to patient C.B. on behalf of ACRX.

22.

Prescription No. 400989 was a new prescription for C.B. Igbinovia did not provide counselling to C.B. for that medication when he dispensed it.

23.

After C.B. returned home with the two vials of HCG from ACRX, she injected a dose, then discovered that both vials were expired. ACRX allowed her to return both vials and it replaced them with vials of medication with a BUD of October 7, 2018.

24.

The replacement vials of HCG that ACRX provided to C.B. came from a batch that Igbinovia compounded and designated as Lot No. 08232018@11.

25.

Igbinovia compounded Lot No. 08232018@11 on August 23, 2018 and assigned a 45-day BUD of October 7, 2018 to the replacement vials of HCG that ACRX dispensed to C.B..

26.

Respondents should have assigned a three-day BUD to each of the vials from Lot No. 08232018@11 because they did not have documentation of stability and sterility testing to support an extended BUD of more than three days.

27.

At the time ACRX dispensed the replacement vials of HCG to C.B., Respondents had not conducted stability or sterility testing on the HCG product that ACRX dispensed to C.B. They did not have documentation to support the 45-day BUD they assigned to the two replacement vials of HCG that ACRX dispensed to C.B. from Lot No. 08232018@11.

28.

Prescription No. 400989 was a verbal prescription called in by C.B.'s physician to ACRX. Igbinovia took the call and recorded the information for Prescription No. 400989. He did not record the ICD 10 code(s) or the days' supply for that prescription.

29.

HCG was commercially available at the time ACRX compounded Lot Nos. 06072018@12 and 08232018@11.

30.

HCG was commercially available when Respondents compounded and dispensed it to C.B.

31.

Respondents did not have, nor could they document, a significant medical reason for compounding HCG for patient C.B. in June and August 2018, when that product was commercially available.

32.

Respondents had no significant medical reason for compounding HCG for their customers in June and August 2018 when HCG was commercially available.

33.

Respondents should have filled Prescription No. 400989 using commercially available product.

34.

Igbinovia did not understand during the Board's investigation that compounded HCG for injection constitutes high-risk compounding. When asked "[w]hat is the risk level in compounding the HCG?", Igbinovia responded "none".

35.

ACRX is open for business weekly, Mondays through Fridays. Upon request, Igbinovia provided a Board Investigator a daily employee sign-in log for the dates August 17, 2018, through September 21, 2018. No pharmacist signed in on the log or recorded hours on any of the days included on the log and the pharmacy technician hours recorded on the log not complete.

**October 2018 Annual Inspection of ACRX**

36.

In October 2018, Board Inspectors conducted an annual inspection of ACRX.

37.

During the inspection, Board Inspectors found that Igbinovia and ACRX's staff lack sufficient knowledge and understanding of sterile compounding standards. They observed a general failure by Respondents and their staff to comply with Nevada law and USP 797 guidelines for sterile compounding.

38.

During the inspection, Board Inspectors again found that Respondents assigned extended BUDs—BUDs that were outside of Nevada law and the USP 797 guidelines—on many of its sterile compounded products.

39.

Respondents did not provide documentation to support using extended BUDs on its compounded products in response to the Board Investigators' requests.

40.

ACRX had products on site that were labelled with BUDs that were not consistent with records that Respondents provided to the Board Inspectors for those products for use during the inspection.

41.

Respondents did not maintain their records in a readily retrievable manner and could not provide records or documentation to support the extended BUDs they assigned to the products the Board Inspectors found during the inspection or to explain the inconsistencies between the BUDs recorded on ACRX's products and the BUDs recorded in ACRX's records.

42.

On October 18, 2018, the day after ACRX's annual inspection, a Board Inspector contacted Igbinovia by email to request the documentation Respondents could not provide during the inspection.



43.

The Board Inspector allowed Respondents up to ten days from the October 18, 2018 email to provide the documentation he requested.

44.

The Board Inspector's October 18, 2018 email identified three examples from the products listed on the ACRX spreadsheet it provided for use during the inspection and requested that Respondents "review the attached report and provide [the Board Inspector] with the updated BUD's along with back-up documentation for any product that has a longer BUD than originally reported."

45.

In the same October 18, 2018 email, the Board Inspector identified 13 additional ACRX products that were not listed on the spreadsheet. The Inspector requested that Igbinovia and ACRX "forward your [ACRX's] established BUD, Storage, Risk level and back up documentation for each product so that our report will be complete for all products compounded at your facility [ACRX]."

46.

Neither ACRX nor Igbinovia responded to the Board Inspector's requests.

#### **December 2018 Re-Inspection of ACRX**

47.

On December 18, 2018, Board Inspectors conducted an unannounced follow-up inspection of ACRX with the objective of reviewing ACRX's BUDs for the sterile products it compounded.

48.

The Inspector again found that ACRX was compounding high risk medication for patient and "office-use" utilizing BUDs in excess of 797 guidelines.

49.

ACRX still had not conducted sterility or potency testing to support the extended BUDs it assigned to its products.

50.

During the December 18, 2018 inspection, the Board Inspectors found 27 of the 34 sterile products they inspected (79.41%) to be mislabeled, meaning ACRX had no documentation to support the BUD ACRX printed on the label or the documentation ACRX had was insufficient to support the BUD ACRX assigned for each product.

51.

The Board Inspectors quarantined 27 products from ACRX's inventory that did not have testing and/or documentation to support the extended BUD assigned to them.

52.

On December 19, 2018, a Board Inspector emailed ACRX and Igbinovia summarizing the Inspectors' findings from the December 18, 2018 inspection.

53.

On December 27, 2018, Igbinovia responded to the Board Inspector's email and provided an update as to only 14 of the 27 quarantined products.

54.

Neither Igbinovia nor ACRX resolved to the Inspector's request regarding the remaining 13 products quarantined during the December 18, 2018 inspection.

55.

On December 19, 2018, Igbinovia notified the Board Inspector that he intended to remove two of the 27 quarantined products and dispense them to a patient.

56.

One of the two products Igbinovia intended to remove from quarantine was hydroxycobalamin 25mg/ml vials, which respondents labelled with a BUD of 180 days.

Igbinovia and ACRX did not have a potency study to validate a BUD of 180 days for that product.

57.

The other product Igbinovia intended to remove from quarantine was magnesium chloride 20%, which Igbinovia and ACRX stored at room temperature. The potency and sterility testing Respondents had for that product were performed on product that was refrigerated.

58.

By attempting to dispense two quarantined products without proper documentation and without proper potency and sterility testing to support the extended BUD they assigned to their products, Igbinovia and ACRX demonstrated an inadequate knowledge and understanding of sterile compounding standards, or a disregard for those standards and compliance with the applicable law.

59.

In the inspection forms from the Board's 2018 inspections of ACRX, the Board Inspectors made approximately 30 notations for which they requested responses within specific deadlines. A summary of those annotations, the response deadlines the Inspector gave to Respondents and Respondents' responses are as follows:

1. Extended BUDs were put on sterile compounded products without any documentation to support the dates used. The Inspector requested a response within 10 days. Igbinovia and ACRX responded for the first time on December 27, 2018, two months after the request and weeks after the Board's reinspection of ACRX on December 18, 2018.
2. "Please complete Retail Inspection Form & send to NVBOP within 3 business days." Respondents responded for the first time on December 22, 2018, two months after the request.
3. "Reviewed Media fill testing for PIC. Date of the last media fill test was 07/30/18. PIC unable to produce any prior testing. Please send last 2 years of testing to NVBOP within 10 business days." Respondents never responded.

4. “Reviewed glove fingertip testing results. Date of the last test was identified as 7/30. It is unknown in what year the test took place. Please list year of test on any form requiring a date. Recommend adding what constitutes pass/fail on form (i.e. >3 cfu would be failure). PIC unable to produce any prior testing. Please send last 2 years of testing to NVBOP within 10 days.” Respondents never responded.
5. “PIC will complete training of all compounding personnel and provide documentation of training to BOP by 10/31/2018.” Respondents responded for the first time on December 22, 2018, nearly two months after the request.
6. On October 17, 2018, the Board Inspectors provided Respondents a summary of notes they documented during the annual inspection on October 17, 2018. They provided that summary to Respondents on October 18, 2018, with the request “Please forward the information to us within 10 business days.” As of December 18, 2018, the date of ACRX’s unannounced re-inspection, Respondents had not responded.

60.

As of the date of this Accusation, neither Igbiovina nor ACRX fully responded to the Board Inspectors’ requests and safety concerns identified during ACRX’s October 18, 2018 inspection and/or its December 18, 2018 re-inspection.

### **FDA INSPECTION**

61.

On February 25, 2018, the Federal Drug Administration (FDA) began an inspection of ACRX. That inspection concluded on March 20, 2018.

62.

A summary of the FDA Inspector’s observations includes:

**Observation #1** – Procedures designed to prevent microbiological contamination of drug products purporting to be sterile are not established.

**Observation #2** – Aseptic processing areas are deficient regarding the system for monitoring environmental conditions.

**Observation #3** – There is not a written testing program designed to assess the stability characteristics of drug products.

**Observation #4** – The distribution system is deficient in that each lot of drug product cannot be readily determined to facilitate its recall if necessary. Electronic records are used, but they do not meet requirements to ensure that they are trustworthy, reliable and generally equivalent to paper records.

**Observation #5** – Written procedures for cleaning and maintenance fail to include maintenance and cleaning schedules, description in sufficient detail of methods, equipment and materials used, description in sufficient detail of the methods of disassembling and reassembling equipment as necessary to assure proper cleaning and maintenance, instructions for protection of clean equipment from contamination prior to use and parameters relevant to the operation.

**Observation #6** – Each batch of drug product purporting to be sterile and pyrogen-free is not laboratory tested to determine conformance to such requirements.

**Observation #7** – Testing and release of drug product for distribution do not include appropriate laboratory determination of satisfactory conformance to the identity and strength of each active ingredient prior to release.

**Observation #8** – Procedures describing the handling of all written and oral complaints regarding a drug product are not followed.

**Observation #9** – Each batch of drug product required to be free of objectionable microorganisms is not tested through appropriate laboratory testing.

63.

During the FDA inspection, an FDA Inspector asked Igbinovia if ACRX was shipping prescription drugs out of Nevada. Igbinovia denied shipping products out of Nevada.

64.

Igbinovia later admitted his answer to the FDA Inspector's question was false. ACRX was shipping medication to Arizona doctors' offices and billing those offices directly.

65.

ACRX does not have an FDA 503(B) license authorizing it to ship bulk compounded sterile products to entities rather than end users.

66.

Igbinovia told the FDA Inspector on February 28, 2019, that Respondents would cease shipping and billing medication to doctors' offices immediately. ACRX did not stop until a month later, on April 8, 2019, when it notified its customers that it would no longer sell to doctors' offices.

67.

Board Inspectors requested a copy of Respondents' April 8, 2019 notice to its customers. Neither Igbinovia nor ACRX responded.

68.

ACRX responded to the FDA's nine observations on or about April 5, 2019. That matter remains open.

### **DEA Allegations**

In September 2018, the Drug Enforcement Administration (DEA) determined that ACRX was delivering patient-specific prescriptions to clinics for dispensing.

69.

DEA detected that Respondents continued to ship patient-specific prescriptions to clinics during two subsequent visits to ACRX and warned Respondents to cease that practice.

70.

In September 2018, the DEA charged ACRX for delivering/shipping patient-specific prescriptions to clinics and doctors' offices.

71.

ACRX billed at least 113 patient-specific prescriptions to clinics.

72.

The medications associated with those prescriptions were picked up at ACRX, delivered to the patients' homes or were delivered to the clinic to which the prescription was billed.

**FIRST CAUSE OF ACTION**  
**Storing and Dispensing Expired Medications**

73.

“A drug may not be dispensed or distributed after the expiration date of the drug.” NAC 639.473(2); *see also* NRS 585.520 (prohibiting the sale of misbranded drugs). “Outdated drugs must be removed from stock and identified and maintained separately from other stock until disposal.” NAC 639.473(3), *see also* NAC 639.050(2) (“Each practitioner or pharmacy shall physically separate each controlled substance which is outdated, damaged, deteriorated, misbranded or adulterated from the balance of its stock medications.”) and NAC 639.601(1) (“A prescription drug that is outdated, damaged, deteriorated, misbranded or adulterated must be separated from other prescription drugs until it is destroyed or returned to the supplier.”). “A drug or device shall be deemed to be misbranded if its labeling is false or misleading in any particular.” NRS 585.410, *see also* NRS 585.380 and 585.470.

74.

By storing and including in ACRX's inventory prescription drugs that were expired and/or misbranded with BUDs on the label that were false or misleading as to when the drugs would expire and whether the drugs had expired, and by dispensing vials of expired and/or misbranded HCG to patient C.B. on August 23, 2018 and October 7, 2018, and at other times to other patients to whom ACRX dispensed compounded products with incorrect BUDs, Respondents, and each of them, violated NRS 585.520, NAC 639.473(2) and (3), NAC 639.050(2) and/or NAC 639.601(1).

**SECOND CAUSE OF ACTION**  
**Dispensing Based on Incomplete Prescription**

75.

NAC 453.440 Prescriptions: Contents; additions and changes.

1. Except as otherwise provided in subsection 3, each prescription for a controlled substance must contain:

....

(h) *The days' supply of the controlled substance;*

(i) *The ICD-10 code that corresponds to the diagnosis for which the controlled substance is prescribed;*

(j) The classification of the license of the prescribing practitioner . . . .

NAC 453.440(1)(*emphasis added*).

76.

By filling Prescription No. 400989 without the ICD-10 code(s) and without the days' supply recorded on the prescription form, Respondents, and each of them, violated NAC 453.440(1).

**THIRD CAUSE OF ACTION**  
**Compounding Commercially Available Controlled Substances**

77.

Nevada pharmacists are prohibited from compounding products that are commercially available. *See* 21 U.S.C. 503A(b)(1)(D) ("A drug product may be compounded under subsection (a) if the licensed pharmacist or licensed physician -- (D) does not compound regularly or in inordinate amounts (as defined by the Secretary) any drug products that are essentially copies of a commercially available drug product.") "[T]he term 'essentially a copy of a commercially available drug product' does not include a drug product in which there is a change, made for an identified individual patient, which produces for that patient a significant difference, as determined by the prescribing practitioner, between the compounded drug and the comparable commercially available drug product." 21 U.S.C. 503A(b)(2).



78.

By compounding HCG products that were commercially available at the time, including the batches of HCG designated as Lot Nos. 06072018@12 and 08232018@11 from which ACRX dispensed vials to C.B., Igbinovia and ACRX violated 21 U.S.C. 503A(b)(1)(D). For those violations, Respondents, and each of them, are subject to discipline pursuant to NRS 639.210(11).

#### **FOURTH CAUSE OF ACTION**

#### **Dispensing Medications with Unsupported Extended Beyond Use Dating (Prescription No. 400989)**

79.

NAC 639.67067 High-risk sterile compounding: Process and storage.

1. A compounded drug product is a high-risk sterile compounded drug product if:

(a) The compounded drug product is required to be sterile for its effective administration;

(b) The sterile compounded drug product is contaminated with or at a high risk of becoming contaminated with infectious microorganisms; and

(c) One or more of the following conditions are present:

(1) One or more of the ingredients or devices used in the compounding process are nonsterile; or

(2) One or more of the ingredients or devices used in the compounding process were sterile but were exposed or are suspected of having been exposed for more than 1 hour to an air quality inferior to an ISO Class 5 environment.

2. Unless sterility testing or potency limitations allow for a different period, the period of storage before administration of a high-risk sterile compounded product must not exceed:

(a) Twenty-four hours at a controlled room temperature that is at least 20 degrees Celsius (68 degrees Fahrenheit) but not more than 25 degrees Celsius (77 degrees Fahrenheit);

(b) Three days at a temperature that is at least 2 degrees Celsius (36 degrees Fahrenheit) but not more than 8 degrees Celsius (46 degrees Fahrenheit); or

(c) Forty-five days in a solid frozen state that is -10 degrees Celsius (14 degrees Fahrenheit) or colder.

80.

By assigning a BUD of 45 days from the date of compounding to its high-risk sterile compounded products, including the HCG products included in Lot Nos. 06072018@12 and 08232018@11, without testing for sterility and potency to support a 45-day BUD for those products, Respondents, and each of them, violated NAC 639.67067(2).

### **FIFTH CAUSE OF ACTION**

#### **Dispensing Medications with Unsupported Extended Beyond Use Dating (Products Discovered During December 2018 Re-Inspection)**

81.

NAC 639.67067 High-risk sterile compounding: Process and storage.

1. A compounded drug product is a high-risk sterile compounded drug product if:

(a) The compounded drug product is required to be sterile for its effective administration;

(b) The sterile compounded drug product is contaminated with or at a high risk of becoming contaminated with infectious microorganisms; and

(c) One or more of the following conditions are present:

(1) One or more of the ingredients or devices used in the compounding process are nonsterile; or

(2) One or more of the ingredients or devices used in the compounding process were sterile but were exposed or are suspected of having been exposed for more than 1 hour to an air quality inferior to an ISO Class 5 environment.

2. Unless sterility testing or potency limitations allow for a different period, the period of storage before administration of a high-risk sterile compounded product must not exceed:

(a) Twenty-four hours at a controlled room temperature that is at least 20 degrees Celsius (68 degrees Fahrenheit) but not more than 25 degrees Celsius (77 degrees Fahrenheit);

(b) Three days at a temperature that is at least 2 degrees Celsius (36 degrees Fahrenheit) but not more than 8 degrees Celsius (46 degrees Fahrenheit); or

(c) Forty-five days in a solid frozen state that is -10 degrees Celsius (14 degrees Fahrenheit) or colder.

82.

By assigning a BUD of 45 days from the date of compounding to its high-risk sterile compounded products, including the 27 products the Board Inspector discovered in ACRX's inventory and quarantined during the December 18, 2018 re-inspection of ACRX, Respondents, and each of them, violated NAC 639.67067(2).

**SIXTH CAUSE OF ACTION**  
**Failure to Conduct Required Testing**

83.

NAC 639.67071 High-risk sterile compounding: Testing of certain drug products.

1. A pharmacy engaged in the practice of compounding and dispensing high-risk sterile compounded drug products for injection into the vascular system or central nervous system shall test a quantity of the high-risk sterile compounded drug product for:

(a) Sterility using a membrane filtration method or an equivalent method, as determined by the Board, before any of the compounded drug product may be administered or dispensed to a patient; and

(b) Excessive bacterial endotoxins using an appropriate test, as determined by the Board, for the particular product at issue before any of the compounded drug product may be administered or dispensed to a patient.

2. A pharmacy engaged in the practice of compounding and dispensing high-risk sterile compounded drug products for inhalation or ophthalmic use shall test a quantity of each such high-risk sterile compounded drug product for sterility.

3. The provisions of subsections 1 and 2 apply only to high-risk sterile compounded drug products:

(a) Compounded in groups of more than 25 identical individual single-dose packages;

(b) Compounded in multiple-dose vials for administration to multiple patients; or

(c) That will be exposed for a period of more than:

(1) Twelve hours to temperatures of at least 2 degrees Celsius (36 degrees Fahrenheit) but not more than 8 degrees Celsius (46 degrees Fahrenheit); or

(2) Six hours to temperatures exceeding 8 degrees Celsius (46 degrees Fahrenheit) before the compounded drug product is sterilized.

4. If any high-risk sterile compounded drug product tested pursuant to this section tests positive for antimicrobial growth or endotoxin production, the high-risk sterile compounded drug product must not be administered or dispensed to a patient.

84.

By failing to conduct batch testing of the high-risk sterile compounded drug products it compounded and dispensed as required by NAC 639.67071 and as alleged in the factual allegations above, Respondents, and each of them, violated NAC 639.67071.

### **SEVENTH CAUSE OF ACTION** **Staff Working Outside Scope of Training**

85.

NAC 639.67013 Competency and proficiency of certain pharmaceutical personnel.

1. A pharmacy engaged in the practice of compounding drug products and dispensing compounded drug products shall ensure that each pharmacist and pharmaceutical technician engaged in the practice of compounding drug products:

(a) Is competent and proficient in compounding the drug products that the pharmacist or pharmaceutical technician will be authorized and expected to compound;

(b) Complies with the provisions of NAC 639.661 to 639.690, inclusive, concerning the drug products which the pharmacist or pharmaceutical technician compounds and the compounded drug products which the pharmacist or pharmaceutical technician dispenses at the pharmacy; and

(c) Receives, on an ongoing basis, sufficient training to maintain that competency and proficiency.

2. A pharmacy engaged in the practice of compounding drug products and dispensing compounded drug products shall evaluate the competency and proficiency of a pharmacist and pharmaceutical technician:

(a) If the pharmacist or pharmaceutical technician is newly hired or is newly assigned to compound drug products, before the pharmacy authorizes the pharmacist or pharmaceutical technician to compound drug products; and

(b) If the pharmacist or pharmaceutical technician will be assigned to compound drug products that involve a higher level of risk than the drug products which the pharmacist or pharmaceutical

technician had previously been trained to compound, before the pharmacy authorizes the pharmacist or pharmaceutical technician to compound those drug products.

86.

By engaging in the practice of compounding and allowing inadequately trained pharmacy staff, including Igbinovia, to compound sterile drug products, Respondents, and each of them, violated NAC 639.67013 and/or engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(i).

**EIGHTH CAUSE OF ACTION**  
**Failure to Adequately Counsel**

87.

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 discussion 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. A pharmacist who performs those duties in an "incompetent, unskillful or negligent manner" is guilty of unprofessional conduct pursuant to NAC 639.945(1)(i).

88.

Respondents Igbinovia and ACRX 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 counsel C.B. as to Prescription No. 400989.

[THIS AREA INTENTIONALLY LEFT BLANK]

**NINTH CAUSE OF ACTION**  
**Failure to Keep Daily Employee Records**

89.

NAC 639.245 Maintenance and availability of records regarding certain pharmaceutical personnel on duty; activities of pharmaceutical technicians.

1. A written record must be kept available for inspection showing the pharmacists, pharmaceutical technicians and pharmaceutical technicians in training on duty during the hours of business. This record must be:

- (a) Readily retrievable; and
- (b) Retained for 2 years.

90.

By failing to maintain and provide an accurate copy of ACRX's employee sign-in log, including failing to keep of complete log of pharmacist(s) and technician(s) who worked each day, as alleged herein, and by failing to maintain accurate records as alleged in paragraph 35 above, Respondents, and each of them, violated NAC 639.245(1).

**TENTH CAUSE OF ACTION**  
**Failure to Maintain and Produce Prescription Records Upon Request**

91.

Prescription records must be readily retrievable and maintained and produced in conformance with NRS 454.286, NAC 639.482, NAC 639.485(1), NAC 639.910(1) and NAC 639.935. Those records must be made available and produced to any Board Inspector or Board Investigator upon request. NRS 454.291(2), NAC 639.914(1)(b) and NAC 639.935(4)(b).

92.

By failing to maintain and timely produce records to Board Investigators and/or Board Inspectors upon request, Respondents, and each of them, violated NRS 454.286; NRS 454.291(2), NAC 639.910(1), NAC 639.914(1)(b) and/or NAC 639.935.

### **ELEVENTH CAUSE OF ACTION**

#### **Billing and Dispensing Compounded Medications to Non-End users**

93.

“A prescription may not be issued in order for an individual practitioner to obtain controlled substances for supplying the individual practitioner for the purpose of general dispensing to patients.” 21 C.F.R. § 1306.04(b). The term “dispense” means to be delivered to an ultimate user, which is defined as “a person who has lawfully obtained, and who possesses, a controlled substance for his own use and for the use of a member of his household . . . .” 21 U.S.C. § 802(10), 21 U.S.C. § 802(27).

94.

By dispensing prescriptions that were billed to a clinic and then dispensed to a clinic instead of the end user (patient), Respondents, and each of them, violated federal law, particularly 21 C.F.R. § 1306.04(b), which is grounds for discipline against them pursuant to NRS 639.210(11).

### **TWELVETH CAUSE OF ACTION**

#### **Unprofessional Conduct**

95.

1. The following acts or practices by a holder of any license, certificate or registration issued by the Board . . . are declared to be, specifically but not by way of limitation, unprofessional conduct and conduct contrary to the public interest:

(a) Manufacturing, compounding, selling, dispensing or permitting to be manufactured, compounded, sold or dispensed substandard drugs or preparations.

. . . .

(i) Performing any of his or her duties as the holder of a license, certificate or registration issued by the Board, or as the owner of a business or an entity licensed by the Board, in an incompetent, unskillful or negligent manner . . . [and]

. . . .

(m) Failing to provide any document, data or information that is required to be made and maintained pursuant to chapters 453, 454, 858 and 639 of NRS and chapters 453, 454, 585 and 639 of

NAC to a member of the Board or a member of the staff of the Board upon his or her request.

2. The owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ.

NAC 639.945(1)(a), (i) and (m), and (2).

96.

By engaging in the conduct alleged herein, including in paragraphs 2 through 72 and each of the Causes of Action herein, Igbinovia and/or ACRX, engaged in unprofessional conduct and conduct contrary to the public interest. Unprofessional conduct or conduct that is contrary to the public interest, including conduct as defined by NAC 639.945(1)(a), (i) and (m) and part (2), are grounds for the suspension or revocation of any certificate, license, registration or permit issued pursuant to NRS Chapter 639. NRS 639.210(4).

**THIRTEENTH CAUSE OF ACTION**  
**Managing Pharmacist Responsibilities**

97.

As the managing pharmacist/pharmacist in charge of ACRX at the time of each of the violations alleged herein, Respondent Igbinovia is responsible for those violations, including those of his employees. *See* NRS 639.0087, NRS 639.210(15), NRS 639.220(3)(c), NRS 639.230(5), NAC 639.510(2) and NAC 639.702.

**FOURTEENTH CAUSE OF ACTION**  
**Pharmacy/Pharmacy Owner Responsibility**

98.

NAC 639.945(2) states that “[t]he 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”. At the time of the violations alleged herein, Igbinovia was the owner of ACRX. As such, he is responsible for the violations, the unprofessional conduct and the conduct that was contrary to the public interest as defined in NAC 639.945.



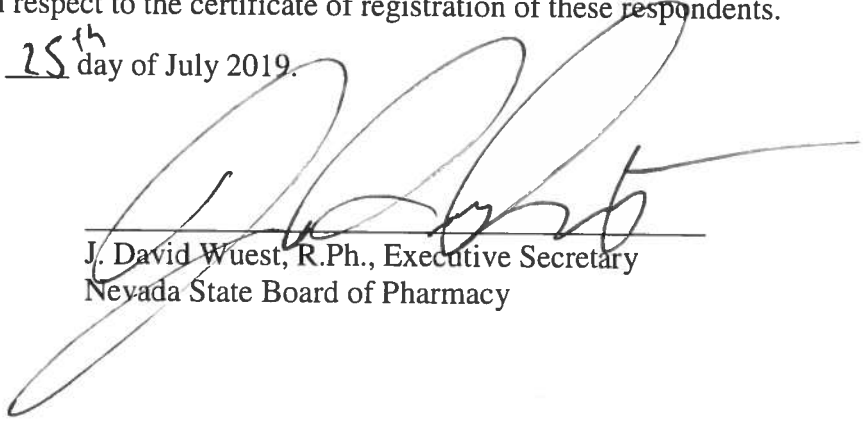
99.

For the violations and conduct alleged in each of the factual allegations and Causes of Action stated above, Respondent EGHOMWARE IGBINOVIA, Certificate of Registration No. 16316, and Respondent ACRX SPECIALTY PHARMACY, Certificate of Registration No. PH03673, are each subject to discipline pursuant to NRS 453.236, NRS 453.241(1) and (3), NRS 639.210(4), (9), (11), (12), (15) and/or (17), NRS 639.230(5), NRS 639.255, NAC 639.900 and/or NRS 639.255.

100.

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 25<sup>th</sup> day of July 2019.



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

### **NOTICE TO RESPONDENT**

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file of two copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 639.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. 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**

|  |   |                                  |
|--|---|----------------------------------|
| <b>NEVADA STATE BOARD OF PHARMACY,</b>             | ) | <b>CASE NOS. 18-082-RPH-S</b>    |
|  | ) | <b>18-082-PH-S</b>               |
| <b>Petitioner,</b>                                 | ) | <b>18-131-RPH-S</b>              |
| <b>v.</b>  | ) | <b>18-131-PH-S</b>               |
|  | ) |                                  |
| <b>EGHOMWARE IGBINOVIA (AKA JERRY</b>              | ) | <b>STATEMENT TO THE</b>          |
| <b>IGBINOVIA), Certificate of Registration No.</b> | ) | <b>RESPONDENT</b>                |
| <b>16316, and</b>                                  | ) | <b>NOTICE OF INTENDED ACTION</b> |
|  | ) | <b>AND ACCUSATION</b>            |
| <b>ACRX SPECIALTY PHARMACY, Certificate of</b>     | ) | <b>RIGHT TO HEARING</b>          |
| <b>Registration No. PH03673,</b>                   | ) |                                  |
|  | ) |                                  |
| <b>Respondents.</b>                                | / |                                  |

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

**I.**

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

**II.**

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board’s Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

## III.

**The Board has scheduled your hearing on this matter for Wednesday, September 4, 2019, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hyatt Place, 1790 East Plumb Lane, Reno, Nevada.**

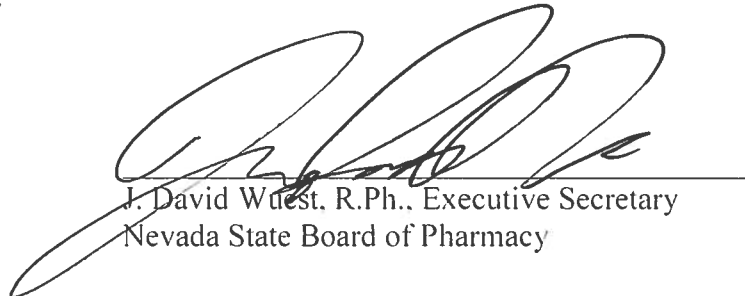
## IV.

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

## V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 25<sup>th</sup> day of July, 2019.



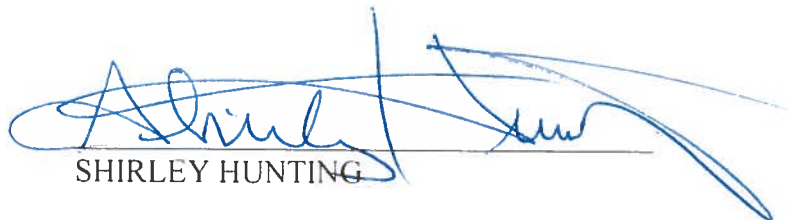
J. David Wuest, R.Ph., Executive Secretary  
Nevada State Board of Pharmacy

**CERTIFICATE OF SERVICE**

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 25<sup>th</sup> day of July, 2019, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

**EGHOMWARE IGBINOVIA (AKA JERRY IGBINOVIA)**  
**7568 Mossback St.**  
**Las Vegas, NV 89123**

**ACRX Specialty Pharmacy**  
**3204 Soaring Gulls #101**  
**Las Vegas, NV 89118**

  
SHIRLEY HUNTING

HOLLAND & HART LLP  
9555 HILLWOOD DRIVE, 2ND FLOOR  
LAS VEGAS, NEVADA 89134

Constance L. Akridge, Esq.  
Nevada Bar No. 3353  
J. Malcolm DeVoy, Esq.  
Nevada Bar No.  
Brittany L. Walker, Esq.  
Nevada Bar No. 14641  
HOLLAND & HART LLP  
9555 Hillwood Drive, Second Floor  
Las Vegas, Nevada 89134  
Tel: (702) 669-4600  
Fax: (702) 669-4650  
Email: [clakridge@hollandhart.com](mailto:clakridge@hollandhart.com)  
[jdevoy@hollandhart.com](mailto:jdevoy@hollandhart.com)  
[blwalker@hollandhart.com](mailto:blwalker@hollandhart.com)

*Attorneys for Respondents*

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

**NEVADA STATE BOARD OF PHARMACY,**  
**Petitioner,**

**V.**

**EGHOMWARE IGBINOVIA (AKA JERRY IGBINOVIA), Certificate of Registration No. 16316, and**

**ACRX SPECIALTY PHARMACY, Certificate of Registration No. PH 03673**

**Respondent.**

**OBJECTION, STATEMENT OF COMPLIANCE, ANSWER, AND NOTICE OF DEFENSE**

**CASE NOS. 18-082-RPH-S  
18-082-PH-S  
18-131-RPH-S  
18-131-PH-S**

**(Consolidated Cases)**

COMES NOW Eghomware Igbinovia (aka Jerry Igbinovia, herein ("Igbinovia")), Certificate of Registration No. 16316, and ACRX Specialty Pharmacy, Inc., Certificate of Registration No. 03673, (herein "ACRX" or collectively, "Respondents") by and through their counsel Holland & Hart LLP, and submits their objection, statement of compliance, and answer to the Nevada State Board of Pharmacy's ("Board['s]") Notice of Intended Action and Accusation ("Accusation").

**OBJECTION**

Pursuant to NRS 639.244(1)(a) and NRS 233B.121(4), Respondents object to the Board's Accusation to the extent that its contents are based on facts and circumstances currently pending in the action styled as *ACRX Specialty Pharmacy, Inc. et al. v. Nevada State Board of Pharmacy*, Case No. A-19-798928-C, pending before Department II of the Eighth Judicial District Court for Clark County, Nevada and filed on July 22, 2019 ("the District Court Case"). The Court has already made a number of its own findings in the District Court Case regarding the Board's allegations against Respondents, and conduct described within the Accusation.

The District Court Case predates the Accusation and the Board's retention of jurisdiction over facts and allegations addressed by the District Court subverts the principles of due process and *res judicata*. See *Britton v. City of N. Las Vegas*, 106 Nev. 690, 692, 799 P.2d 568, 569 (1990) (holding that *res judicata* principles also apply in administrative proceedings). To the extent there is any overlap between the subject matter, facts, and allegations at issue in this proceeding and the District Court Case, the Board should relinquish jurisdiction over the Accusation. Otherwise, the District Court and the Board potentially are subject to multiple, inconsistent rulings. Respondents' Complaint, *Ex Parte* Motion for Temporary Restraining Order and Preliminary Injunction, and the District Court's Temporary Restraining Order, are attached hereto as **Exhibits A-C**.

**STATEMENT OF COMPLIANCE**

The allegations in this Accusation stem from Board inspections occurring in October and December of 2018. The majority of the allegations in the Accusation are also items identified by the the federal Food and Drug Administration ("FDA") after it conducted an observation of Respondents in March of 2019. In April of 2019, Respondents issued a response to the FDA's observations detailing their remedial efforts, including certification of Igbinovia's further training in sterile compounding. At the end of the FDA's observation of Respondents, the FDA took no adverse action with respect to the Respondents, their business operation, or any of their lawfully compounded pharmaceuticals.

ACRX holds a valid DEA registration and, thus, is subject to the jurisdiction of the DEA. The DEA, which possesses broad powers to suspend and revoke DEA registrations, also

1 investigated Plaintiffs and their pharmacy operations. When the DEA finds that there is “imminent  
2 danger to the public health or safety,” it may suspend a person’s registration and order him or her  
3 to show cause why the license should not be revoked or suspended. 21 C.F.R. § 1301.36(e). The  
4 DEA, however, never instituted any suspension or revocation proceedings regarding the  
5 Respondents.

6 The majority of the allegations in the Accusation are premised upon Respondents’ use of  
7 Beyond Use Dates (“BUD”) exceeding recommended timeframes if certain testing is performed.  
8 As stated in Respondents response to the FDA, attached hereto as **Exhibit D**, ACRX has performed  
9 potency testing every 30-60 days over the course of the shelf-life of the product in order to establish  
10 the BUD. Documentation of all potency testing was provided to the Investigator. In addition,  
11 ACRX has also tested all stock solutions for sterility and for potency over the course of the shelf-  
12 life of the product, and all stock solutions contain an anti-microbial preservative.

13 Moreover, since the inspection giving rise to the Accusation, Respondents have re-trained  
14 their staff, updated standard operating procedures, remedied software deficiencies, implemented  
15 robust logging and record keeping procedures, updated sterilization equipment and processes, and  
16 completed an observational competency assessment and onsite training session conducted by Dr.  
17 Ross Caputo, CEO and President of Eagle Analytical Services, Inc., at ACRX. Accordingly,  
18 Respondents have demonstrated that Respondents are in compliance with all lawful requirements  
19 regarding their respective certificates of registration.

## 20 **ANSWER**

21 Pursuant to NRS 639.244(1)(b) and NRS 233B.121(4), Respondents hereby answer and  
22 respond to the allegations in the Accusation as follows:

### 23 **JURISDICTION**

24 1. Answering paragraph 1 of the Accusation, this paragraph calls for a legal conclusion  
25 to which no admission or denial is required; nonetheless, Respondents deny the allegations  
26 contained in this paragraph.  
27  
28



**FACTUAL ALLEGATIONS**

2. Answering paragraph 2 of the Accusation, Respondents admit only that Igbinovia “owned” ACRX, but cannot fairly admit or deny whether Igbinovia “operated” ACRX due to the vagueness of the term and otherwise deny the allegations of this paragraph.

3. Answering paragraph 3 of the Accusation, Respondents admit only Igbinovia was ACRX’s managing pharmacist and otherwise deny the allegations within this paragraph.

4. Answering paragraph 4 of the Accusation, Respondents lack knowledge or information sufficient to form a belief about the truth of the allegations contained in this paragraph and, on that basis, deny the allegations in this paragraph.

5. Answering paragraph 5 of the Accusation, Respondents lack knowledge or information sufficient to form a belief about the truth of the allegations contained in this paragraph and, on that basis, deny the allegations in this paragraph.

6. Answering paragraph 6 of the Accusation, Respondents deny the allegations in this paragraph.

7. Answering paragraph 7 of the Accusation, Respondents lack knowledge or information sufficient to form a belief about the truth of the allegations contained in this paragraph and, on that basis, deny the allegations in this paragraph.

8. Answering paragraph 8 of the Accusation, Respondents lack knowledge or information sufficient to form a belief about the truth of the allegations contained in this paragraph and, on that basis, deny the allegations in this paragraph.

9. Answering paragraph 9 of the Accusation, the document referenced speaks for itself, and no response is required of Respondents; nonetheless, to the extent an answer is required to the allegations within this paragraph, Respondents deny them.

10. Answering paragraph 10 of the Accusation, Respondents lack knowledge or information sufficient to form a belief about the truth of the allegations contained in this paragraph and, on that basis, denies the allegations in this paragraph.

1           11. Answering paragraph 11 of the Accusation, Respondents lack knowledge or  
2 information sufficient to form a belief about the truth of the allegations contained in this paragraph  
3 and, on that basis, deny the allegations in this paragraph.

4           12. Answering paragraph 12 of the Accusation, Respondents lack knowledge or  
5 information sufficient to form a belief about the truth of the allegations contained in this paragraph  
6 and, on that basis, deny the allegations in this paragraph.

7           13. Answering paragraph 13 of the Accusation, Respondents lack knowledge or  
8 information sufficient to form a belief about the truth of the allegations contained in this paragraph  
9 and, on that basis, deny the allegations in this paragraph.

10          14. Answering paragraph 14 of the Accusation, Respondents deny the allegations in this  
11 paragraph.

12          15. Answering paragraph 15 of the Accusation, the documents referenced speak for  
13 themselves, and no response is required of Respondents; nonetheless, to the extent an answer is  
14 required to the allegations within this paragraph, Respondents deny them.

15          16. Answering paragraph 16 of the Accusation, the documents referenced speak for  
16 themselves, and no response is required of Respondents; nonetheless, to the extent an answer is  
17 required to the allegations within this paragraph, Respondents deny them.

18          17. Answering paragraph 17 of the Accusation, Respondents deny the allegations in this  
19 paragraph.

20          18. Answering paragraph 18 of the Accusation, the documents referenced speak for  
21 themselves, and no response is required of Respondents; nonetheless, to the extent an answer is  
22 required to the allegations within this paragraph, Respondents deny them.

23          19. Answering paragraph 19 of the Accusation, Respondents lack knowledge or  
24 information sufficient to form a belief about the truth of the allegations contained in this paragraph  
25 and, on that basis, deny the allegations in this paragraph.

26          20. Answering paragraph 20 of the Accusation, Respondents lack knowledge or  
27 information sufficient to form a belief about the truth of the allegations contained in this paragraph  
28 and, on that basis, deny the allegations in this paragraph.

1           21.     Answering paragraph 21 of the Accusation, Respondents lack knowledge or  
2 information sufficient to form a belief about the truth of the allegations contained in this paragraph  
3 and, on that basis, deny the allegations in this paragraph.

4           22.     Answering paragraph 22 of the Accusation, Respondents lack knowledge or  
5 information sufficient to form a belief about the truth of the allegations contained in this paragraph,  
6 and further cannot fairly respond to the vague and ambiguous use of “counselling” as used within  
7 this paragraph, and on these bases deny the allegations in this paragraph.

8           23.     Answering paragraph 23 of the Accusation, Respondents deny the allegations in this  
9 paragraph.

10          24.     Answering paragraph 24 of the Accusation, Respondents lack knowledge or  
11 information sufficient to form a belief about the truth of the allegations contained in this paragraph  
12 and, on that basis, deny the allegations in this paragraph.

13          25.     Answering paragraph 25 of the Accusation, Respondents lack knowledge or  
14 information sufficient to form a belief about the truth of the allegations contained in this paragraph  
15 and, on that basis, deny the allegations in this paragraph.

16          26.     Answering paragraph 26 of the Accusation, this paragraph calls for a legal  
17 conclusion to which no admission or denial is required; nonetheless, Respondents deny the  
18 allegations contained in this paragraph.

19          27.     Answering paragraph 27 of the Accusation, Respondents lack knowledge or  
20 information sufficient to form a belief about the truth of the allegations contained in this paragraph,  
21 and cannot fairly respond to this paragraph’s vague and ambiguous use of “documentation”; on  
22 these bases, deny the allegations in this paragraph.

23          28.     Answering paragraph 28 of the Accusation, Respondents lack knowledge or  
24 information sufficient to form a belief about the truth of the allegations contained in this paragraph  
25 and, on that basis, deny the allegations in this paragraph.

26          29.     Answering paragraph 29 of the Accusation, Respondents lack knowledge or  
27 information sufficient to form a belief about the truth of the allegations contained in this paragraph  
28 and, on that basis, deny the allegations in this paragraph.

1           30.     Answering paragraph 30 of the Accusation, Respondents lack knowledge or  
2 information sufficient to form a belief about the truth of the allegations contained in this paragraph,  
3 and cannot adequately respond in the format of this Response to the Accusation about the  
4 conclusory allegation that HCG was “commercially available,” which ultimately is a legal  
5 conclusion based on FDA regulations; on these bases, Respondents deny the allegations in this  
6 paragraph.

7           31.     Answering paragraph 31 of the Accusation, Respondents deny the allegations in this  
8 paragraph.

9           32.     Answering paragraph 32 of the Accusation, Respondents deny the allegations in this  
10 paragraph.

11          33.     Answering paragraph 33 of the Accusation, Respondents deny the allegations in this  
12 paragraph.

13          34.     Answering paragraph 34 of the Accusation, Respondents deny the allegations in this  
14 paragraph.

15          35.     Answering paragraph 35 of the Accusation, Respondents admit ACRX is open for  
16 business weekly Mondays through Fridays; as to the remainder of the paragraph the documents  
17 referenced speak for themselves and no admission or denial is required of Respondents. To the  
18 extent an admission or denial is required, Respondents deny the allegations in the remainder of the  
19 paragraph.

20          36.     Answering paragraph 36 of the Accusation, Respondents admit the allegations in  
21 this paragraph.

22          37.     Answering paragraph 37 of the Accusation, the allegations of which are directed to  
23 third parties other than Respondents and seek admissions or denials as to the findings and  
24 observations of third parties, Respondents lack knowledge or information sufficient to form a belief  
25 about the truth of the allegations contained in this paragraph and, on that basis, deny the allegations  
26 in this paragraph.

27          38.     Answering paragraph 38 of the Accusation, the allegations of which are directed to  
28 third parties other than Respondents and seek admissions or denials as to the findings and

1 observations of third parties, Respondents lack knowledge or information sufficient to form a belief  
2 about the truth of the allegations contained in this paragraph and, on that basis, deny the allegations  
3 in this paragraph.

4 39. Answering paragraph 39 of the Accusation, Respondents deny the allegations in this  
5 paragraph.

6 40. Answering paragraph 40 of the Accusation, Respondents lack knowledge or  
7 information sufficient to form a belief about the truth of the vague, unspecified allegations about  
8 “products” within the pharmacy contained in this paragraph and, on that basis, deny the allegations  
9 in this paragraph.

10 41. Answering paragraph 41 of the Accusation, Respondents deny the allegations in this  
11 paragraph.

12 42. Answering paragraph 42 of the Accusation, Respondents admit only that they  
13 received an email from the Board inspector on October 18, 2018 requesting documentation, and  
14 otherwise deny the remainder of the allegations in this paragraph.

15 43. Answering paragraph 43 of the Accusation, the document referenced speaks for  
16 itself, and no response is required of Respondents. To the extent any admission or denial is required,  
17 Respondents deny the allegations in this paragraph.

18 44. Answering paragraph 44 of the Accusation, the document referenced speaks for  
19 itself, and no response is required of Respondents. To the extent any admission or denial is required,  
20 Respondents deny the allegations in this paragraph.

21 45. Answering paragraph 45 the document referenced speaks for itself, and no response  
22 is required of Respondents. To the extent any admission or denial is required, Respondents deny  
23 the allegations in this paragraph.

24 46. Answering paragraph 46 of the Accusation, Respondents deny the allegations in this  
25 paragraph.

26 47. Answering paragraph 47 of the Accusation, Respondents admit only that the Board  
27 conducted an inspection of ACRX on December 18, 2018; otherwise, Respondents lack knowledge  
28 or information sufficient to form a belief about the truth of the allegations contained in the

1 remainder of this paragraph and, on that basis, deny each and every unadmitted allegation within  
2 this paragraph.

3 48. Answering paragraph 48 of the Accusation, Respondents lack knowledge or  
4 information sufficient to form a belief about the truth of the allegations contained in this paragraph  
5 and, on that basis, deny the allegations in this paragraph.

6 49. Answering paragraph 49 of the Accusation, Respondents deny the allegations in this  
7 paragraph.

8 50. Answering paragraph 50 of the Accusation, Respondents lack knowledge or  
9 information sufficient to form a belief about the truth of the allegations contained in this paragraph  
10 and, on that basis, deny the allegations in this paragraph.

11 51. Answering paragraph 51 of the Accusation, Respondents admit only that the Board  
12 quarantined products from ACRX's inventory, deny the exact quantity quarantined by the Board  
13 pending further investigation and review by Respondents, and otherwise deny the remainder of the  
14 unadmitted allegations in this paragraph.

15 52. Answering paragraph 52 of the Accusation, Respondents admit only that the Board  
16 emailed ACRX on December 19, 2018. The remainder of the paragraph the document referenced  
17 speaks for itself, and does not require any admission or denial from Respondents. To the extent  
18 any admission or denial is required, Respondents deny the unadmitted allegations in this paragraph.

19 53. Answering paragraph 53 of the Accusation, Respondents admit only that the  
20 Igbinovia emailed the Board on December 27, 2018. The remainder of the paragraph the document  
21 referenced speaks for itself, and does not require any admission or denial from Respondents. To  
22 the extent any admission or denial is required, Respondents deny the unadmitted allegations in this  
23 paragraph.

24 54. Answering paragraph 54 of the Accusation, Respondents lack knowledge or  
25 information sufficient to form a belief about the truth of the allegations contained in this paragraph  
26 and, on that basis, deny the allegations in this paragraph.

27 55. Answering paragraph 55 of the Accusation, Respondents deny the allegations in this  
28 paragraph.

1           56. Answering paragraph 56 of the Accusation, Respondents deny the allegations in this  
2 paragraph.

3           57. Answering paragraph 57 of the Accusation, Respondents deny the allegations in this  
4 paragraph.

5           58. Answering paragraph 58 of the Accusation, Respondents deny the allegations in this  
6 paragraph.

7           59. Answering paragraph 59 of the Accusation, to the extent the paragraph references  
8 documents, the documents referenced speak for themselves, and no admission or denial is required  
9 of Respondents; to the extent this paragraph requires an admission or denial from Respondents,  
10 they deny the allegations relating to such documents. As to the remainder of paragraph 59,  
11 Respondents lack knowledge or information sufficient to form a belief about the truth of the  
12 allegations contained in this paragraph and, on that basis, deny the allegations in this paragraph.

13           60. Answering paragraph 60 of the Accusation, Respondents deny the allegations in this  
14 paragraph.

15           61. Answering paragraph 61 of the Accusation, Respondents admit the allegations in  
16 this paragraph.

17           62. Answering paragraph 62 of the Accusation, to the extent the paragraph references a  
18 document, the document referenced speaks for itself, and no admission or denial is required of  
19 Respondents; to the extent this paragraph requires an admission or denial from Respondents, they  
20 deny the allegations relating to such documents. As to the remainder of paragraph 62, Respondents  
21 lack knowledge or information sufficient to form a belief about the truth of the allegations contained  
22 in this paragraph and, on that basis, deny the allegations in this paragraph..

23           63. Answering paragraph 63 of the Accusation, Respondents deny the allegations in this  
24 paragraph.

25           64. Answering paragraph 64 of the Accusation, Respondents deny the allegations in this  
26 paragraph.

27           65. Answering paragraph 65 of the Accusation, Respondents admit only that ACRX  
28 does not possess a license to operate as a 503(B) compounding pharmacy, and otherwise deny all

1 other unadmitted allegations within this paragraph, which themselves call for legal conclusions to  
2 which no admission or denial is required.

3 66. Answering paragraph 66 of the Accusation, Respondents deny the allegations in this  
4 paragraph.

5 67. Answering paragraph 67 of the Accusation, Respondents deny the allegations in this  
6 paragraph.

7 68. Answering paragraph LVIII of the Accusation, Respondents admit only that  
8 Respondents responded to the FDA's observations on April 5, 2019, and otherwise and deny the  
9 unadmitted allegations in this paragraph, as the allegations of this paragraph pertain to the  
10 operations of a federal administration beyond Respondents' knowledge or control.

11 "DEA Allegations" – The Accusation contains an unnumbered paragraph titled "DEA  
12 Allegations" on Page 13, located between numbered paragraphs 68 and 69, the allegations of which  
13 Respondents deny.

14 69. Answering paragraph 69 of the Accusation, Respondents lack knowledge or  
15 information sufficient to form a belief about the truth of the allegations contained in this paragraph  
16 and its allegations are vague and ambiguous as to time and duration of the alleged conduct. On  
17 these bases, Respondents deny the allegations in this paragraph.

18 70. Answering paragraph 70 of the Accusation, Respondents specifically deny that the  
19 DEA "charged" ACRX in September of 2018, and further deny all other allegations within this  
20 paragraph.

21 71. Answering paragraph 71 of the Accusation, the Accusation is vague and ambiguous  
22 as to the conduct described as ACRX having "billed" "patient-specific prescriptions to clinics," and  
23 cannot fairly meet such accusations with an admission or denial. Further, Respondents lack  
24 knowledge or information sufficient to form a belief about the truth of the allegations contained in  
25 this paragraph. On these bases, Respondents deny the allegations in this paragraph.

26 72. Answering paragraph 72 of the Accusation, Respondents lack knowledge or  
27 information sufficient to form a belief about the truth of the allegations contained in this paragraph  
28 and, on that basis, deny the allegations in this paragraph.



**FIRST CAUSE OF ACTION**

73. Answering paragraph 73 of the Accusation, this paragraph contains conclusions of law to which no answer is required. To the extent an answer is required, Respondents deny the allegations in this paragraph.

74. Answer paragraph 74 of the Accusation, this paragraph contains conclusions of law to which no answer is required. To the extent an answer is required, Respondents deny the allegations in this paragraph.

**SECOND CAUSE OF ACTION**

75. Answering paragraph 75 of the Accusation, this paragraph contains conclusions of law to which no answer is required. To the extent an answer is required, Respondents deny the allegations in this paragraph.

76. Answering paragraph 76 of the Accusation, this paragraph contains conclusions of law to which no answer is required. To the extent an answer is required, Respondents deny the allegations in this paragraph.

**THIRD CAUSE OF ACTION**

77. Answering paragraph 77 of the Accusation, this paragraph contains conclusions of law to which no answer is required. To the extent an answer is required, Respondents deny the allegations in this paragraph.

78. Answering paragraph 78 of the Accusation, this paragraph contains conclusions of law to which no answer is required. To the extent an answer is required, Respondents deny the allegations in this paragraph.

**FOURTH CAUSE OF ACTION**

79. Answering paragraph 79 of the Accusation, this paragraph contains conclusions of law to which no answer is required. To the extent an answer is required, Respondents deny the allegations in this paragraph.

80. Answering paragraph 80 of the Accusation, this paragraph contains conclusions of law to which no answer is required. To the extent an answer is required, Respondents deny the allegations in this paragraph.

**FIFTH CAUSE OF ACTION**

81. Answering paragraph 81 of the Accusation, this paragraph contains conclusions of law to which no answer is required. To the extent an answer is required, Respondents deny the allegations in this paragraph.

82. Answering paragraph 82 of the Accusation, this paragraph contains conclusions of law to which no answer is required. To the extent an answer is required, Respondents deny the allegations in this paragraph.

**SIXTH CAUSE OF ACTION**

83. Answering paragraph 83 of the Accusation, this paragraph contains conclusions of law to which no answer is required. To the extent an answer is required, Respondents deny the allegations in this paragraph.

84. Answering paragraph 84 of the Accusation, this paragraph contains conclusions of law to which no answer is required. To the extent an answer is required, Respondents deny the allegations in this paragraph.

**SEVENTH CAUSE OF ACTION**

85. Answering paragraph 85 of the Accusation, this paragraph contains conclusions of law to which no answer is required. The extent an answer is required, Respondents deny the allegations in this paragraph.

86. Answering paragraph 86 of the Accusation, this paragraph contains conclusions of law to which no answer is required. The extent an answer is required, Respondents deny the allegations in this paragraph.

**EIGHTH CAUSE OF ACTION**

87. Answering paragraph 87 of the Accusation, this paragraph contains conclusions of law to which no answer is required. To the extent an answer is required, Respondents deny the allegations in this paragraph.

88. Answering paragraph 88 of the Accusation, this paragraph contains conclusions of law to which no answer is required. To the extent an answer is required, Respondents deny the allegations in this paragraph.

**NINTH CAUSE OF ACTION**

89. Answering paragraph 89 of the Accusation, this paragraph contains conclusions of law to which no answer is required. To the extent an answer is required, Respondents deny the allegations in this paragraph.

90. Answering paragraph 90 of the Accusation, this paragraph contains conclusions of law to which no answer is required. To the extent an answer is required, Respondents deny the allegations in this paragraph.

**TENTH CAUSE OF ACTION**

91. Answering paragraph 91 of the Accusation, this paragraph contains conclusions of law to which no answer is required. To the extent an answer is required, Respondents deny the allegations in this paragraph.

92. Answering paragraph 92 of the Accusation, this paragraph contains conclusions of law to which no answer is required. To the extent an answer is required, Respondents deny the allegations in this paragraph.

**ELEVENTH CAUSE OF ACTION**

93. Answering paragraph 93 of the Accusation, this paragraph contains conclusions of law to which no answer is required. To the extent an answer is required, Respondents deny the allegations in this paragraph.

94. Answering paragraph 94 of the Accusation, this paragraph contains conclusions of law to which no answer is required. To the extent an answer is required, Respondents deny the allegations in this paragraph.

**TWELVETH CAUSE OF ACTION**

95. Answering paragraph 95 of the Accusation, this paragraph contains conclusions of law to which no answer is required. To the extent an answer is required, Respondents deny the allegations in this paragraph.

96. Answering paragraph 96 of the Accusation, this paragraph contains conclusions of law to which no answer is required. To the extent an answer is required, Respondents deny the allegations in this paragraph.'

**THIRTEENTH CAUSE OF ACTION**

97. Answering paragraph 97 of the Accusation, this paragraph contains conclusions of law to which no answer is required. To the extent an answer is required, Respondents deny the allegations in this paragraph.

**FOURTEENTH CAUSE OF ACTION**

98. Answering paragraph 98 of the Accusation, this paragraph contains conclusions of law to which no answer is required. To the extent an answer is required, Respondents deny the allegations in this paragraph.

99. Answering paragraph 99 of the Accusation, this paragraph contains conclusions of law to which no answer is required. To the extent an answer is required, Respondents deny the allegations in this paragraph.

Answering paragraph 100 of the Accusation, this paragraph does not require a response.

Moreover, to the extent the Board seeks any disciplinary action, fine, administrative fees, or other remedy or relief against the Board, Respondents deny such request and seek that it be rejected, and that the Board obtain nothing from Respondents by way of its Accusation.

**AFFIRMATIVE DEFENSES**

1. The Accusation, in whole or in part, fails to state a claim upon which relief may be granted.

2. The Board has failed to plead with sufficient specificity to provide adequate notice to Respondents of the Board's claims, and therefore should be dismissed.

3. Respondents exercised due care and good faith towards the Board and/or complied with all application statutes, administrative code provisions, and/or lawful orders.

4. Respondents have made no false representations to the Board.

5. The Board has not relied to its detriment on any alleged representations made by Respondents to the Board.

6. The Board consented to the acts or omissions alleged to have been committed by Respondents.

1           7.       The Board has not alleged any facts to demonstrate any harm or damages resulting  
 2 from the alleged acts or omissions of Respondents.

3           8.       The Board's claims are barred in equity.

4           9.       The Board's claims are barred by the doctrine of unclean hands.

5           10.      The Board's claims are barred by the doctrines of waiver, laches, ratification, and  
 6 estoppel.

7           11.      The Board's claims are preempted by applicable federal law, and the Board thus  
 8 lacks jurisdiction to assert such claims.

9           12.      The Board's claims are estopped and cannot proceed due to the previously filed  
 10 District Court Case, and the Board must dismiss or stay its proceedings due to considerations of *res*  
 11 *judicata*, comity, and the first-to-file doctrine.

12          13.      The circumstances referenced in the Accusation are caused by the actions or  
 13 omissions of another person or entity over which Respondents have no control.

14          14.      All possible affirmative defenses may not have been alleged herein insofar as  
 15 sufficient facts were not available after reasonable inquiry upon the filing of Respondents' Answer  
 16 and insofar as the Accusation is couched in conclusory, vague, and ambiguous terms, and therefore  
 17 Respondents hereby reserve the right to assert additional affirmative defenses.

18 //

19 //

20 //

21 //

22 //

23 //

24 //

25 //

26 //

27 //

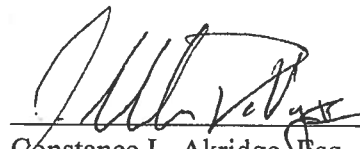
28 //

**PRAYER FOR RELIEF**

WHEREFORE, Respondent respectfully requests the following relief:

1. That the hearing currently set for September 4, 2019 in this case be maintained or, if rescheduled, that the hearing be set with adequate time for Respondent to investigate the claims and secure evidence in its defense;
2. That following the hearing this action be dismissed with prejudice;
3. That the Board award Respondents' attorneys' fees and costs incurred in defense of this action; and
4. For such other and further relief as the Board deems proper.

Dated this 14th day of August 2019.



Constance L. Akridge, Esq.  
J. Malcolm DeVoy, Esq.  
Brittany L. Walker Esq.  
HOLLAND & HART LLP  
9555 Hillwood Drive, Second Floor  
Las Vegas, Nevada 89134

*Attorneys for Respondents*

**CERTIFICATE OF SERVICE**

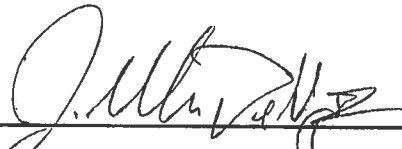
I hereby certify that on the 14th day of August, 2019, a true and correct copy of the foregoing **OBJECTION, STATEMENT OF COMPLIANCE, ANSWER, AND NOTICE OF DEFENSE** was served by the following method(s):

☒ Email: by electronically delivering a copy via email to the following e-mail address:

Nevada State Board of Pharmacy  
S. Paul Edwards, Esq.  
General Counsel  
Brett Kandt, Esq.  
General Counsel  
431 W. Plumb Lane  
Reno, Nevada 89509  
Tel: (775) 850-1440  
Fax: (775) 850-1444  
Email: [pedwards@pharmacy.nv.gov](mailto:pedwards@pharmacy.nv.gov)  
[bkandt@pharmacy.nv.gov](mailto:bkandt@pharmacy.nv.gov)

☒ U.S. Mail: by depositing same in the United States mail, first class postage fully prepaid to the persons and addresses listed below:

Nevada State Board of Pharmacy  
S. Paul Edwards, Esq.  
General Counsel  
Brett Kandt, Esq.  
General Counsel  
431 W. Plumb Lane  
Reno, Nevada 89509  
Tel: (775) 850-1440  
Fax: (775) 850-1444  
Email: [pedwards@pharmacy.nv.gov](mailto:pedwards@pharmacy.nv.gov)  
[bkandt@pharmacy.nv.gov](mailto:bkandt@pharmacy.nv.gov)

  
\_\_\_\_\_  
An Employee of Holland & Hart LLP

13406475\_v3

# EXHIBIT A



Electronically Filed  
7/23/2019 8:53 AM  
Steven D. Grierson  
CLERK OF THE COURT



CASE NO: A-19-798928-C  
Department 2

**COMP**

Constance L. Akridge  
Nevada Bar No. 3353  
J. Malcolm DeVoy  
Nevada Bar No. 11950  
Brittany L. Walker  
Nevada Bar No. 14641  
HOLLAND & HART LLP  
9555 Hillwood Drive, 2nd Floor  
Las Vegas, NV 89134  
Phone: 702.669.4600  
Fax: 702.669.4650  
clakridge@hollandhart.com  
jmdevoy@hollandhart.com  
blwalker@hollandhart.com

*Attorneys for Plaintiffs*

**DISTRICT COURT**

**CLARK COUNTY, NEVADA**

ACRX SPECIALTY PHARMACY, INC. a  
Nevada corporation; and EGHOMWARE  
IGBINOVIA, a/k/a JERRY IGBINOVIA, an  
individual,

Case No.  
Dept. No.

**COMPLAINT**

Plaintiffs,

v.

NEVADA STATE BOARD OF PHARMACY;  
DOES I-X; and ROE CORPORATIONS XI-  
XX,

Defendants.

Plaintiffs ACRX Specialty Pharmacy Inc. ("ACRX") and Eghomware Igbinovia, a/k/a Jerry Igbinovia ("Igbinovia"), collectively the "Plaintiffs," by and through their attorneys of the law firm of Holland & Hart LLP, file this Complaint against the Nevada State Board of Pharmacy (the "Board"), alleging as follows:

**THE PARTIES**

1. Plaintiff ACRX is a corporation created pursuant to the laws of the State of Nevada and is authorized to do business in Clark County, Nevada.

2. Plaintiff Igbinovia is a resident of Clark County, Nevada.

3. Defendant Board is an agency of the State of Nevada.

4. Defendants Does I through X and Roe Corporations XI through XX are persons or entities whose acts, activities, misconduct or omissions at all times material hereto make them jointly and severally liable under the claims for relief set forth herein. The true names and capacities of the Doe Defendants and Roe Corporate Defendants are presently unknown, but when ascertained, Plaintiffs request leave of the Court to amend the Complaint to substitute their true names and capacities.

### JURISDICTION AND VENUE

5. This Court has subject matter jurisdiction pursuant to Article VI of the Nevada Constitution, and personal jurisdiction over the Defendants under with NRS 14.065, as this Court's jurisdiction is not inconsistent with the Nevada Constitution or the United States Constitution, and in accordance with NRS 41.031, under which the State of Nevada waives its sovereign immunity.

6. Venue is proper in the Eighth Judicial District Court in accordance NRS 41.031.

### GENERAL ALLEGATIONS

7. ACRX is a specialty compounding pharmacy that conducts business in Clark County, and holds all required licenses to operate as such.

8. Igbinovia is a duly licensed pharmacist in the State of Nevada, and the sole owner, officer, and managing pharmacist of ACRX.

9. Plaintiffs are engaged in the business of operating a compounding pharmacy, which is regulated by the Nevada State Board of Pharmacy. Under NRS 639.0053, "compounding" is defined as forming or making up a composite product by combining two or more different ingredients. One of the drugs that Plaintiffs regularly compounded was buprenorphine, a substance that aids individuals in treating and overcoming opioid addiction.

10. For many months, Plaintiffs have been the subject of threatening and harassing conduct by the Board that exceeds its legal authority. In addition to conducting its own investigations that, to date, have not resulted in a single accusation (hereinafter an "Accusation," as defined in NRS 639.241) filed against either of the Plaintiffs, the Board recruited the Food and Drug Administration ("FDA") and the Drug Enforcement Administration ("DEA") to further

1 investigate Plaintiffs; neither investigation yielded a closure of ACRX.

2 11. Since June 20, 2019, when the Board instituted an “involuntary closure” of ACRX,  
3 Plaintiffs have been unable to continue their regular business activities despite being legally  
4 entitled to do so.

5 **A. The Board’s Purported Involuntary Closure of ACRX.**

6 12. On June 20, 2019, the Board purported to effect an involuntary closure of ACRX.

7 13. In a Notice of Involuntary Closure of Pharmacy dated June 21, 2019 (the  
8 “Involuntary Closure Notice”), the Board’s Office of the General Counsel cited NAC 639.570 as  
9 its sole basis for closing ACRX, and stated that “involuntary closure was necessary after federal  
10 law enforcement agents arrested [Igbinovia] and seized ACRX Specialty Pharmacy’s computer  
11 system on June 20, 2019, rendering the pharmacy unable to operate in conformance with  
12 applicable law.”

13 14. The Involuntary Closure Notice did not specify what provisions of “applicable law”  
14 applied to Plaintiffs, and did not specify whether and how Plaintiffs had violated any law.

15 15. Since June 20, 2019, the conditions that the Board identified as “necessary” for  
16 ACRX’s involuntary closure have abated.

17 16. On June 20, 2019, Igbinovia was released from custody on his personal  
18 recognizance. The United States District Court for the District of Nevada did not impose any  
19 restrictions on his ability to operate ACRX, or to otherwise engage in pharmaceutical practice, as  
20 conditions of his release.

21 17. In fact, no department or agency of the United States has obtained any order or  
22 taken any action to close ACRX (or prohibit it from operating under the management of any  
23 pharmacist other than Igbinovia) or to stop, enjoin, or otherwise prohibit Igbinovia from practicing  
24 as a pharmacist or operating ACRX.

25 18. Specifically, the United States Department of Justice and the Drug Enforcement  
26 Administration have not suspended or revoked Plaintiffs’ DEA Registration under 21 U.S.C. § 824  
27 or 21 C.F.R. § 1301.36, and have not commenced any proceedings to do so under those authorities,  
28 which specifically allow the United States to cease the Plaintiffs’ pharmacy operations.

1           19.     Additionally, Igbinovia retained and has access to a full, complete, and secure  
2 backup of all data seized from ACRX on June 20, 2019, and is capable of re-installing this data on  
3 a new computer to be used in ACRX's operations.

4           20.     As all the conditions the Board deemed necessary to involuntarily close ACRX  
5 under NAC 639.570 had been abated, Plaintiffs sought to re-open their pharmacy and resume  
6 business. Nonetheless, the Board refused—and refuses to this day—to re-open ACRX, or to grant  
7 Igbinovia access to ACRX for any purpose.

8     **B. The Board's Ad Hoc Rationales for Refusing to Re-Open the Pharmacy.**

9           21.     Plaintiffs attempted to engage the board and re-open the pharmacy on the basis that  
10 the limited grounds for the Board's involuntary closure of ACRX on June 20, 2019 under NAC  
11 639.570 had ceased to be in effect. The Board, however, refused to allow Plaintiffs to re-open  
12 their pharmacy for varied and constantly changing reasons.

13           22.     During telephonic conversations with Plaintiffs' counsel, the Board represented  
14 that it would allow ACRX to re-open if it ceased any distribution of controlled substances, as  
15 defined under the Controlled Substances Act, 21 U.S.C. § 802(6), and NRS Chapter 453, and  
16 turned over any controlled substances in ACRX's possession to the Board.

17           23.     Plaintiffs' counsel and the Board continued to discuss this proposal and its  
18 feasibility based on ACRX's business model. Plaintiffs considered this proposal until the Board  
19 suddenly changed its position and demanded new conditions and restrictions on ACRX's activities  
20 as a condition of re-opening.

21           24.     On or about July 10, 2019, the Board informed Plaintiffs' counsel that if they were  
22 to allow ACRX to resume operations, an additional requirement—beyond the cessation and  
23 surrender of ACRX's controlled substances—was necessary: Plaintiffs would have to cease all  
24 compounding activities as well.

25           25.     Plaintiffs believe and therefore allege that these sudden new conditions sought by  
26 the Board, before ever filing an accusation against them, are evidence of the Board's dilatory  
27 conduct, and show the Board never intended to allow ACRX to re-open.

28           26.     The Board's rationale for this demand was based upon two complaints the Board

1 purported to have received, and which were subject to the Board's investigation. Plaintiffs were  
2 not aware of either complaint or investigation prior to the July 10, 2019 telephone call between  
3 their counsel and the Board.

4 27. Upon further inquiry by Plaintiffs' counsel, the Board confirmed that it had not  
5 filed an Accusation against either of the Plaintiffs in connection with these complaints. The Board  
6 refused to identify any details regarding these complaints, including the alleged conduct at issue  
7 and what, if any, public harm was implicated by the undisclosed conduct.

8 28. As the Board is created by statute and has its powers defined by the legislature, its  
9 jurisdiction is limited to oversight of pharmacies and pharmacist licenses, and the Board is further  
10 constrained by the due process requirements contained within Chapters 233B and 639 of the  
11 Nevada Revised Statutes.

12 29. The Board has already closed ACRX citing NAC 639.570 as its authority for doing  
13 so, despite NAC 639.570 being a regulation which provides the Board no authority to close ACRX,  
14 and the Board has maintained its actions based on causes that have been resolved since the Board's  
15 involuntary closure of ACRX. The Board's continued closure of ACRX is unauthorized and  
16 directly affects ACRX's business, depriving Plaintiffs the use of their respective Board-issued  
17 licenses without any opportunity for notice and hearing.

18 30. Moreover, without any hearing or proper notice, the Board has, through its General  
19 Counsel, engaged in apparent negotiations to limit the scope of ACRX's operations if it were to  
20 re-open.

21 31. Like the Board's closure of ACRX itself, such negotiations are unauthorized and  
22 appear to be conducted in bad faith, as the Board's conditions for ACRX's re-opening change  
23 frequently and are increasingly more restrictive regarding the kind of license conduct in which  
24 ACRX may engage once re-opened.

25 32. Illustrating the Board's arbitrary and capricious conduct, the Board's latest  
26 justification for its requirement that Plaintiffs not engage in compounding as a condition of re-  
27 opening is the undisclosed content of complaints the Board claims to have received against one or  
28

1 both Plaintiffs. Yet, the Board has not filed any formal Accusation against either Plaintiff to which  
2 he or it may respond and be heard.

3 **C. The Board's Deficient Attempt to Provide ACRX with Notice of an Opportunity to**  
4 **Defend Itself Against Unspecified Claims.**

5 33. On July 11, 2019, the Board issued ACRX (but not Igbinovia) a Statement to the  
6 Respondent and Notice of Hearing (the "Statement") regarding its involuntary closure of the  
7 pharmacy.

8 34. The Statement reiterated that due to the seizure of the pharmacy's computer and  
9 arrest of Igbinovia, "the pharmacy was left unable to operate in conformance with applicable law,"  
10 but does not specify what "applicable law" applied or could not be complied with by Plaintiffs.

11 35. The Statement advised ACRX that on July 18, 2019, the Board would hold a  
12 hearing regarding its involuntary closure of ACRX, and that "ACRX will have the opportunity to  
13 show the Board that the pharmacy is now able to operate in conformance with Nevada law." Like  
14 the Notice of Involuntary Closure, the Statement also failed to provide ACRX with any notice of  
15 the laws, regulations, or other authorities allegedly violated, and deprived ACRX of notice of the  
16 allegations against it and an opportunity to meaningfully defend itself.

17 **D. The Board's Ongoing Irreparable Harm Inflicted Upon the Plaintiffs.**

18 36. Due to the Board's unauthorized and unlawful actions, Plaintiffs are prevented from  
19 conducting any business, including the distribution of controlled substances and engagement of  
20 any compounding activities, which has caused irreparable harm and threatens to totally destroy  
21 Plaintiffs' business.

22 37. The Board's unlawful closure of ACRX has caused other harm in the form of  
23 patients being unable to receive their medication. Because the Board completely shut Igbinovia  
24 and other employees out of ACRX, Plaintiffs have been unable to take desired steps to aid patients  
25 in finding other sources to fill their prescriptions.

26 38. Additionally, the Board's closure of ACRX has led to a slew of other harms,  
27 ranging from wholesalers cancelling their agreements with ACRX and debtors not paying ACRX,  
28 to the pharmacy being unable to receive and deposit payments necessary for ACRX's bills and

1 utilities. ACRX's eight (8) employees also are affected by the Board's unjustified closure of the  
2 pharmacy. In short, the Board's closure and refusal to re-open ACRX has harmed, and is  
3 continuing to harm, every aspect of its operations.

4 39. The Board's continued closure of the Plaintiffs' business and refusal to allow  
5 Plaintiffs to conduct their business currently is causing irreparable harm; additionally, the Board's  
6 actions in prohibiting Plaintiffs to operate have adversely affected and harmed Plaintiffs'  
7 customers, some of whom include hospice and palliative care patients who rely on ACRX and  
8 Igbinovia to receive their life-saving prescription medication, including prescription refills.

9 40. The Board's unlawful closure of ACRX and disruption of Plaintiffs' business will  
10 force their customers to seek the services of other pharmacies to full their prescriptions and seek  
11 replacement services, and those customers will be lost indefinitely—not merely for the time ACRX  
12 is unlawfully closed based upon the Board's conduct.

13 41. Plaintiffs' loss of business, loss of commercial goodwill, and loss of customers to  
14 competing pharmacies constitutes irreparable harm, and one caused solely and proximately by the  
15 Board's failure to respect Plaintiffs' due process rights to notice and hearing before taking  
16 Plaintiffs' property rights.

17 42. Based on the Board's ad hoc treatment of Plaintiffs' right to conduct business and  
18 potential conditions for ACRX's reopening, any further proceedings prior to seeking judicial relief  
19 would be futile in the face of the irreparable harm caused by the Board's misconduct, which require  
20 emergency intervention by this Court.

## 21 **FIRST CLAIM FOR RELIEF**

### 22 **(Declaratory Relief)**

23 43. Plaintiffs hereby repeat, reallege, and incorporate all of the allegations contained in  
24 the preceding paragraphs as though fully set forth herein.

25 44. A true and ripe controversy exists between Plaintiffs and the Board as to whether  
26 the Board may continue to force the closure of Plaintiffs' business.

27 45. Specifically, a true and ripe controversy exists between Plaintiffs and the Board as  
28 to whether the Board is acting in excess of its authority and in violation of Nevada law in (a)

1 effecting an involuntary closure of ACRX; (b) refusing to re-open ACRX without conditions or  
2 limitations based on the resolution of the circumstances the Board identified as requiring ACRX's  
3 involuntary closure; and (c) effecting a de facto taking of Plaintiffs' pharmacy licenses without  
4 proper notice or hearing under NRS 233B.121 and NRS 233B.127.

5 46. A true and ripe controversy exists between Plaintiffs and the Board as to whether  
6 the Board is entitled to "[c]losure as a result of action by the Federal Government" when the  
7 Government has not taken any action to suspend or revoke the ACRX's DEA Registration under  
8 21 U.S.C. § 824 or 21 C.F.R. § 1301.36.

9 47. A true and ripe controversy exists between Plaintiffs and the Board as to whether  
10 the Board is entitled to deprive Plaintiffs from conducting their pharmacy business when neither  
11 Plaintiff has been convicted of any crime that would result in immediate suspension of their  
12 licenses under NRS 639.2121,<sup>1</sup> as neither Plaintiff has been convicted of any crime.

13 48. A true and ripe controversy exists between Plaintiffs and the Board as to whether  
14 the Board may close, and continue to keep closed, Plaintiffs' business without the filing of an  
15 Accusation to initiate suspension proceedings against either or both of them.

16 49. A true and ripe controversy exists between Plaintiffs and the Board as to whether  
17 the Board may close, and continue to keep closed, Plaintiffs' business without providing proper  
18 notice identifying the provisions of law allegedly violated by Plaintiffs in their pharmacy  
19 operations.

20 50. Declaratory relief is necessary to declare whether the Board is acting in excess of  
21 its authority and/or in violation of Nevada law in taking any of the actions described herein.

22 51. Declaratory relief is necessary to declare whether the Board's Notice of Involuntary  
23 Closure provided adequate notice to Plaintiffs regarding what statutes, regulations, or other  
24 authorities they purportedly were "unable to operate in conformance with" as alleged by the Board.

25 \_\_\_\_\_  
26 <sup>1</sup> "The conviction of any person who holds a certificate, license, registration or permit issued pursuant to this chapter  
27 of a felony for a violation of any federal law or law of any state concerning drugs or chemicals operates as an  
28 immediate suspension of the certificate, license, registration or permit." NRS 639.2121. "Conviction" is defined in  
NRS 639.006 as "a plea or verdict of guilty but mentally ill or a conviction following a plea of nolo contendere to a  
charge of felony, any offense involving moral turpitude or any violation of the provisions of this chapter or chapter  
453 or 454 of NRS."



HOLLAND & HART LLP  
9555 HILLWOOD DRIVE, 2ND FLOOR  
LAS VEGAS, NV 89134

52. Declaratory relief is necessary to declare whether the Board is required to file a new Accusation and hold a hearing before taking any of the actions described herein.

53. Plaintiffs seek a declaration that the Board is acting in excess of its authority and/or in violation of Nevada law in taking the actions described herein, including (a) the closure of ACRX, (b) its refusal to re-open ACRX, and (c) its ad hoc negotiations regarding limits to be imposed on Plaintiffs as a condition of re-opening ACRX without notice or hearing.

54. Plaintiffs seek a declaration that the Board is required to file an Accusation and hold a hearing before taking any of the actions described herein.

**PRAYER FOR RELIEF**

WHEREFORE, Plaintiffs demand judgment against the Defendant Board as follows:

55. For declaratory relief as described herein;

56. For a temporary restraining order, preliminary injunctive relief, and permanent injunctive relief enjoining the Board from its continued closure of ACRX, and further from preventing Plaintiffs from operating ACRX, including the compounding of drugs and distribution of controlled substances, in compliance with Nevada law; and

57. For such other and further relief as the Court deems just and proper.

DATED this 22nd day of July, 2019

HOLLAND & HART LLP

/s/ Constance L. Akridge

Constance L. Akridge  
J. Malcolm DeVoy  
Brittany L. Walker  
9555 Hillwood Drive, 2nd Floor  
Las Vegas, NV 89134  
*Attorneys for Plaintiffs*

13261037\_v9

# EXHIBIT B

Electronically Filed  
7/23/2019 12:55 PM  
Steven D. Grierson  
CLERK OF THE COURT



1 **EXP**

2 Constance L. Akridge  
3 Nevada Bar No. 3353  
4 J. Malcolm DeVoy  
5 Nevada Bar No. 11950  
6 Brittany L. Walker  
7 Nevada Bar No. 14641  
8 HOLLAND & HART LLP  
9 9555 Hillwood Drive, 2nd Floor  
10 Las Vegas, NV 89134  
11 Phone: 702.669.4600  
12 Fax: 702.669.4650  
13 clakridge@hollandhart.com  
14 jmdevoy@hollandhart.com  
15 blwalker@hollandhart.com

16 *Attorneys for Plaintiffs*

17 **DISTRICT COURT**

18 **CLARK COUNTY, NEVADA**

19 ACRX SPECIALTY PHARMACY, INC. a  
20 Nevada corporation; and EGHOMWARE  
21 IGBINOVIA, a/k/a JERRY IGBINOVIA, an  
22 individual,

23 Plaintiffs,

24 v.

25 NEVADA STATE BOARD OF PHARMACY;  
26 DOES I-X; and ROE CORPORATIONS XI-  
27 XX,

28 Defendants.

Case No. A-19-798928-C  
Dept. No. 2

**EX PARTE MOTION FOR  
TEMPORARY RESTRAINING ORDER  
AND ORDER SETTING HEARING ON  
PRELIMINARY INJUNCTION AND**

**MOTION FOR PRELIMINARY  
INJUNCTION**

**HEARING REQUIRED**

**DATE:** 7/24/19  
**TIME:** 9:00 AM

29 Plaintiffs ACRX Specialty Pharmacy Inc. ("ACRX") and Eghomware Igbinovia, a/k/a  
30 Jerry Igbinovia ("Igbinovia"), collectively the "Plaintiffs," hereby apply to this Court for  
31 immediate issuance of a temporary restraining order and order setting hearing for preliminary  
32 injunction, and move for a preliminary injunction pursuant to Rule 65 of the Nevada Rules of Civil  
33 Procedure ("NRCPP") and under Nevada Revised Statutes ("NRS") 33.010 against Defendant  
34 Nevada State Board of Pharmacy ("Board," or the "Defendant"). Plaintiffs specifically move this  
35 Court to enter an order:

1. Enjoining the Board from its continued enforcement of its putative “involuntary closure” of ACRX;
2. Enjoining the Board from denying Plaintiffs access to their place of business;
3. Enjoining the Board from prohibiting ACRX from conducting business as a licensed pharmacy;
4. Enjoining the Board from prohibiting Igbinoia from acting as a pharmacist; and
5. Enjoining the Board from prohibiting Plaintiffs from collectively operating as a pharmacy.

Upon filing, a copy of this Motion along with the Complaint will be provided immediately to Paul Edwards, Esq., general counsel for the Board.

This Motion is based upon the Complaint filed in this action, the Declaration of Constance L. Akridge, Esq. (the “Akridge Declaration”) infra, the following Memorandum of Points and Authorities, and the exhibits attached hereto.

DATED this 22nd day of July, 2019

HOLLAND & HART LLP

/s/ Constance L. Akridge

Constance L. Akridge, Esq.  
 James M. DeVoy, Esq.  
 Brittany L. Walker, Esq.  
 9555 Hillwood Drive, 2nd Floor  
 Las Vegas, NV 89134

*Attorneys for Plaintiffs*

**APPLICATION FOR ORDER SHORTENING TIME**

Under Eighth Judicial District Court Rule 2.26, Plaintiffs apply for an Order Shortening Time in which the above Motion is to be heard based on the following Declaration of Plaintiffs' counsel.

**DECLARATION OF J. MALCOLM DEVOY**  
**IN SUPPORT OF APPLICATION FOR ORDER SHORTENING TIME**

I, James Malcolm DeVoy, declare as follows:

1. I am of counsel with the law firm Holland & Hart LLP and counsel of record for Plaintiffs in the above-captioned matter. On that basis, I have personal knowledge of the matters set forth in this declaration. I am over the age of 18 and competent to testify to the matters contained in this declaration if called to do so at trial.

2. Good cause exists for the Court to shorten the time for hearing Plaintiffs' Motion for Temporary Restraining Order and Order Setting Hearing on Motion for Preliminary Injunction (the "Motion") in this action. Plaintiffs have a reasonable likelihood of success on the merits of its Motion based on the Board's conduct depriving Plaintiffs of their property rights without due process. Specifically, the Board's actions have deprived and continue to deprive Plaintiffs of the ability to defend their property interests in their professional licenses issued and governed by the Board. Consequently, the Board's conduct has deprived Plaintiffs of their valid business interests and property rights inherent in their licenses.

3. Absent a temporary restraining order and preliminary injunction, Plaintiffs will suffer irreparable harm for which compensatory damages would not suffice. *See* NRS 33.010; *Boulder Oaks Cmty. Ass'n v. B & J Andrews Enters., LLC.*, 125 Nev. 397, 399, 215 P.3d 27, 28 (2009).

4. On June 20, 2019, the Board effected the involuntary closure of ACRX. According to the Board, involuntary closure was necessary given that the pharmacy was without a pharmacist when Igbinovia was arrested by federal authorities, and without access to its computer system after federal authorities seized ACRX's computer allegedly "rendering the pharmacy unable to operate in conformance with applicable law." However, ACRX was almost immediately able to continue to operate in conformance with applicable law since the very same day Igbinovia was processed

1 and released on his own personal recognizance. In addition, ACRX regularly backed up its  
2 computer system and is able to immediately install a full archival copy of the information stored  
3 in the computer seized from ACRX.

4 5. Nevertheless, for nearly one month, the Board has refused to re-open Plaintiffs'  
5 pharmacy. As described in the Motion, the Board's reasons for depriving Plaintiffs of their  
6 property rights are not supported by applicable Nevada law and the Board failed to provide  
7 Plaintiff due process in violation of Nevada's Administrative Procedure Act.

8 6. Plaintiffs' pharmacy business remains closed due to the Board's unlawful acts. The  
9 immediate intervention of this Court is necessary to halt the ongoing loss of Plaintiffs' business  
10 based on the Board's conduct, and irreparable harm will continue without immediate judicial relief.

11 7. Because of the nature of the Motion, an Order Shortening Time is necessary due to  
12 Plaintiffs being irreparably harmed by the Board's unwarranted closure of Plaintiffs' business and  
13 deprivation of their license rights.

14 8. Additionally, if this matter were to be heard in the ordinary course, Plaintiff will  
15 continue to be irreparably harmed.

16 9. This request for an Order Shortening Time is made in good faith and without  
17 improper motive.

18 I declare under penalty of perjury that the foregoing is true and correct.

19 EXECUTED this 22nd day of July, 2019 in Clark County, Nevada.

20  
21 /s/ James Malcolm DeVoy  
James Malcolm DeVoy, Esq.  
22  
23  
24  
25  
26  
27  
28

**ORDER SHORTENING TIME**

Based on the Declaration of Counsel filed and served herewith and based upon the Court's finding that good cause exists to have the instant Motion heard on shortened time, it is hereby ORDERED, that the time for the hearing of Plaintiffs' EX PARTE MOTION FOR TEMPORARY RESTRAINING ORDER AND PRELIMINARY INJUNCTION ON ORDER SHORTENING TIME may be shortened to 9:00 a.m. / p.m. on the 26<sup>th</sup> day of July, 2019 before this Court.

Dated this 23<sup>rd</sup> of July, 2019



DISTRICT COURT JUDGE

Respectfully submitted by:

/s/ J. Malcolm DeVoy  
 Constance L. Akridge, Esq.  
 J. Malcolm DeVoy, Esq.  
 Brittany L. Walker, Esq.  
 HOLLAND & HART LLP  
 9555 Hillwood Drive, 2nd Floor  
 Las Vegas, NV 89134  
*Attorneys for Plaintiffs*

HOLLAND & HART LLP  
 9555 HILLWOOD DRIVE, 2ND FLOOR  
 LAS VEGAS, NV 89134

**MEMORANDUM OF POINTS AND AUTHORITIES IN SUPPORT OF  
PLAINTIFFS' EX PARTE MOTION FOR TEMPORARY RESTRAINING ORDER  
AND PRELIMINARY INJUNCTION**

**I. INTRODUCTION**

Plaintiffs filed this action because the Board has effectively stripped them of their licenses without due process. Acting far outside of its statutory authority, the Board relied on a regulation that prescribes what actions it must take after a pharmacy has been closed due to governmental action to unilaterally close ACRX, and further to deprive both Plaintiffs of the use of their Board-issued licenses. The Board did not before taking these actions provide Plaintiffs notice and opportunity to demonstrate compliance with Nevada law so that ACRX could continuously remain open. Indeed, the Board still has not instituted any formal proceedings against Plaintiffs, and has represented to Plaintiffs' counsel that the outcome of any such proceedings will result in the Board not allowing ACRX to reopen without substantial and business terminating restrictions (i.e. no controlled substances and no compounding). Akridge Decl. ¶¶ 6, 24 & 31.

During the Board's unlawful closure of ACRX, the Board purported to negotiate with Plaintiffs regarding the re-opening of their pharmacy while refusing to commence the proceedings needed to provide Plaintiffs with notice of their allegedly deficient conduct in the first place. The effect of the Board's actions is a complete and utter taking of Plaintiffs' property rights in their licenses without a shred of due process. Moreover, the Board's conduct reveals that it never intended to allow ACRX to re-open and needed only to delay Plaintiffs and ensure the death of their pharmacy business while the Board concocted an after-the-fact rationalization for its conduct.

For months, the Board has leveled a myriad of Kafka-esque allegations against Plaintiffs, but never elevated its allegations to an administrative action. Under NRS 639.241(1), the Board has authority to initiate an administrative action against a licensee only after filing an Accusation<sup>1</sup>,

---

<sup>1</sup> NRS 639.241(2) defines an accusation as:

The accusation is a written statement of the charges alleged and must set forth in ordinary and concise language the acts or omissions with which the respondent is charged to the end that the respondent will be able to prepare a defense. The accusation must specify the statutes and regulations which the respondent is alleged to have violated, but must not consist merely of charges phrased in language of the statute or regulation. The accusation must be signed by the Executive Secretary of the Board acting in his or her official capacity.



1 providing notice of the alleged wrongful conduct to the licensee, and providing the licensee an  
2 opportunity to respond. The Board has never instituted an administrative action against either  
3 Plaintiff. Additionally, Neither the United States Department of Justice and Drug Enforcement  
4 Administration (“DEA”) have commenced any action to suspend or revoke ACRX’s DEA  
5 Registration.

6 Instead, the Board deemed ACRX to be “involuntarily closed” based on the temporary,  
7 less-than-24-hour unavailability of Igbinovia, its sole pharmacist / managing pharmacist, and  
8 based upon the misapprehension that ACRX did not have access to its pharmacy records. (In fact,  
9 and as ACRX apprised the Board, because of its backup system, Plaintiffs have full access to all  
10 of ACRX’s records and can restore them imminently). Within hours, both Igbinovia and the data  
11 the Board required for the pharmacy to operate were available for ACRX to resume operations.  
12 Plaintiffs informed the Board immediately that they were able to resume operations, but the Board  
13 refused to allow ACRX to reopen, and instead engaged in dilatory conduct and sham negotiations  
14 intended to indefinitely prolong ACRX’s closure. Each day ACRX remains closed, Plaintiffs’  
15 ability to continue operating ACRX is further jeopardized. Moreover, the Board’s unjustified  
16 closure of ACRX has disrupted patients’ access to critical medication, endangering public health  
17 and welfare. Involuntary closure of the pharmacy continues despite the Board possessing no basis  
18 under Nevada law for such closure.

19 As explained in this Motion, the futility of redressing the Plaintiffs’ irreparable harm before  
20 the Board compels them to seek emergency injunctive relief to maintain the status quo and halt the  
21 irreparable harm the Board is causing their business. Unless enjoined by this Court, the Board will  
22 continue to use its power to strip the Plaintiffs of the benefits of their license and force their  
23 pharmacy business into an indefinite closure without any prior notice or hearing, just as it has done  
24 now. Without this Court’s immediate relief, the Plaintiffs’ business will be shut down indefinitely  
25 and cease to exist—and without a single allegation of wrongdoing made against them by the Board.

26 For these reasons, Plaintiffs request that the Court immediately enter a temporary  
27 restraining order and hold a hearing on a preliminary injunction in the Plaintiffs’ favor within 14  
28

days of this Motion. Plaintiffs submit that the Court’s order must provide the following relief to be effective and cease their ongoing irreparable harm:

1. Enjoining the Board from its continued enforcement of its putative “involuntary closure” of ACRX;
2. Enjoining the Board from denying Plaintiffs access to their place of business;
3. Enjoining the Board from prohibiting ACRX from conducting business as a licensed pharmacy;
4. Enjoining the Board from prohibiting Igbinovia from acting as a pharmacist; and
5. Enjoining the Board from prohibiting Plaintiffs from collectively operating as a pharmacy.

Plaintiffs seek only for the Court to restore it to the position it was before the Board abused its power and improperly closed their pharmacy business on June 20, 2019, and require the Board to allow Plaintiffs access to their business that the Board has denied them without any legitimate business.

## II. STATEMENT OF FACTS

ACRX is a specialty compounding pharmacy in Las Vegas, Nevada, doing business within Clark County. ACRX holds pharmacy license number PH03673 issued by the Board, and as of July 18, 2019, ACRX’s license is active. *See* ACRX’s Pharmacy License attached as **Exhibit 1**. Igbinovia is the sole officer and director of ACRX, and is its sole pharmacist as well. Decl. of E. Igbinovia (“Igbinovia Decl.”) at ¶ 1; *see also* ACRX’s Nevada Secretary of State information attached as **Exhibit 2**. Igbinovia holds pharmacist license number 16316 issued by the Board, and as of July 18, 2019, Igbinovia’s Board-issued license is active. *See* Igbinovia’s Pharmacy License attached as **Exhibit 3**.

ACRX is a specialty pharmacy that compounds (i.e., makes from their constituent components) drugs that are not readily available for retail sale to pharmacies.<sup>2</sup> One of the drugs

---

<sup>2</sup> NAC 639 defines “compound” and “compounding” as “to form or create a composite product by combining one or more different ingredients.” This definition is expanded upon in NAC 639.6625(1) to mean “preparation, mixing or assembling of a drug product of which at least one component is a prescription drug” and “packaging and labeling

that Plaintiffs compounded was buprenorphine, a substance that aids individuals in treating and overcoming opioid addiction.<sup>3</sup> Despite this therapeutic value of buprenorphine, it is a Schedule III controlled substance<sup>4</sup> under federal law<sup>5</sup> and Nevada law.<sup>6</sup>

The Federal Controlled Substances Act defines a controlled substance as one that specifically has been scheduled as such. 21 U.S.C. § 802(6). Drugs that have been scheduled as controlled substances under federal law include alprazolam (Xanax)<sup>7</sup> and modafinil (sold under the name Provigil and used to treat shift sleep disorders).<sup>8</sup> In Nevada, buprenorphine's Schedule III status places it in the company of substances including chorionic gonadotropin (also known as HCG, frequently used as a dietary aid in the "HCG diet")<sup>9</sup> and naturally occurring hormones such as human growth hormone<sup>10</sup> and testosterone.<sup>11</sup> Despite their lawful conduct in compounding buprenorphine, Plaintiffs' compounding of controlled substances ultimately made it a target for the Board's unwarranted scrutiny.

A. ACRX's History with the Board and Other Governmental Authorities.

Beginning in at least December of 2018, the Board subjected Igbinovia and ACRX to enhanced and unwarranted scrutiny. Igbinovia Decl. ¶ 2. Due to the Board's instigation, the FDA appointed a monitor to observe and report on Plaintiffs' compounding pharmacy activities. *Id.* At the end of the FDA's observation of Plaintiffs, the FDA took no adverse action with respect to the Plaintiffs, their business operation, or any of their lawfully compounded pharmaceuticals. *Id.*

---

incident to the preparation, mixing or assembling of a drug product for the purpose of selling or dispensing the drug product pursuant to a prescription or chart order."

<sup>3</sup> Buprenorphine is a medication approved to treat opioid dependency, and is permitted to be prescribed or dispensed in physician offices. Buprenorphine, Substance Abuse and Mental Health Services Administration, <https://www.samhsa.gov/medication-assisted-treatment/treatment/buprenorphine> (last accessed July 17, 2019).

<sup>4</sup> Schedule III controlled substances, such as anabolic steroids, are drugs the DEA considers having an accepted medical use and lower potential for abuse.

<sup>5</sup> 21 C.F.R. § 1308.13.

<sup>6</sup> NAC 453.530(14)

<sup>7</sup> 21 C.F.R. § 1308.14(c)(2).

<sup>8</sup> *Id.* § 1308.14(f)(7).

<sup>9</sup> NAC 453.530(7)(h).

<sup>10</sup> NAC 453.530(13).

<sup>11</sup> NAC 453.530(7)(kk).

Once the FDA ceased monitoring Plaintiffs' operations, the Plaintiffs believe and therefore aver that the Board worked in conjunction with the DEA to scrutinize and review Plaintiffs. ACRX possessed DEA Registration FA6553108, making him subject to the jurisdiction of the DEA.<sup>12</sup> The DEA then investigated Plaintiffs and their pharmacy operations. The DEA possesses broad powers to suspend and revoke DEA registrations. *See* 21 U.S.C. § 824; 21 U.S.C. § 1301.36. When the DEA finds that there is "imminent danger to the public health or safety," it may suspend a person's registration and order him or her to show cause why the license should not be revoked or suspended. 21 C.F.R. § 1301.36(e). The DEA, however, never instituted any suspension or revocation proceedings regarding the Plaintiffs. Igbinovia Decl. ¶ 11.

B. The Board's June 21, 2019 Notice of Involuntary Closure.

On June 20, 2019, despite the FDA and DEA taking no action to close ACRX or limit Igbinovia's pharmaceutical conduct, the United States Department of Justice unsealed an indictment naming Igbinovia as a defendant in a criminal action.

The government charged Igbinovia with several violations of the Controlled Substances Act, including 21 U.S.C. §§ 841(a)(1), (b)(1)(E), (b)(1)(E)(i), and 846. These unproven allegations against Igbinovia arose from ACRX's alleged provision of buprenorphine to four other individuals involved in a Las Vegas-area addiction recovery facility—including two doctors—with whom Igbinovia allegedly co-conspired. On June 20, 2019, federal law enforcement officers arrested Igbinovia and seized ACRX's nine (9) computers. *Id.* ¶ 4. That very same day, Igbinovia was arraigned, entered a plea of not guilty, and was released without any bond on his own recognizance after just hours in custody. *Id.* Despite this indictment, no federal agency has suggested that ACRX should be closed, taken action to cease ACRX's operations, or acted to suspend or revoke ACRX's DEA Registration.

On June 21, 2019, the Board's Office of the General Counsel issued a Notice of Involuntary Closure of Pharmacy and Right to Hearing (the "Notice of Involuntary Closure" attached as

---

<sup>12</sup> The DEA is referenced repeatedly throughout NRS Chapter 639, but most significantly, the status of a pharmacist's DEA registration controls his or her licensure by the Board, and even the temporary loss or suspension of DEA registration will result in the suspension of the individual's pharmacy license issued by the Board. NRS 639.2107.

**Exhibit 4)** to Plaintiffs' counsel. The Notice of Involuntary Closure purported to close ACRX under NAC 639.570 because "federal law enforcement agents arrested [Igbinovia] and seized ACRX Specialty Pharmacy's computer system on June 20, 2019, rendering the pharmacy unable to operate in conformance with applicable law." *Id.* The Board never specified, whether in the Notice of Involuntary Closure or elsewhere, what "applicable law" Plaintiffs had violated. *Id.* By its own terms, the Notice of Involuntary Closure did not constitute the Board filing an Accusation, summary suspension, or formal investigation. *Id.*

Moreover, by the date of the Notice of Involuntary Closure, the two conditions the Board's General Counsel identified as bases for closure—Igbinovia's arrest and the seizure of ACRX's computer system—had been resolved. Igbinovia was released on his own recognizance and without restrictions on his ability to practice pharmacy. *Id.* Additionally, Igbinovia maintained a full and complete remote backup of all the information on the computers seized from ACRX, and stood ready, willing, and able to re-install them on new computers for the pharmacy. *Id.* The Plaintiffs could have re-opened the pharmacy at any time from June 21, 2019 onward, had the Board not unjustifiably prohibited them from doing so.

C. The Board's Refusal to Re-Open ACRX, Despite Having No Grounds to Close It.

On June 21, 2019, Igbinovia informed the Board that he was free on his own recognizance and had full backups for the data stored on the pharmacy's computers; as such, he was ready to re-open his pharmacy business immediately. *Id.* The Board refused to do so, and it maintained that ACRX was subject to an involuntary closure under NAC 639.570.

Almost two weeks later, on July 3, 2019, the Board sent a Notice of Hearing (the "July 3 Notice" attached as **Exhibit 5**) to Plaintiffs' counsel. The July 3 Notice did not specify what statutes or conduct were at issue or allegedly had been violated. Instead, the July 3 Notice stated, "The hearing pursuant to NRS 233B.121 to context ACRX Specialty Pharmacy's involuntary closure pursuant to NAC 639.570 for case number 19-044-PH-S has been scheduled" for July 18, 2019." Exhibit. 5.

Then, almost three weeks after the involuntary closure, on July 11, 2019, the Board issued a Statement to the Respondent and Notice of Hearing (the "Statement" attached as **Exhibit 6**)

1 regarding its putative involuntary closure of ACRX. This Statement reiterated the Notice of  
2 Involuntary Closure, stating that Igbinovia's arrest and the seizure of ACRX's computers rendered  
3 it "unable to operate in conformance with applicable law," without further specification. *Id.* As  
4 its sole rationale for the ACRX's continued closure, the Statement identified NAC 639.570(5)(a),  
5 which specifies that involuntary closure exists "as a result of action by the Federal Government,  
6 the State of Nevada or the governing body of any county or city within the State of Nevada." Yet,  
7 even as of the date of the Statement, no such action by any of those entities had even been  
8 instituted, let alone yielded any kind of suspension, revocation, temporary restraining order,  
9 injunction, or other relief that would have ceased ACRX's operation. Igbinovia Decl. ¶ 11.

10 D. Despite Never Filing Accusations Against Plaintiffs, the Board Engages in  
11 Shifting Settlement Discussions to Re-Open the Improperly Closed Pharmacy.

12 To initiate any proceedings to revoke, suspend, limit, or condition any license it issues, the  
13 Board must first file an Accusation. NRS 639.241(1). At the time of ACRX's involuntary closure,  
14 the Board had not filed an Accusation against either of the Plaintiffs, and still has not done so  
15 through the time of this Motion's filing. Nonetheless, Plaintiffs immediately attempted to  
16 cooperate so that they could preserve their pharmacy's reputation and avoid litigation. Plaintiffs  
17 and their counsel entered negotiations with the Board and its General Counsel to re-open ACRX,  
18 and resume serving their patients as Plaintiffs were receiving calls from patients seeking refills of  
19 critical medication for serious and even life-threatening conditions. Plaintiffs attempted to reach  
20 this resolution with the Board's General Counsel even though the Board had not filed any  
21 Accusation necessary to limit, suspend, or revoke their licenses. NRS 639.241(1).

22 In the course of these discussions, the Board's General Counsel stated that the Board would  
23 be agreeable to restoring Plaintiffs' access to the pharmacy location in exchange for their  
24 commitment to not possess or distribute controlled substances. *See* emails between the Board and  
25 Plaintiffs dated July 2, 2019 attached as **Exhibit 7**. By July 2, 2019, Plaintiffs and their attorneys  
26 negotiated with both the DEA and the Board regarding the mechanics of suspending ACRX's  
27 active DEA Registration without it adversely affecting their Board-issued licenses. *Id.*  
28

By early July of 2019, the Plaintiffs had nearly resolved the issues regarding Plaintiffs' possession and distribution of controlled substances as a condition of re-opening ACRX. On July 11, 2019, the Board suddenly and inexplicably shifted goalposts: the Board would only allow ACRX to re-open if Igbinovia refrained from compounding, and sold only prescription drugs that were pre-packaged and obtained from manufacturers and their distributors. *See* emails between the Board and Plaintiffs dated July 11, 2019 attached as **Exhibit 8**. As ACRX is a compounding pharmacy, the Board's offer amounted to little more than remaining open in name only.

When discussing this offer, the Board's General Counsel conceded that the Board had not filed any Accusation against the Plaintiffs. *See Exhibit 8*. On the basis that the Accusations had not been filed, the Board then refused to discuss the contents of their allegations against either of the Plaintiffs, and refused to share any information regarding the challenged conduct, such as its approximate time of occurrence or the substance of the grievance.

Plaintiffs spent weeks attempting to negotiate the re-opening of ACRX with the Board, which had held the pharmacy's existence hostage without any legal authority to do so.<sup>13</sup> Seemingly upon the eve of a final agreement between the Plaintiffs and the Board, the Board changed its parameters and sought to impose new demands and restrictions on Plaintiffs. The Board admittedly based its change in position upon conduct the Board refused to identify, and premised on Accusations it had never filed.<sup>14</sup> With the very existence of their business in imminent danger and any illusion of due process before the Board irretrievably shattered, Plaintiffs have filed suit seeking declaratory and injunctive relief (*see generally*, Complaint filed herewith) and now move this Court for emergency relief.

<sup>13</sup> Plaintiffs' current counsel informed the Board that its Notice of Involuntary Closure, July 3 Notice, and Statement did not provide satisfactory notice of the July 18 hearing. Akridge Decl. ¶ 30-33. Plaintiffs' counsel then sent a confirmatory letter on July 18, 2019, attached as Exhibit 10. On July 19, 2019, the Board responded through a letter from its General Counsel, attached as Exhibit 11, reiterating the Board's prior arguments. Although the Plaintiffs had never agreed for ACRX to remain closed at any time, and under any circumstances, the Board falsely claimed that ACRX agreed to remain closed pending a further hearing date. Igbinovia Decl. ¶ 10; Exhibit 11.

<sup>14</sup> In the meantime, it appears the Board busied itself with disparaging Plaintiffs to third parties, including its landlord. As seen in Exhibit 12, the Board took it upon itself to on June 20, 2019, to notify ACRX's landlord that the pharmacy had been raided and its owner arrested, but apparently did not provide an update when Igbinovia had been released from custody. Igbinovia Decl. ¶ 6. Plaintiffs know of no legal authority that would permit the Board, let alone make it incumbent upon them, to alert ACRX's landlord of this development.

### III. LEGAL ARGUMENT

#### A. Legal Standard to Issue a Temporary Restraining Order and Preliminary Injunction.

Nevada Rule of Civil Procedure 65(b) authorizes the Court to issue a temporary restraining order in order to avoid irreparable harm prior to a hearing on a preliminary injunction. A temporary restraining order serves to maintain the status quo pending a hearing on the movant's application for a preliminary injunction. *Granny Goose Foods, Inc. v. Brotherhood of Teamsters & Auto Truck Drivers*, 415 U.S. 423, 439 (1974). The Court's decision to issue a temporary restraining order is based on the same factors evaluated when entering a preliminary injunction. *See Stuhlberg Int'l Sales Co., Inc. v. John D. Brush & Co., Inc.*, 240 F.3d 832, 839 (9th Cir. 2001); *Ottenheimer v. Real Estate Division*, 91 Nev. 338, 535 P.2d 1284 (1975); *see also News Herald v. Ruyle*, 949 F. Supp. 519, 521 (N.D. Ohio 1996) ("If there is notice to the other side and a hearing, the Court applies the same standards governing issuance of a preliminary injunction in determining whether to issue a temporary restraining order").

Injunctive relief in the form of a temporary restraining order and preliminary injunction is available when "acts committed without just cause [...] unreasonably interfere with a business or destroy its credit and profits," such as interference with the business's operation through the wrongful disclosure of confidential information. *Sobol v. Capital Mgmt. Consultants, Inc.*, 102 Nev. 444, 446, 726 P.2d 335, 337 (1986). The Court may enter a preliminary injunction where an applicant can show a likelihood of success on the merits of their claims, and a reasonable probability that the non-moving party's conduct, if not stopped, will cause irreparable harm. *Clark Cnty. Sch. Dist. v. Buchanan*, 112 Nev. 1146, 1149, 924 P.2d 716, 719 (1996); *see NRS 33.010* (describing circumstances where "[a]n injunction may be granted"). The Court "may also weigh the public interest and the relative hardships of the parties in deciding whether to enter a preliminary injunction." *Buchanan*, 112 Nev. at 1149, 924 P.2d at 719.

The purpose for the Court's entry of a preliminary injunction is to maintain the status quo and avoid irreparable harm until the dispute's matters may be fully heard. *Dixon v. Thatcher*, 103 Nev. 414, 415, 742 P.2d 1029, 1029 (1987). Where a wrong has been committed, the Court may



enter an injunction to restore the status quo and undo any harms caused by the non-movant's wrongful acts. *Memory Gardens of Las Vegas, Inc. v. Pet Ponderosa Memorial Gardens, Inc.*, 88 Nev. 1, 3, 492 P.2d 123, 124 (1972); see *Leonard v. Stoebling*, 102 Nev. 543, 550, 728 P.2d 1358, 1363 (1986). This preservation of the status quo is of particular significance where the movant faces irreparable harm for which legal remedies are inadequate. See *Arcamuzi v. Continental Air Lines, Inc.*, 819 F.2d 935, 937 (9th Cir. 1987).

B. A Temporary Restraining Order and Preliminary Injunction are Necessary to Enjoin the Board's Improper and Impermissible Closure of ACRX, Halt Irreparable Harm Caused to Plaintiffs by the Board's Actions.

The Board has supplanted the authority granted it by the legislature in NRS Chapter 639 with its own unreviewable, ad hoc adjudicatory process that has indefinitely closed Plaintiffs' pharmacy business. As a statutory creation, the Board is bound to the limitations of the laws that created it and may not pick and choose which authorities it wishes to be bound by. See *Clark Cty. Sch. Dist. v. Clark Cty. Classroom Teachers Ass'n*, 115 Nev. 98, 102, 977 P.2d 1008, 1010 (1999) ("the powers of an administrative agency are limited to those powers specifically set forth by statute.") The Board must be bound by all the Nevada laws that apply to it, and not merely those the Board prefers. *Id.*

This Court's injunctive powers are required to enforce this fundamental premise. *Id.* at 103, 977 P.2d at 1011 ("the court may not confer upon an administrative agency power in excess of that authorized by the legislature."). This Court's entry of a Temporary Restraining Order and Preliminary Injunction are necessary in this case. Plaintiffs (1) are likely to succeed on the merits of their claim that the Board exceeded its authority by shutting down ACRX and depriving Plaintiffs of the use of their State-issued license without proper notice, hearing, or any safeguards approximating due process; (2) will suffer irreparable harm absent court intervention, (3) there is no adequate legal remedy, and (4) the public interest and balance of hardships weigh in favor of Plaintiffs. The Board should therefore be enjoined from enforcing the closure of ACRX and its de facto taking of Plaintiffs' pharmacy licenses.

1                   I.       *The Plaintiffs Enjoy a Reasonable Likelihood of Success on the Merits of*  
2                   *their Claims Against the Board.*

3           To obtain injunctive relief, Plaintiffs must show they possess a reasonable likelihood of  
4           success on the merits of their claims against the Board. A “reasonable probability of success on  
5           the merits” requires a plaintiff to demonstrate both the existence of its claim (or claims) against  
6           the defendant and a likelihood of prevailing on that claim. *See, e.g., State Farm Mut. Auto. Ins.*  
7           *Co. v. Jafbros Inc.*, 109 Nev. 926, 928, 860 P.2d 176, 178 (1993); *See Dixon*, 103 Nev. at 415, 742  
8           P.2d at 1029.

9           Plaintiffs possess a property license in their respective licenses issued and governed by the  
10          Board, and Plaintiffs’ rights cannot be limited, reduced, or taken away by the Board without  
11          adequate due process. A state-issued license “that can be revoked ‘for cause’ creates a property  
12          interest.” *Thornton v. City of St. Helens*, 425 F.3d 1158, 1164 (9th Cir. 2005). As such, “licenses  
13          are not to be taken away without that procedural due process required by the Fourteenth  
14          Amendment.” *Bell v. Burson*, 402 U.S. 535, 539 (1971).

15          Plaintiffs seek only the Court’s declaration that the Board’s actions violated the  
16          Administrative Procedure Act and its own statutory and regulatory authority. *See generally*,  
17          Compl. This Court is entitled to provide declaratory relief to Plaintiffs under NRS 30.030:

18               Courts of record within their respective jurisdictions shall have power to declare  
19               rights, status and other legal relations whether or not further relief is or could be  
20               claimed. No action or proceeding shall be open to objection on the ground that a  
21               declaratory judgment or decree is prayed for. The declaration may be either  
22               affirmative or negative in form and effect; and such declarations shall have the force  
23               and effect of a final judgment or decree.

24          As set forth below, Plaintiffs have every reason to prevail in their request for a declaration that the  
25          Board’s conduct has violated their rights.

- a) The Board's Actions to Close the Pharmacy Fail to Comply with NRS 233B.121 & 233B.127 and are Invalid; as such, the Board's Ongoing Closure of ACRX Violates Both Nevada Law and Plaintiffs' Due Process Rights.

The Board's closure of ACRX reverses the fundamental order of due process: notice, then action.<sup>15</sup> Instead, the Board acted to close ACRX first. Then, only after that closure, the Board provided Plaintiffs with notice that they could attempt to re-open the pharmacy by addressing the Board's unintelligible concerns about compliance with unspecified laws. A comparison of the notices and statements issued by the Board against relevant law reveals the numerous and profound deficiencies within the Board's process, and why Plaintiffs must prevail in their claims for declaratory relief.

Although the Board is required to provide notice by certified mailing the form of an Accusation before taking action against a licensee under,<sup>16</sup> it failed to do so. As such, it violated the Administrative Procedure Act, which requires prior notice to the licensee:

No revocation, suspension, annulment or withdrawal of any license is lawful unless, before the institution of agency proceedings, the agency gave notice by certified mail to the licensee of facts or conduct which warrant the intended action, and the licensee was given an opportunity to show compliance with all lawful requirements for the retention of the license

NRS 233B.127(3).

Similarly, the Administrative Procedure Act specifies the information that must be provided in such notice for it to comport with due process:

1. In a contested case, all parties must be afforded an opportunity for hearing after reasonable notice.
2. The notice must include:
  - (a) A statement of the time, place and nature of the hearing.

<sup>15</sup> This basic premise of due process is encoded in the Administrative Procedure Act, found within NRS Chapter 233B. When adopting the Administrative Procedure Act, the Legislature stated that the Act's purpose was to "establish minimum procedural requirements for the regulation-making and adjudication procedure of all agencies of the Executive Department of the State Government[.]" NRS 233B.020. Yet, as explained herein, the Board has failed to satisfy even these "minimum procedural requirements"

<sup>16</sup> Nevada law specifies that any hearing affecting a license issued by the board "must" be initiated by the filing of an Accusation. NRS 639.241(1)

(b) A statement of the legal authority and jurisdiction under which the hearing is to be held.

(c) A reference to the particular sections of the statutes and regulations involved.

(d) A short and plain statement of the matters asserted. If the agency or other party is unable to state the matters in detail at the time the notice is served, the initial notice may be limited to a statement of the issues involved. Thereafter, upon application, a more definite and detailed statement must be furnished.

NRS 233B.121.

As a threshold matter, the Board has not filed any Accusation against Plaintiffs, which is required to initiate any proceedings limiting or suspending their licenses. NRS 639.241. The Board's failure to provide its own form of required notice demonstrates its failure to comply with NRS 233B.121 and 233B.127.

- i. NRS 233B.127 Provides Plaintiffs with Increased Protections of the Property Rights Inherent in Their Licenses, and the Board Disregarded those Protections.

The Board's refusal to re-open ACRX, and refusal to allow Igbinovia to work as ACRX's pharmacist, operates as a complete taking of Plaintiffs' license rights and thus implicates NRS 233B.127.<sup>17</sup> Due to the property rights inherent in licenses issued by the State, NRS 233B.127

<sup>17</sup> NRS 233B.127 Licenses: Applicability of provisions governing contested cases to grant, deny or renew; expiration notice and opportunity to show compliance required before adverse action by agency; summary suspension.

1. The provisions of NRS 233B.121 to 233B.150, inclusive, do not apply to the grant, denial or renewal of a license unless notice and opportunity for hearing are required by law to be provided to the applicant before the grant, denial or renewal of the license.

2. When a licensee has made timely and sufficient application for the renewal of a license or for a new license with reference to any activity of a continuing nature, the existing license does not expire until the application has been finally determined by the agency and, in case the application is denied or the terms of the new license limited, until the last day for seeking review of the agency order or a later date fixed by order of the reviewing court.

3. No revocation, suspension, annulment or withdrawal of any license is lawful unless, before the institution of agency proceedings, the agency gave notice by certified mail to the licensee of facts or conduct which warrant the intended action, and the licensee was given an opportunity to show compliance with all lawful requirements for the retention of the license. If the agency finds that public health, safety or welfare imperatively require emergency action, and incorporates a finding to that effect in its order, summary suspension of a license may be ordered pending proceedings for revocation or other action. An agency's order of summary suspension may be issued by the agency or by the Chair of the governing body of the agency. If the order of summary suspension is issued by the Chair of the governing body of the agency, the Chair shall not participate in any further proceedings of the agency relating to that order. Proceedings relating to the order of summary suspension must be instituted and determined within 45 days after the date of the order unless the agency and the licensee mutually agree in writing to a longer period.

1 applies to proceedings affecting licenses and provides additional due process protections for  
 2 Nevadans holding licenses issued by the State. Significantly, NRS 233B.127(3) provides that  
 3 **before** a license is suspended, the licensee must be provided notice by certified mail of the “. . .  
 4 facts or conduct which warrant the intended action and the licensee must be given an opportunity  
 5 to show compliance with all lawful requirements for retention of the license.”  
 6

7 The Board never complied with this advance notice requirement before closing ACRX and  
 8 refusing to permit its re-opening. Prior to the Notice of Involuntary Closure, the Board never  
 9 provided: (i) any notice to Plaintiffs of its anticipated action, (ii) facts or conduct which warranted  
 10 the Board’s intended action, and (iii) an opportunity to show compliance with all lawful  
 11 requirements for retention of the license. In addition to these procedural defects, the substance of  
 12 the Board’s communications failed to warrant an unnoticed taking of Plaintiffs’ licenses. Nothing  
 13 within the Notice of Involuntary Closure, or any other documentation generated by the Board,  
 14 indicates that ACRX’s operation or Igbinovia’s continued practice as a pharmacist, constituted any  
 15 threat to public health, safety, or welfare.<sup>18</sup>  
 16

17 Additionally, the Board’s conduct and steadfast refusal to acknowledge Plaintiffs remedied  
 18 the only two stated reasons for ACRX’s closure—Igbinovia’s absence and the seizure of ACRX’s  
 19 computers—further violated NRS 233B.127. Nevada law requires that the Board give its licensees  
 20 “an opportunity to show compliance with all lawful requirements for retention of the license.”  
 21 While the Notice of Involuntary Closure, July 3 Notice, and Statement all were deficient in stating  
 22 what statutory or regulatory provisions the Plaintiffs allegedly violated, the Board disregarded its  
 23 own rules and ignored Plaintiffs’ repeated showings that they had corrected the alleged  
 24 deficiencies<sup>19</sup> within the Notice of Involuntary Closure. Igbinovia Decl. ¶ 7.  
 25

26 <sup>18</sup> Presumably if it had, the DEA would have first acted to suspend, revoke, or restrict ACRX’s DEA Registration on  
 27 an expedited basis as specifically provided in 21 C.F.R. § 1301.36.

28 <sup>19</sup> The Board is statutorily allowed to adopt regulations regarding “the use of computerized mechanical equipment for  
 the filling of prescriptions.” NRS 639.070(1)(o). The Board’s regulations require that these systems comply with the  
 provisions of NAC 639.910 through 639.935, and that computerized pharmaceutical records be maintained for a period

Nothing within the Notice of Involuntary Closure, July 3 Notice, or Statement satisfy the requirements of NRS 233B.127 for the Board to limit Plaintiffs' licenses in any way, and the Board refused to provide Plaintiffs the statutorily mandated opportunity to show their compliance with applicable law. Any action the Board took to restrict Plaintiffs' pharmacy activities on an expedited basis is therefore invalid under Nevada law and necessarily violates Plaintiffs' due process rights.<sup>20</sup> The only basis on which the Board could have pursued Plaintiffs in compliance with the Administrative Procedure Act is under NRS 233B.121, which also fails for the reasons set forth below.

- ii. The Board's *De Facto* Taking of Plaintiffs' Licenses Failed to Comply with the Provisions of NRS 233B.121 and Further Violated Plaintiffs' Rights.

The Nevada Supreme Court has long recognized the importance of eliminating "unfair surprise" from the administrative process, and that "adequate opportunity to prepare" in response to a notice required by NRS 233B.121 is "crucial" to due process. *Nevada State Apprenticeship Council v. Joint Apprenticeship & Training Comm. for Elec. Indus.*, 94 Nev. 763, 765, 587 P.2d 1315, 1316–17 (1978); *see also* *Coury v. Whittlesea-Bell Luxury Limousine*, 102 Nev. 302, 307, 721 P.2d 375, 378 (1986). In *Clark County School District v. Bundley*, the Nevada Supreme Court held that a hearing notice that merely stated the issue as whether the respondent was discharged for misconduct was not adequate because the respondent was not fully aware what misconduct she allegedly committed. 122 Nev. 1440, 1448, 148 P.3d 750, 756 (2006). The same deficiencies that

---

of two years from the date of dispensing medication, and available for inspection by the Board. NAC 639.2977. The Board must approve the use of the computer system implemented within any pharmacy, and shall approve of computer systems that, among other things, maintain records of each prescription issued using the computer system, maintains copies of the prescriptions fulfilled by the pharmacy, and prohibits modification of the prescription. NAC 639.7102(2)(e), (4)(b). The Board previously approved of ACRX's computer system under NAC 639.7102, including its compliance with NAC 639.910 through 935. Plaintiffs are in possession of all of the records and software the Board previously approved for use, curing the deficiency the Board identified in its Notice of Involuntary Closure; the Board has inexplicably refused to acknowledge this cure of the defect it relied upon to unjustifiably close ACRX. The Board's refusal to recognize ACRX's past compliance with the Board's standards, as well as ACRX's willingness and ability to do so once its wrongful exclusion from its pharmacy facility is concluded, further violates NRS 233B.127's requirement that the Board provide Plaintiffs an opportunity to show their compliance with applicable law.

<sup>20</sup> Even if the Board sought to summarily suspend Plaintiffs' licenses under the process contemplated in NRS 233B.127, the Board still would need to file an Accusation against Plaintiffs to do so under NRS 639.241(1), which it failed to do.

1 the Supreme Court rejected in *Bundley* are present throughout the Board's notices and  
2 correspondences in this case.

3 Although the Notice of Involuntary Closure, July 3 Notice, and Statement do not constitute  
4 the Accusations necessary for the Board to limit the Plaintiffs' licenses, even if they are liberally  
5 construed as notice by the Board, they fail to meet the standards of NRS 233B.121. In particular,  
6 the Notice of Involuntary Closure, July 3 Notice, *and* Statement all fail to refer to specific statutes  
7 or violations that the Board contends the Plaintiffs violated. **Exhibits 4-6.** While the Board faults  
8 Plaintiffs for failure or inability "to operate in conformance with applicable law," the Board never  
9 specifies what those laws are. *Id.* Instead, Plaintiffs are left with the impossible task of disproving  
10 its violations of laws and regulations that the Board never identifies. *See* NRS 233B.121(2)(c).

11 The vague and cursory nature of the Notice of Involuntary Closure, July 3 Notice, and  
12 Statement preclude them from complying with NRS 233B.121(2)(d) as well. Despite the passage  
13 of three weeks from the Notice of Involuntary Closure to the Statement, and frequent  
14 communication with Plaintiffs to develop the background facts involved in ACRX's closure, the  
15 Board never offers more than an assertion that Igbinovia's arrest and the seizure of ACRX's  
16 computers rendered them unable to operate "in conformance with applicable law." **Exhibits 4-6.**

17 This summary does not establish the "matters asserted" by the Board, or explain how or  
18 why they constitute any violation of the laws and regulations the Board is tasked to enforce. The  
19 Board's description of events identifies a specific event, but not the "matters asserted" by the  
20 Board; instead, the Board's Notice of Involuntary Closure, July 3 Notice, and Statement do nothing  
21 more than identify specific incidents, but fail to identify what issues the Board takes with them,  
22 and how they constitute a matter within the Board's jurisdiction.

23 The vague and non-specific nature of the Board's communications to Plaintiffs and  
24 Plaintiffs' counsel illustrate the futility of proceeding with any hearing the Board may have  
25 scheduled. The Board did not specify which statutes or regulations Plaintiffs were accused of  
26 violating. Similarly, the Board did not specify how Plaintiffs' alleged conduct or actions—  
27 including the unproven claims against them filed by the United States—would have violated any  
28 such authorities. The involuntary closure provision is not triggered by the facts the Board relies

1 upon to conduct the involuntary closure. The Board presented Plaintiffs with a no-win scenario:  
 2 appear before the Board to defend unspecified conduct against violations of unknown legal  
 3 authorities against the backdrop of the Board's promises of future closure, or to fail to appear and  
 4 face the exact same consequences. Akridge Decl. ¶ 30.

5 The Board's wholly insufficient notices to Plaintiffs provide no more than a smokescreen  
 6 for its *ad hoc* decision-making and *post hoc* rationalization for trampling Plaintiffs' due process  
 7 rights. This is exactly the kind of arbitrary enforcement and application of the law that the  
 8 Administrative Procedure Act prohibits. *See* NRS 233B.020. The Board's conduct violates NRS  
 9 233B.121 and 233B.127, and entitles Plaintiffs to declaratory relief in their favor.

10 b) Similarly, the Board's Reliance on NAC 639.570 Is Baseless: No  
 11 Federal or State Authority Has Acted to Close ACRX, and the  
 12 Regulation Does Not Give the Board the Indefinite Closure Powers  
 that the Board Now Claims.

13 The sole legal authority the Board cites for its closure of ACRX, NAC 639.570, does not  
 14 support the Board's June 20, 2019 involuntary closure much less the Board's failure to allow  
 15 reopening even though it knows ACRX is not without a managing pharmacist or its records. The  
 16 Board should have rescinded its involuntary closure order no later than June 21, 2019. The Board's  
 17 reliance on this regulation originates from the flawed premise that ACRX is subject to an  
 18 "involuntary closure" under NAC 639.570(5)(a) stating, "[a]s used in this section, 'involuntary  
 19 closure' of a pharmacy includes: (a) Closure as a result of action by the Federal Government, the  
 20 State of Nevada or the governing body of any county or city within the State of Nevada[.]"

21 No governmental authority has closed ACRX. Indeed, the Board concedes that it has not  
 22 filed a single Accusation against ACRX or Igbinovia, which would be required for the Board to  
 23 suspend or revoke the license of either. Akridge Decl. ¶ 26; **Exhibit 8**. Moreover, federal  
 24 authorities—while certainly having the power to do so if they wished—have not acted to revoke  
 25 the DEA Registration needed to operate ACRX. *See* 21 U.S.C. § 824; 21 C.F.R. § 1301.36.  
 26 Igbinovia Decl. ¶ 11. No other action, order, injunction, or other determination exists that could  
 27 constitute an involuntary closure of ACRX under NAC 639.570. *Id.*  
 28



Moreover, the Board's reliance on its regulation NAC 639.570 stretches the regulation's purpose far past its breaking point. The plain language of NAC 639.570 does not provide the Board with the authority to close the pharmacy. Instead it merely explains what the Board may do in the event a Pharmacy is involuntarily closes.<sup>21</sup>

While NAC 639.570 prescribes certain procedures for the Board to follow in the event of an involuntary closure, it does not vest the Board with discretion to involuntarily close or keep a pharmacy closed indefinitely—especially when an event constituting an “involuntary closure” has not occurred. Thus, the entire framework for the Board's conduct and refusal to re-open ACRX is erroneous beyond repair. The only equitable resolution is for this Court to enjoin the Board's illegitimate closure of ACRX and, if the Board wishes to pursue the Plaintiffs, do so with the proper procedures and due process protections promised to them by law.

**c) The Board Further Violated Plaintiffs' Rights by Disregarding ACRX's Right to Appoint a New Managing Pharmacist.**

Although Igbinovia was ACRX's sole pharmacist, his arrest does not limit or preclude ACRX's continued operations as a duly licensed pharmacy. Nevada law requires that a pharmacy have a managing pharmacist on duty during the time the pharmacy is open to the public,<sup>22</sup> but does not impose any requirement that the managing pharmacist be an owner, director, officer, or hold

<sup>21</sup> NAC 639.570 Involuntary closure of pharmacy. (NRS 639.070)

1. Upon an involuntary closure of a pharmacy, the licensee shall immediately surrender to the Board all controlled substances and dangerous drugs, and all order forms therefor, which are owned or controlled by the licensee on the premises of the pharmacy. A member of the Board or one of its inspectors shall immediately take possession of and hold all such substances, drugs and forms.

2. The controlled substances, dangerous drugs and forms so surrendered will be held in trust by the Board for the licensee. The substances and drugs so held will forthwith be inventoried, packaged, sealed and stored at the expense of the licensee in a place determined by the Board to be appropriately secure.

3. A licensee has 60 days after the effective date of the involuntary closure to make arrangements for the lawful sale or other disposition of the controlled substances and dangerous drugs so inventoried and stored. If no such sale or disposition is made by the licensee within the 60-day period, the Board will make arrangements for the sale or other disposition of the substances and drugs for the benefit of the licensee, and will account for them to the licensee. Upon disposition of the substances and drugs, the order forms will be returned to the Drug Enforcement Administration.

4. The licensee shall cooperate with the Board to promote the efficient administration of this section.

5. As used in this section, “involuntary closure” of a pharmacy includes:

(a) Closure as a result of action by the Federal Government, the State of Nevada or the governing body of any county or city within the State of Nevada;

(b) The revocation or suspension of any license issued to a pharmacy by the Board; or

(c) Any other involuntary closure, including an involuntary adjudication of bankruptcy, an appointment of a receiver or an entry of an order of closure by a court of competent jurisdiction.

<sup>22</sup> NRS 639.220(1); NAC 639.465.

1 an equivalent position within the pharmacy. A “managing pharmacist” is defined in NRS  
 2 639.0087 to be “a registered pharmacist who is responsible for the operation of a pharmacy.” Any  
 3 pharmacy’s managing pharmacist may be changed with notice to the Board. NRS 639.220(4).

4 Despite Plaintiffs’ correspondence to the Board, it has never explained its failure to  
 5 consider these regulations in closing ACRX due to Igbinova’s arrest. At minimum, this disregard  
 6 of the Board’s own regulations is voidable, and indicative of its impermissible, arbitrary treatment  
 7 of ACRX and Igbinova in a manner dissimilar to other licensees. “An agency may not, for  
 8 example, depart from a prior policy *sub silentio* to simply disregard rules that are still on the  
 9 books.” *Conservation Counsel for Haw. v. Nat’l Marine Fisheries Serv.*, 154 F. Supp. 3d 1006,  
 10 1033 (D. Haw. 2015), *citing U.S. v. Nixon*, 418 U.S. 683, 696 (1974). Nothing in the Board’s  
 11 communications to Plaintiffs or their counsel so far shows that the Board has even considered this  
 12 issue, or has any explanation for why ACRX was closed without any opportunity to retain an  
 13 alternate managing pharmacist.

14 2. *Plaintiffs Are Suffering and Will Continue to Suffer Irreparable Harm*  
 15 *Unless the Court Grants Injunctive Relief.*

16 The total loss of one’s business is an irreparable harm that may be remedied with injunctive  
 17 relief. “The right to carry on a lawful business without obstruction is a property right, and acts  
 18 committed without just cause or excuse which interfere with the carrying on of plaintiffs business  
 19 or destroy its custom, its credit or its profits, do an irreparable injury and thus authorize the  
 20 issuance of an injunction.” *Guion v. Terra Mktg. of Nev., Inc.*, 90 Nev. 237, 239, 523 P.2d 847,  
 21 848 (1974). Acts committed without just cause which unreasonably interfere with a business or  
 22 destroy its credit or profits may cause an irreparable injury. *Sobol*, 102 Nev. at 446, 726 P.2d at  
 23 337.

24 Nevada law recognizes that the loss of a state-issued license constitutes irreparable harm.  
 25 “A licensee whose license has been revoked or suspended immediately suffers the irreparable  
 26 penalty of loss of [license] for which there is no practical compensation. *State, Dept. of Bus. &*  
 27 *Indus., Fin. Institutions Div. v. Nevada Ass’n Services, Inc.*, 128 Nev. Adv. Op. 34, 294 P.3d 1223,  
 28 1228 (2012) (*quoting Com. v. Yameen*, 401 Mass. 331, 516 N.E.2d 1149, 1151 (1987)). Irreparable

1 harm exists when an entity is unable to continue conducting its business and is “threatened with  
2 the prospect of losing its license to conduct business.” *Id.*

3 Plaintiffs have not merely been deprived of the use of their licenses, but this loss has come  
4 at the Board’s hands, without a legally required notice or hearing to dispute the allegations against  
5 them. Indeed, the Board’s conduct gives rise to two separate and discrete forms of irreparable  
6 harm: Plaintiff’s loss of their pharmacy business, and the intractable harm caused by the Board’s  
7 violation of their due process rights.

8 Loss of business in a manner that defies calculation and constitutes irreparable harm is  
9 readily recognized in Nevada’s decisional authority. *Sobol*, 102 Nev. at 446, 726 P.2d at 337. The  
10 Board’s closure of ACRX has been total. Plaintiffs have been prohibited from even entering the  
11 property occupied by ACRX. The viability of ACRX has been imperiled by the Board’s actions,  
12 and its ongoing activities have ceased entirely. Despite the Board’s closure of the business,  
13 Plaintiffs continue to receive calls from patients who seek refills of critical medication for serious  
14 and even life-threatening conditions, whose future use of the pharmacy is thrown into jeopardy  
15 due to the Board’s improper actions.

16 Simultaneously, the Plaintiffs being deprived of use of their licenses while the Board runs  
17 roughed over their rights represents a different, but no less severe, form of irreparable harm. *See*  
18 *State, Dept. of Bus. & Indus., Fin. Institutions Div*, 294 P.3d at 1228. Plaintiffs’ intangible rights  
19 as licensees subject to the Board’s authority have been damaged and can only be restored by this  
20 Court’s order instructing the Board to comply with the provisions of NRS Chapters 639 and 233B.  
21 The Board’s proceedings so far, from closing down Plaintiffs’ pharmacy on little more than its  
22 say-so to effectively revoking the Plaintiffs’ licenses without filing a single Accusation, are  
23 inimical to the principle of due process and require this Court’s intervention.

24 3. *Plaintiffs Have No Adequate Legal Remedy Short of This Court’s*  
25 *Immediate Injunction.*

26 As the loss of an entire business constitutes irreparable harm, it axiomatically cannot be  
27 remedied with legal damages and mere monetary relief. *See Guion*, 90 Nev. at 239, 523 P.2d at  
28 848. The Nevada Supreme Court has recognized that “harm is irreparable if it cannot be

adequately remedied by compensatory damages.” *Hamm v. Arrowcreek Homeowners’ Ass’n*, 124 Nev. 290, 297, 183 P.3d 895, 901 (2008). The deprivation of Plaintiffs’ use of their Board-issued licenses without proper notice and hearing creates a fundamental harm that cannot be remedied with compensation.

Despite there being no proceedings instituted by the DEA and no Accusations filed by the Board, it has refused to allow Plaintiffs to use their licenses. Akridge Decl. ¶ 6. The Board has inexplicably prohibited the Plaintiffs from re-opening ACRX even after satisfying the conditions specified by the Board as a condition of doing so. *Id.*; Igbinovia Decl. ¶ 7; **Exhibits 7-8**. By depriving the Plaintiffs of their property rights without a scintilla of due process, the Board has deprived them of any relief they could obtain short of this Court’s entry of an injunction. Not only are legal damages inadequate for Plaintiffs’ losses, but the Board’s refusal to provide them with due process prior to stripping them of the powers inherent in their licenses show that anything short of this Court’s relief as requested in the Motion is futile. Each day ACRX remains closed, Plaintiffs continue to experience irreparable harm and are less likely to resume their pharmacy business.

4. *The Public Interest and Balance of Hardships Favor this Court Granting Plaintiffs Injunctive Relief and Allowing them to Operate Their Pharmacy.*

The balance before the Court is whether the hardship borne by the Plaintiffs and their patients. This Court’s calculation of the parties’ relative hardships in granting an injunction should be a straightforward one. *Univ. & Cmty. Coll. Sys. of Nev. v. Nevadans for Sound Gov’t*, 120 Nev. 712, 721, 100 P.3d 179, 187 (2004). Other courts have considered requests for injunctive relief where patient care could be affected, and found that their needs factor into the evaluation of the public interest. *See O’Bannon v. Town Court Nursing Center*, 447 U.S. 773, 778 n. 6 (1980) (The public has a “strong interest” in care of patients requiring treatment); *see also Navajo Health Found v. Burwell*, 100 F. Supp. 3d 1122, 1190 (D.N.M. 2015) (“To force those patients to go to other facilities at much greater distances is not in the public interest.”).

Here, this dispute affects patients who are not parties to this action, but are affected and have had their access to medication disrupted by the Board’s unjustified closure of ACRX.

Akridge Decl. ¶27. Those affected patients' needs for prescribed, necessary medication is the most relevant measure of the public's interest in any injunctive relief, and weigh in favor of enjoining the Board's unlawful closure of ACRX. The question of what is best for patients potentially affected by granting or denying an injunction is given significant weight in the Court's decision to grant or deny relief. *Hopkins v. Jegley*, 267 F. Supp. 3d 1024, 1096 (E.D. Ark. 2017) (evaluating patients' interests in balancing harms and discerning public interest in evaluating request for preliminary injunction). Here, where patients are not party to this action but nonetheless affected by the Court's decision, their interest weighs in favor of granting the Plaintiffs' motion and ending the unwarranted closure of ACRX. Each day that ACRX remains closed, patients face difficulty in receiving, or are unable to receive, necessary and even life-saving medication.

Moreover, since December 2018, ACRX and Igbinovia have operated under scrutiny from the FDA and DEA. Igbinovia Decl. ¶ 2. Yet, at the end of the FDA's observation of Plaintiffs, the FDA took no adverse action with respect to the Plaintiffs, their business operation, or any of their lawfully compounded pharmaceuticals.<sup>23</sup> *Id.* Likewise, the DEA never instituted any suspension or revocation proceedings against the Plaintiffs, which it would have done had there been any public danger. *See* 29 C.F.R. § 1301.36(e). Igbinovia Decl ¶ 11. And, here the Board has not noticed Plaintiffs for any wrongdoing or danger to the public.

Finally, As discussed above, the Plaintiffs' loss of their entire business is an illustrative and widely accepted example of irreparable harm. The Board's actions underpinning this loss arose only due to the Board's refusal to act within its statutory and regulatory mandate.

Plaintiffs seek nothing more for the Board to follow Nevada law, and this Court's injunction requiring the Board to do so will impose no new burden upon it. Absent injunctive relief, the Plaintiffs must suffer the complete and utter loss of their business to accommodate the Board's disregard of their due process rights. It is inequitable for ACRX to remain shuttered while Plaintiffs lose the business they have created in order to indulge the Board's appetite for

---

<sup>23</sup> To the extent the FDA identified any issues for which it sought correction, it did so without imposing any kind of fine, penalty, or sanction upon ACRX. Plaintiffs eagerly complied with the FDA's requests, and confirmed in writing that they had done so.

1 expedience (and at the expense of its legal obligations). This factor weighs decisively in favor of  
2 the Court granting this Motion and allowing Plaintiffs to re-open ACRX.

3 C. Any Bond Requirement as a Condition of Injunctive Relief Should be Minimal.

4 Plaintiffs seek only to preserve the status quo prior to the Board's violation of their rights,  
5 and thus the bond required by the Court should be minimal. Although a bond is required under  
6 NRCP 65(c), the purpose of the Plaintiffs' requested relief is to bind the Board to its statutory  
7 directives and require it to act within its authority provided under NRS Chapter 639 and NAC  
8 Chapter 639. Absent any evidence of harm to the public or the integrity of the practice of pharmacy  
9 within the State of Nevada, the Board stands to lose nothing by abiding by its own rules and  
10 allowing Plaintiffs to conduct their lawful business. Plaintiffs respectfully suggest that the  
11 required bond not exceed \$500.00.

12 **IV. CONCLUSION**

13 Based on the foregoing, Plaintiffs request that the Court grant the Motion, enter a  
14 Temporary Restraining Order in their favor, and enter an order setting a hearing regarding the  
15 Temporary Restraining Order's maturation into a Preliminary Injunction. Plaintiffs have  
16 submitted a proposed Order for this purpose as Exhibit 13. Following this subsequent hearing,  
17 Plaintiffs ask that the Court enter a Preliminary Injunction enjoining the Board's conduct described  
18 in this Motion, prohibiting the further closure of ACRX, and restoring the Plaintiffs' rights to  
19 engage in their business.

20 DATED this 22nd day of July, 2019

21 HOLLAND & HART LLP

22  
23 /s/ Constance L. Akridge

24 Constance L. Akridge  
25 J. Malcolm DeVoy  
26 Brittany L. Walker  
27 9555 Hillwood Drive, 2nd Floor  
28 Las Vegas, NV 89134

*Attorneys for Plaintiffs*

HOLLAND & HART LLP  
9555 HILLWOOD DRIVE, 2ND FLOOR  
LAS VEGAS, NV 89134

**DECL**  
Constance L. Akridge  
Nevada Bar No. 3353  
J. Malcolm DeVoy  
Nevada Bar No. 11950  
Brittany L. Walker  
Nevada Bar No. 14641  
HOLLAND & HART LLP  
9555 Hillwood Drive, 2nd Floor  
Las Vegas, NV 89134  
Phone: 702.669.4600  
Fax: 702.669.4650  
clakridge@hollandhart.com  
jmdevoy@hollandhart.com  
blwalker@hollandhart.com

*Attorneys for Plaintiffs*

**DISTRICT COURT**  
**CLARK COUNTY, NEVADA**

ACRX SPECIALTY PHARMACY, INC. a  
Nevada corporation; and EGHOMWARE  
IGBINOVIA, a/k/a JERRY IGBINOVIA, an  
individual,

Plaintiff,

v.

NEVADA STATE BOARD OF PHARMACY;  
DOES I-X; and ROE CORPORATIONS XI-  
XX,

Defendant.

Case No. A-19-798928-C  
Dept. No. 2

**DECLARATION OF EGHOMWARE  
IGBINOVIA IN SUPPORT OF EX  
PARTE MOTION FOR TEMPORARY  
RESTRAINING ORDER AND  
PRELIMINARY INJUNCTION**

I, Eghomware Igbinovia, also known as Jerry Igbinovia, state as follows:

1. I am a plaintiff in this action, a citizen and resident of Clark County, Nevada, and a licensed pharmacist in active and good standing within the State of Nevada, holding pharmacist license number 16316. Additionally, I am the sole shareholder, officer, director and managing pharmacist (and only pharmacist) of ACRX Specialty Pharmacy Inc., a Nevada corporation that operates as a compounding pharmacy and the only other plaintiff in this action; ACRX holds pharmacy license number PH03673, which is active and in good standing. On these bases, I have personal knowledge of the matters set forth within this declaration. I am over 18 years of age,

1 have never been convicted of any felony, and am competent to testify about the matters contained  
2 in this declaration if called to do so at trial.

3 2. Beginning in 2018, I believe I have been the subject of harassment and  
4 unreasonable amounts of attention by the Nevada State Board of Pharmacy (the "Board"). Since  
5 January 1, 2019, ACRX and I have been subject to investigations and inquiries from the Food and  
6 Drug Administration ("FDA")<sup>1</sup> and Drug Enforcement Administration ("DEA"); I believe that the  
7 Board complained to both the FDA and DEA about me, and sought to enlist these administrations  
8 to investigate myself and my pharmacy in an effort to close ACRX and stop my business.

9 3. Neither the FDA nor the DEA ordered the closure of ACRX, or ordered me to cease  
10 my practice as a licensed pharmacist.

11 4. On June 20, 2019, I was arrested by federal law enforcement officials charging me  
12 with violations of 21 U.S.C. §§ 841(a)(1), (b)(1)(E), (b)(1)(E)(i), and 846 for allegedly distributing  
13 and being involved in a conspiracy to distribute buprenorphine, a Schedule III controlled  
14 substance. That same day the federal law enforcement officials who arrested me also removed a  
15 number of computers from ACRX. I was in custody for only hours and was released that same  
16 day (June 20, 2019) on my own recognizance without posting a bond.

17 5. On June 20, 2019, the Board locked me and other ACRX employees out of the  
18 pharmacy because no pharmacist would be present to account for the pharmacy's supply of  
19 controlled substances. At around 5:00 p.m. on June 20, 2019, a Board representative told my wife  
20 that my license as a pharmacist had not been suspended, but the Board needed to close the  
21 pharmacy because no pharmacist was available to supervise its supply of controlled substances.

22 6. During the government's June 20, 2019 seizure of computers from ACRX, one  
23 Board representative told an ACRX employee that the pharmacy was shut down, and that the  
24 employee should find a new job. Additionally, that same day, the Board called the agents for  
25 ACRX's landlord, advising them that ACRX had been raided by law enforcement officers, the  
26 Board had shut down the pharmacy, and that I was in custody. I am unaware how the Board  
27

---

28 <sup>1</sup> The FDA's multi-week inspection of ACRX was performed jointly with the Board.



1 learned the identity of ACRX's landlord in order to initiate contact with its agents and make these  
2 statements about me.

3 7. On June 21, 2019, I informed the Board through my counsel that I was no longer  
4 under arrest. The Board informed me that the pharmacy could not operate without its computers,  
5 and I informed the Board that I maintained an archival copy of all the data that was on the  
6 computers taken from ACRX.

7 8. I was then, and am now, ready, willing, and capable of restoring all of the data  
8 found on the computers removed from ACRX on June 20, 2019.

9 9. Although I informed the Board on June 21, 2019 that I was no longer under arrest  
10 and was free to continue my work at ACRX, and that I could restore all of the data and information  
11 that was found on the computers removed from ACRX on June 20, the Board has refused to allow  
12 me to access ACRX for any reason. Because of the continuous attention and upkeep required for  
13 ACRX's operation, including its sterile compounding facilities, I am concerned that the Board's  
14 indefinite closure of ACRX could cause long-term and even permanent damage to its facilities,  
15 patient and wholesaler relationships, relationships with employees, and the business generally.

16 10. I have never agreed to keep ACRX closed for any duration of time. Moreover, I  
17 have never represented to my counsel that I agreed to keep ACRX closed, and I have never  
18 represented to the Board that I agreed to keep ACRX closed.

19 11. I have not received any accusation from the Board, whether as to myself or for  
20 ACRX, which is required for the Board to initiate any kind of disciplinary proceedings against  
21 myself or ACRX. Similarly, I have not received any kind of complaint, notice, demand, decision,  
22 determination, or court or administrative order, from any federal, state, or other governmental  
23 authority, that restricts, limits, conditions, or suspends any license, registration, certificate, or other  
24 legal right that I or ACRX have to conduct business in Clark County, Nevada.

25 //


26 //

27 //

28 //

1 I declare under penalty of perjury that the foregoing is true and correct.

2 EXECUTED on this 22 day of July, 2019, in Clark County, Nevada.

3  
4   
5 Eghomware Igbinovia,  
6 also known as Jerry Igbinovia

7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
13263790\_v8

HOLLAND & HART LLP  
9555 HILLWOOD DRIVE, 2ND FLOOR  
LAS VEGAS, NV 89134

HOLLAND & HART LLP  
9555 HILLWOOD DRIVE, 2ND FLOOR  
LAS VEGAS, NV 89134

**DECL**

Constance L. Akridge  
Nevada Bar No. 3353  
J. Malcolm DeVoy  
Nevada Bar No. 11950  
Brittany L. Walker  
Nevada Bar No. 14641  
HOLLAND & HART LLP  
9555 Hillwood Drive, 2nd Floor  
Las Vegas, NV 89134  
Phone: 702.669.4600  
Fax: 702.669.4650  
clakridge@hollandhart.com  
jmdevoy@hollandhart.com  
blwalker@hollandhart.com

*Attorneys for* ACRX SPECIALTY PHARMACY, INC. and EGHOMWARE IGBINOVIA,  
a/k/a JERRY IGBINOVIA

**DISTRICT COURT  
CLARK COUNTY, NEVADA**

ACRX SPECIALTY PHARMACY, INC. a  
Nevada corporation; and EGHOMWARE  
IGBINOVIA, a/k/a JERRY IGBINOVIA, an  
individual,

Plaintiff,

v.

NEVADA STATE BOARD OF PHARMACY;  
DOES I-X; and ROE CORPORATIONS XI-  
XX,

Defendant.

Case No. A-19-798928-C  
Dept. No. 2

**DECLARATION OF CONSTANCE L.  
AKRIDGE, ESQ. IN SUPPORT OF EX  
PARTE MOTION FOR TEMPORARY  
RESTRAINING ORDER AND  
PRELIMINARY INJUNCTION**

I, Constance L. Akridge, Esq., hereby declare as follows:

1. I am a Partner of the law firm Holland & Hart, LLP, and counsel of record for the  
Plaintiffs in the above-captioned case. I am duly admitted to practice law in the State of Nevada.  
I have personal knowledge of the matters contained within this declaration and am competent to  
testify regarding them if called to do so at trial.

2. Plaintiffs have filed a complaint against the Nevada State Board of Pharmacy (the  
“Board”) regarding the Board’s putative involuntary closure of ACRX Specialty Pharmacy Inc  
(“ACRX”), and the Board’s conduct that constitutes a taking of the privileges conferred upon

1 ACRX and Eghomware Igbinovia, a/k/a Jerry Igbinovia ("Igbinovia") without notice and hearing  
2 required under, among other authorities, NRS 233B.121 through NRS 233B.127, and NRS  
3 639.241.

4 3. Plaintiffs have filed their Ex Parte Motion for Temporary Restraining Order and  
5 Preliminary Injunction in order to maintain the status quo of ACRX prior to the Board's unjustified  
6 closure of the pharmacy adequate legal grounds to do so.

7 4. The Board closed ACRX on June 20, 2019, when federal law enforcement agencies  
8 seized nine (9) computers from ACRX and arrested Igbinovia. Despite these events, Igbinovia  
9 was processed and released from custody on his own recognizance that very same day, without the  
10 requirement to post any bond.

11 5. Since June 21, 2019, Igbinovia, whether individually or through counsel, has been  
12 in near-constant contact with the Board attempting to re-open ACRX, so that they could resume  
13 their pharmacy activities.

14 6. During my conversations with the Board's General Counsel, Paul Edwards, I have  
15 learned that the Board has not filed any accusations against either of the Plaintiffs. Under NRS  
16 639.241(1), the filing of an accusation is a necessary first step to initiating any hearing or  
17 proceeding to revoke, suspend, limit, or condition any license issued by the Board.

18 7. The Plaintiffs hold active licenses as a pharmacy and pharmacist, respectively,  
19 issued by the Board.

20 8. A true and correct copy of the Board's online license verification tool, showing that  
21 ACRX maintained an active pharmacy license as of July 18, 2019, is attached hereto as **Exhibit**  
22 **1.**

23 9. A true and correct copy of the Nevada Secretary of State's publicly available  
24 information for ACRX, obtained through the Nevada Secretary of State's website found at  
25 [www.nvsos.gov](http://www.nvsos.gov), is attached hereto as **Exhibit 2.**

26 10. A true and correct copy of the Board's online license verification tool, showing that  
27 Igbinovia maintained an active pharmacy license as of July 18, 2019, is attached hereto as **Exhibit**  
28 **3.**

1           11. To the best of my knowledge and based on my research, no action has been  
2 instituted by any governmental authority against either of the Plaintiffs seeking (let alone  
3 obtaining) any closure of ACRX or limitation of their right and ability to operate their pharmacy  
4 business.

5           12. Similarly, to the best of my knowledge and based on my research, no state or federal  
6 governmental entity has instituted any administrative or other proceeding against either of the  
7 Plaintiffs seeking any closure of ACRX or any restriction, limitation, suspension, or revocation of  
8 any license, registration, certificate, or credential held by either of the Plaintiffs. No order,  
9 injunction, finding, or other ruling or determination that could limit Plaintiffs' operation of ACRX  
10 currently exists.

11           13. On June 20, 2019, a law enforcement raid on ACRX led to Igbinovia's arrest and  
12 the seizure of nine (9) computers from ACRX. Igbinovia was released from custody on his own  
13 recognizance that same day and possesses a complete backup of all data found on those computers  
14 that he can re-install on new computers and restore to the same condition as those seized from  
15 ACRX.

16           14. A true and correct copy of the Board's Office of the General Counsel's Notice of  
17 Involuntary Closure of Pharmacy and Right to Hearing ("Notice of Involuntary Closure"), issued  
18 on June 21, 2019, is attached hereto as **Exhibit 4**.

19           15. Plaintiffs corrected the only two bases the Board identified for its closure by June  
20 21, 2019, and informed the Board of this fact; nonetheless, the Board has refused to rescind its  
21 putative "involuntary closure" of ACRX.

22           16. Following the Board's Notice of Involuntary Closure, the Board's General Counsel  
23 began negotiations with Plaintiffs' counsel regarding the re-opening of ACRX, and potential  
24 conditions to be placed upon Igbinovia in exchange for re-opening the pharmacy.

25           17. The Board set a hearing for July 18, 2019 regarding the Notice of Involuntary  
26 Closure, of which it notified ACRX on July 3, 2019.

27           18. A true and correct copy of the Board's July 3, 2019 correspondence regarding the  
28 July 18, 2019 hearing to be held on ACRX's involuntary closure is attached hereto as **Exhibit 5**.

1           19.     Despite not filing any accusation against ACRX, the Board purported to send notice  
2 of its July 18, 2019 hearing regarding the Notice of Involuntary Closure to ACRX in the form of  
3 its July 11, 2019 Statement to the Respondent and Notice of Hearing.

4           20.     A true and correct copy of the Board's Statement to the Respondent and Notice of  
5 Hearing, issued to ACRX on July 11, 2019, is attached hereto as **Exhibit 6**.

6           21.     From June 21, 2019 through the time my firm was retained as counsel shortly before  
7 July 18, 2019, Plaintiffs' counsel and the Board engaged in discussions about the potential re-  
8 opening of ACRX.

9           22.     Initially, the Board proposed that Igbinovia suspend his DEA Registration, as the  
10 DEA had taken no action to suspend or revoke his registration. The Board recognized that doing  
11 so may adversely affect Igbinovia's pharmacist license, but proposed that ACRX may be allowed  
12 to re-open if Igbinovia suspended his ability to dispense controlled substances, and that the Board  
13 would seek to have a concomitant suspension of Igbinovia license due to surrendering his DEA  
14 Registration stayed in satisfaction of NRS 639.2107.

15           23.     A true and correct copy of the July 2, 2019 e-mail chain between Paul Edwards and  
16 Matthew Dushoff, Esq., is attached hereto as **Exhibit 7**.

17           24.     Suddenly, around July 10, 2019, Igbinovia's suspension of his DEA Registration  
18 no longer was sufficient as a condition of ACRX's re-opening: the Board demanded that Igbinovia  
19 refrain from compounding, as defined within NAC 639.6625, as well. As ACRX is a compounding  
20 pharmacy, prohibiting its sole pharmacist from compounding would be the functional equivalent  
21 to remaining closed.

22           25.     A true and correct copy of the July 11, 2019 e-mail chain between Paul Edwards  
23 and Matthew Dushoff, Esq., is attached hereto as **Exhibit 8**.

24           26.     The Board conceded during these negotiations that it had not filed accusations  
25 against the Plaintiffs. While Board General Counsel Paul Edwards represented that the accusations  
26 were forthcoming, he refused to discuss the particular facts, circumstances, allegedly violated  
27 statutes or rules, or other matters asserted in the accusations that would justify ACRX's continued  
28 closure.

1           27.     Additionally, during ACRX's closure, Plaintiffs received dozens if not hundreds of  
2 calls from patients regarding the status of their prescriptions. Plaintiffs' counsel notified the Board  
3 of these concerns, and the public safety issues inherent within them.

4           28.     A true and correct copy of the July 2, 2019 e-mail chain between Paul Edwards and  
5 Matthew Dushoff, Esq., regarding calls from patients to ACRX pertaining to their prescriptions,  
6 is attached hereto as **Exhibit 9**.

7           29.     Only July 17, 2019, I was able to speak with the Board's General Counsel, Paul  
8 Edwards, regarding Plaintiffs and seeking to reach a resolution by which the Board's Notice of  
9 Involuntary Closure would be rescinded and ACRX would be allowed to re-open.

10          30.     On behalf of the Plaintiffs, I asked the Board's General Counsel for a continuance  
11 of the July 18, 2019 hearing since the Board failed to give adequate notice to Plaintiffs of the  
12 specific violations of Nevada law justifying the involuntary closure of ACRX, and a hearing would  
13 be futile due to the Board's lack of specificity as to what conduct and legal authorities would be at  
14 issue.

15          31.     Additionally, during my discussions with the Board's General Counsel, I was  
16 informed that ACRX would not be re-opened without significant business-terminating restrictions  
17 (i.e. no sales of controlled substances and no compounding), and Plaintiffs would not be permitted  
18 to resume their lawful activities pursuant to their respective licenses, even if the July 18, 2019  
19 hearing went forward. It was apparent to me that the Board had pre-determined the outcome of  
20 this hearing, in addition to the other deficiencies regarding how it was noticed, and was scheduled  
21 long after the Board's actions.

22          32.     On July 18, 2019, I transmitted Mr. Edwards a demand that the Board immediately  
23 rescind its Notice of Involuntary Closure and allow Plaintiffs to re-open ACRX.

24          33.     A true and correct copy of the July 18, 2019 correspondence is attached hereto as  
25 **Exhibit 10**.

26          34.     On July 19, 2018, I received a letter from the Board claiming that "ACRX remains  
27 closed based on a stipulated agreement between Board Staff and your client." This is false.  
28 Neither myself nor my client ever agreed to keep ACRX closed.





# EXHIBIT 1

# EXHIBIT 1



## Nevada State Board of Pharmacy

Online reporting of disciplinary action is currently being updated. For current information on disciplinary actions taken against licensees please contact Board Staff at [shunting@pharmacy.nv.gov](mailto:shunting@pharmacy.nv.gov) (mailto:[shunting@pharmacy.nv.gov](mailto:shunting@pharmacy.nv.gov)) or (775) 850-1440.

### VERIFY LICENSE

| Facility Name           | License Number# | City      | State | Country       | Discipline | Action |
|-------------------------|-----------------|-----------|-------|---------------|------------|--------|
| ACRX SPECIALTY PHARMACY | PH03673         | LAS VEGAS | NV    | United States | None       |        |

License Number : PH03673

Name : ACRX SPECIALTY PHARMACY

License Type : Pharmacy

License Status : Active

License Date : 01/04/2017

Discipline :

Expiration Date : 10/31/2020



Copyright © 2018 | Nevada State Board of Pharmacy (<http://bop.nv.gov/>) | All Rights Reserved

# EXHIBIT 2

# EXHIBIT 2

**ACRX SPECIALTY PHARMACY INC**[Q New Search](#)[Manage this Business](#)[\\$ Calculate List Fees](#)[Printer Friendly](#)

| Business Entity Information |                      |                       |               |
|-----------------------------|----------------------|-----------------------|---------------|
| Status:                     | Active               | File Date:            | 9/18/2015     |
| Type:                       | Domestic Corporation | Entity Number:        | E0445312015-5 |
| Qualifying State:           | NV                   | List of Officers Due: | 9/30/2019     |
| Managed By:                 |                      | Expiration Date:      |               |
| NV Business ID:             | NV20151559249        | Business License Exp: | 9/30/2019     |

| Additional Information |     |
|------------------------|-----|
| Central Index Key:     |     |
| Benefit Corporation:   | YES |

| Registered Agent Information   |   |                    |                            |
|--|---|--------------------|----------------------------|
| Name:  | OMO USIGBE TAX SERVICE                    | Address 1:         | 3085 EAST RUSSELL RD STE B |
| Address 2:   |   | City:              | LAS VEGAS                  |
| State:   | NV  | Zip Code:          | 89120                      |
| Phone:   |   | Fax:               |                            |
| Mailing Address 1:   |   | Mailing Address 2: |                            |
| Mailing City:  |   | Mailing State:     | NV                         |
| Mailing Zip Code:  |   |                    |                            |
| Agent Type:  | Commercial Registered Agent - Corporation |                    |                            |
| Jurisdiction:  | CLARK COUNTY                              | Status:            | Active                     |
| <a href="#">View all business entities under this registered agent</a> |   |                    |                            |

| Financial Information |        |                  |              |
|-----------------------|--------|------------------|--------------|
| No Par Share Count:   | 0      | Capital Amount:  | \$ 20,000.00 |
| Par Share Count:      | 200.00 | Par Share Value: | \$ 100.00    |

|  |  |
|--|--|
| <input checked="" type="checkbox"/> Officers | <input type="checkbox"/> Include Inactive Officers |
|--|--|

|   |                      |            |    |
|---|----------------------|------------|----|
| <b>President - EGHOMMWARE IGBINOVIA</b> |                      |            |    |
| Address 1:                              | 7568 MOSSBACK STREET | Address 2: |    |
| City:                                   | LAS VEGAS            | State:     | NV |
| Zip Code:                               | 89123                | Country:   |    |
| Status:                                 | Active               | Email:     |    |
| <b>Secretary - EGHOMMWARE IGBINOVIA</b> |                      |            |    |
| Address 1:                              | 7568 MOSSBACK STREET | Address 2: |    |
| City:                                   | LAS VEGAS            | State:     | NV |
| Zip Code:                               | 89123                | Country:   |    |
| Status:                                 | Active               | Email:     |    |
| <b>Treasurer - EGHOMMWARE IGBINOVIA</b> |                      |            |    |
| Address 1:                              | 7568 MOSSBACK STREET | Address 2: |    |
| City:                                   | LAS VEGAS            | State:     | NV |
| Zip Code:                               | 89123                | Country:   |    |
| Status:                                 | Active               | Email:     |    |
| <b>Director - EGHOMMWARE IGBINOVIA</b>  |                      |            |    |
| Address 1:                              | 7568 MOSSBACK STREET | Address 2: |    |
| City:                                   | LAS VEGAS            | State:     | NV |
| Zip Code:                               | 89123                | Country:   |    |
| Status:                                 | Active               | Email:     |    |

|  |
|--|
| <b>Actions\Amendments</b>  |
| <a href="#">Click here to view 5 actions\amendments associated with this company</a> |

# EXHIBIT 3

# EXHIBIT 3



## Nevada State Board of Pharmacy

Online reporting of disciplinary action is currently being updated. For current information on disciplinary actions taken against licensees please contact Board Staff at [shunting@pharmacy.nv.gov](mailto:shunting@pharmacy.nv.gov) (mailto:[shunting@pharmacy.nv.gov](mailto:shunting@pharmacy.nv.gov)) or (775) 850-1440.

## VERIFY LICENSE

| Last Name | First Name | License# | City      | State | Country       | Discipline | Action |
|-----------|------------|----------|-----------|-------|---------------|------------|--------|
| Igbinovia | Eghe       | 16316    | LAS VEGAS | NV    | United States | None       |        |

License Number : 16316

Name : Igbinovia, Eghe

License Type : Pharmacist

License Status : Active

License Date : 02/19/2004

Discipline :

Expiration Date : 10/31/2019



Copyright © 2018 | Nevada State Board of Pharmacy (<http://bop.nv.gov/>) | All Rights Reserved

# EXHIBIT 4

# EXHIBIT 4





NEVADA STATE BOARD OF PHARMACY  
**OFFICE OF THE GENERAL COUNSEL**

WRITER'S DIRECT DIAL: (775) 850-1440 • E-MAIL: [bkandt@pharmacy.nv.gov](mailto:bkandt@pharmacy.nv.gov) • FAX: (775) 850-1444

June 21, 2019

VIA U.S. MAIL and EMAIL TO [mdushoff@klnevada.com](mailto:mdushoff@klnevada.com)

Matthew T. Dushoff, Esq.  
 Kolesar & Leatham, Chtd.  
 400 South Rampart Blvd., Suite 400  
 Las Vegas, NV 89145

**Re: Notice of Involuntary Closure of Pharmacy and Right to Hearing -  
 ACRX Specialty Pharmacy, Certificate of Registration No. PH03673**

Dear Mr. Dushoff:

This will confirm that Nevada State Board of Pharmacy (Board) has taken necessary action pursuant to NAC 639.570 to effectuate an involuntary closure of your client Jerry Igbino's pharmacy, ACRX Specialty Pharmacy, located at 3200 Soaring Gulls Drive, Suite #101 Las Vegas, NV 89129. That involuntary closure was necessary after federal law enforcement agents arrested your client and seized ACRX Specialty Pharmacy's computer system on June 20, 2019, rendering the pharmacy unable to operate in conformance with applicable law.

Pursuant to NRS 233B.121, your client may request a hearing before the Board to contest ACRX Specialty Pharmacy's involuntary closure by submitting a written request to the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521.

Please be aware that the forgoing does not preclude a formal investigation, summary suspension pursuant to NRS 233B.127(3), or filing of an accusation pursuant to NRS 639.241. If you have any questions, please do not hesitate to contact me at 775-850-1440 or [bkandt@pharmacy.nv.gov](mailto:bkandt@pharmacy.nv.gov).

Best regards,

A handwritten signature in blue ink, appearing to read "Brett Kandt".

**Brett Kandt  
 General Counsel  
 Nevada State Board of Pharmacy**

# EXHIBIT 5

# EXHIBIT 5



# Nevada State Board of Pharmacy

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

July 3, 2019

Matthew T. Dushoff, Esq.  
 Kolesar & Leatham, Chtd.  
 400 S Rampart Blvd #400  
 Las Vegas, NV 89145

Dear Sir or Madam:

The hearing pursuant to NRS 233B.121 to contest ACRX Specialty Pharmacy's involuntary closure pursuant to NAC 639.570 for case number 19-044-PH-S has been scheduled for the following:

Thursday, July 18, 2019  
 1:30 pm or soon thereafter  
 Hilton Garden Inn  
 7830 S Las Vegas Blvd  
 Las Vegas, Nevada

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.

If you have any questions, please feel free to contact us.

Sincerely,

A handwritten signature in cursive script that reads "Candy M Nally".

Candy M. Nally  
 Licensing Specialist

# EXHIBIT 6

# EXHIBIT 6

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

|   |   |                             |
|---|---|-----------------------------|
| <b>NEVADA STATE BOARD OF PHARMACY,</b>          | ) | <b>CASE NO. 19-044-PH-S</b> |
|   | ) |                             |
| <b>Petitioner,</b>                              | ) |                             |
| <b>v.</b>                                       | ) | <b>STATEMENT TO THE</b>     |
|   | ) | <b>RESPONDENT AND</b>       |
| <b>ACRX SPECIALTY PHARMACY,</b>                 | ) | <b>NOTICE OF HEARING</b>    |
| <b>Certificate of Registration No. PH03673,</b> | ) |                             |
|   | ) |                             |
| <b>Respondent.</b>                              | / |                             |

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

**I.**

On or about June 20, 2019, agents from the Drug Enforcement Administration (DEA) arrested ACRX Specialty Pharmacy (ACRX) owner Eghomware Igbinovia, a/k/a Jerry Igbinovia (Mr. Igbinovia), and seized ACRX's computer system. With the arrest of Mr. Igbinovia, the sole owner, operator, managing pharmacist/pharmacist in charge and only full-time pharmacist on staff at ACRX, the pharmacy was left unable to operate in conformance with applicable law.

**II.**

As a result of that arrest and seizure, and pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NAC 639.570, Board Staff served ACRX with a Notice of Involuntary Closure of Pharmacy and Right to Hearing on June 21, 2019.

**III.**

An involuntary closure includes "[c]losure as a result of action by the Federal Government, the State of Nevada or the governing body of any county or city within the State of Nevada." NAC 639.570(5)(a).

**IV.**

You have the right to a hearing before the Board to answer the allegations and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121. This statement shall serve as notice of ACRX's right to a hearing to contest the

involuntary closure of the pharmacy pursuant to NAC 639.570. During the hearing, ACRX will have the opportunity to show the Board that the pharmacy is now able to operate in compliance with Nevada law. If ACRX fails to appear at the hearing and the Board finds that it was given sufficient legal notice of the hearing, the Board may accept the allegations above as true and may proceed to consider the case and render a decision.

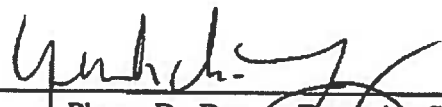
V.

**The Board has scheduled the hearing on this matter for Thursday, July 18, 2019, at 1:30 p.m. or soon thereafter. The hearing will occur at the at the Hilton Garden Inn located at 7830 South Las Vegas Blvd., Las Vegas, Nevada.**

VI.

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.

DATED this 11 day of July, 2019.

  
 Yen Long, Pharm.D., Deputy Executive Secretary  
 of the Nevada State Board of Pharmacy, on behalf  
 of J. David Wuest, R.Ph. Executive Secretary

# EXHIBIT 7

# EXHIBIT 7

## Jay DeVoy

---

**From:** Paul Edwards <pedwards@pharmacy.nv.gov>  
**Sent:** Tuesday, July 2, 2019 5:05 PM  
**To:** Matthew T. Dushoff  
**Cc:** Russ Marsh; Richard A.. Wright; Michael D. Davidson; DRosen@foley.com; Kristina R. Cole; David Wuest; Yen Long; Brett Kandt  
**Subject:** RE: ACRX

Matt,

Thanks for sending the draft. I will review it and make recommendations to Board Staff regarding its terms.

I would need a fully executed copy before we can act, but I think you and I are saying about the same thing. If the operation of the statute (NRS 639.2107) forces the suspension of ACRX's license, I believe we can stay that suspension until the matter is presented to the Board for further determination. That will occur at the July 2019 Board Meeting. The Board will then have to decide how it wants to proceed.

Best regards,

**S. Paul Edwards, Esq.**  
**General Counsel**  
**Nevada State Board of Pharmacy**  
 985 Damonte Ranch Parkway, Suite  
 206  
 Reno, NV 89509  
 (775) 850-1440 (phone)  
 (775) 850-1444 (fax)  
 E-mail: [pedwards@pharmacy.nv.gov](mailto:pedwards@pharmacy.nv.gov)  
 Web page: [bop.nv.gov](http://bop.nv.gov)



**NOT LEGAL ADVICE:** 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.

**CONFIDENTIALITY NOTICE:** This message and any accompanying documents are intended only for the use of the individual or entity to which they are addressed. They may contain information that is proprietary, privileged, confidential or exempt from disclosure under applicable Federal or State law. If the reader of this message is not the intended recipient, you are hereby notified that you are strictly prohibited from reading, using, sharing or copying this communication or its contents. If you have received this email in error, please notify the sender immediately and destroy the original transmission. Thank you.

**From:** Matthew T. Dushoff <mdushoff@knevada.com>  
**Sent:** Tuesday, July 2, 2019 4:53 PM  
**To:** Paul Edwards <pedwards@pharmacy.nv.gov>  
**Cc:** Russ Marsh <russ@wmlawlv.com>; Richard A.. Wright <rick@wmlawlv.com>; Michael D. Davidson <mdavidson@knevada.com>; DRosen@foley.com; Kristina R. Cole <kcole@knevada.com>; David Wuest <dwuest@pharmacy.nv.gov>; Yen Long <ylong@pharmacy.nv.gov>; Brett Kandt <bkandt@pharmacy.nv.gov>  
**Subject:** RE: ACRX



This message was sent securely using Zix®

Paul,

Attached is the draft of the DEA Agreement that we will execute. ACRX will have its DEA Registration suspended pending the outcome of the federal case. We are being put in a Catch-22 position. We are aware of the statute. During one of our conversations, it was made clear to us that Staff did not oppose the staying of the suspension pending the outcome of the federal case. Do we still have Staff's support on that position? Will Staff make that recommendation to the Board? Thank you.

**Matthew T. Dushoff, Esq.**

Shareholder



Office: 702.362.7800 Cell: 702.279.8875  
 Web: [www.klnevada.com](http://www.klnevada.com) Bio: [Attorney Bio](#)  
 400 S. Rampart Blvd. | Suite 400 | Las Vegas | NV 89145

This transmission is intended only for the use of the addressee and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If you are not the intended recipient, any use of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately.

---

**From:** Paul Edwards [<mailto:pedwards@pharmacy.nv.gov>]  
**Sent:** Tuesday, July 02, 2019 4:29 PM  
**To:** Matthew T. Dushoff <[mdushoff@klnevada.com](mailto:mdushoff@klnevada.com)>  
**Cc:** Russ Marsh <[russ@wmlawlv.com](mailto:russ@wmlawlv.com)>; Richard A.. Wright <[rick@wmlawlv.com](mailto:rick@wmlawlv.com)>; Michael D. Davidson <[mdavidson@klnevada.com](mailto:mdavidson@klnevada.com)>; [DRosen@foley.com](mailto:DRosen@foley.com); Kristina R. Cole <[kcole@klnevada.com](mailto:kcole@klnevada.com)>; David Wuest <[dwuest@pharmacy.nv.gov](mailto:dwuest@pharmacy.nv.gov)>; Yen-h Long <[ylong@pharmacy.nv.gov](mailto:ylong@pharmacy.nv.gov)>; Brett Kandt <[bkandt@pharmacy.nv.gov](mailto:bkandt@pharmacy.nv.gov)>  
**Subject:** RE: ACRX

Matt,

Can you send me a fully executed copy of the agreement with DEA for Board Staff's review? We cannot go forward without knowing the terms of that agreement.

Also, you need to be aware of NRS 639.2107.

**NRS 639.2107 Surrender, revocation or suspension by licensing board or Drug Enforcement Administration: Immediate suspension of certificate, license or registration.** 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.

In light of that statute, Board Staff cannot give any assurance that it will not suspend the pharmacy's license or the pharmacist's registration. The statutes mandates suspension, but we have discussed the possibility of suspending, then staying that suspension until the matter goes before the Board in July for further determination.

Best regards,

**S. Paul Edwards, Esq.**  
**General Counsel**  
**Nevada State Board of Pharmacy**  
 985 Damonte Ranch Parkway, Suite  
 206  
 Reno, NV 89509  
 (775) 850-1440 (phone)  
 (775) 850-1444 (fax)  
 E-mail: [pedwards@pharmacy.nv.gov](mailto:pedwards@pharmacy.nv.gov)  
 Web page: [bop.nv.gov](http://bop.nv.gov)



**NOT LEGAL ADVICE:** 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.

**CONFIDENTIALITY NOTICE:** This message and any accompanying documents are intended only for the use of the individual or entity to which they are addressed. They may contain information that is proprietary, privileged, confidential or exempt from disclosure under applicable Federal or State law. If the reader of this message is not the intended recipient, you are hereby notified that you are strictly prohibited from reading, using, sharing or copying this communication or its contents. If you have received this email in error, please notify the sender immediately and destroy the original transmission. Thank you.

**From:** Matthew T. Dushoff <[mdushoff@klnevada.com](mailto:mdushoff@klnevada.com)>  
**Sent:** Tuesday, July 2, 2019 2:25 PM  
**To:** Paul Edwards <[pedwards@pharmacy.nv.gov](mailto:pedwards@pharmacy.nv.gov)>  
**Cc:** Russ Marsh <[russ@wmlawlv.com](mailto:russ@wmlawlv.com)>; Richard A.. Wright <[rick@wmlawlv.com](mailto:rick@wmlawlv.com)>; Michael D. Davidson <[mdavidson@klnevada.com](mailto:mdavidson@klnevada.com)>; DRosen@foley.com; Kristina R. Cole <[kcole@klnevada.com](mailto:kcole@klnevada.com)>  
**Subject:** ACRX

This message was sent securely using Zix®

Paul,

I left you a message on your work phone. We have an agreement with the DEA that will temporarily suspend ACRX's DEA Registration pending the outcome of the federal case. I just need assurances in writing that the State Board will not suspend ACRX due to the DEA suspension and that the Board will allow ACRX to reopen (with the obvious caveat that ACRX cannot work with controlled substances) pending the outcome of the federal matter. We would like to get this done this week so we can have ACRX open as soon as possible. To that end, we also need a date for the Board to come in and inventory the controlled substances. Thank you.

**Matthew T. Dushoff, Esq.**

**Shareholder**

ATTORNEYS AT LAW

Office: 702.362.7800 Cell: 702.279.8875

Web: [www.knevada.com](http://www.knevada.com) Bio: [Attorney Bio](#)

400 S. Rampart Blvd. | Suite 400 | Las Vegas | NV 89145

This transmission is intended only for the use of the addressee and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If you are not the intended recipient, any use of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately.

This message was secured by [Zix](#)®.

This message was secured by [Zix](#)®.

# EXHIBIT 8

# EXHIBIT 8

## Jay DeVoy

---

**From:** Paul Edwards <pedwards@pharmacy.nv.gov>  
**Sent:** Thursday, July 11, 2019 7:56 AM  
**To:** Matthew T. Dushoff  
**Cc:** Brett Kandt; David Wuest; Yen Long  
**Subject:** RE: ACRx

Matt,

That is essentially correct. I have will attempt to more fully articulate the points of the offer below:

1. ACRX would voluntarily surrender its DEA registration pending the outcome of the open federal case. (Per the draft agreement you provided from DOJ.)
2. State would work with ACRX to secure/remove its inventory of CS from the pharmacy.
3. State would then suspend ACRX's pharmacy license per NRS 639.2107 (due to surrender of DEA), but stay that suspension.
4. State would allow ACRX to reopen on a restricted basis, to dispense only commercially available dangerous drugs. (ACRX could not dispense controlled substances because it surrendered its DEA, and it would agree not to compound or dispense any compounded medications (sterile and non-sterile). That includes a prohibition on dispensing the compounded medications it already made and that are ready to dispense.
5. With such an agreement in place, I believe the July 18 hearing would be moot, and could be vacated.
6. Board Staff anticipates that it will file Accusations in the open state investigations in late July/early August regarding the compounding issues. The intent is to have those matters on the agenda for hearing at the Board's September 4-5, 2019 Board Meeting in Reno. By way of an Order, the Board (Members) would set the terms under which ACRX could resume compounding, i.e., correct faulty/unsafe procedures, documentation, reinspection of facility, etc. So long as ACRX complies with the Order, it could start compounding again.

If ACRX will agree to those essential terms, I will work them into a formal agreement for signatures. Contact me if you have questions.

Best regards,

**S. Paul Edwards, Esq.**  
**General Counsel**  
**Nevada State Board of Pharmacy**  
 985 Damonte Ranch Parkway, Suite  
 206  
 Reno, NV 89509  
 (775) 850-1440 (phone)  
 (775) 850-1444 (fax)  
 E-mail: [pedwards@pharmacy.nv.gov](mailto:pedwards@pharmacy.nv.gov)  
 Web page: [bop.nv.gov](http://bop.nv.gov)



**NOT LEGAL ADVICE:** 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.

**CONFIDENTIALITY NOTICE:** This message and any accompanying documents are intended only for the use of the individual or entity to which they are addressed. They may contain information that is proprietary, privileged, confidential or exempt from disclosure under applicable Federal or State law. If the reader of this message is not the intended recipient, you are hereby notified that you are strictly prohibited from reading, using, sharing or copying this communication or its contents. If you have received this email in error, please notify the sender immediately and destroy the original transmission. Thank you.

**From:** Matthew T. Dushoff <mdushoff@knevada.com>

**Sent:** Wednesday, July 10, 2019 6:28 PM

**To:** Paul Edwards <pedwards@pharmacy.nv.gov>

**Cc:** Kristina R. Cole <kcole@knevada.com>; Michael D. Davidson <mdavidson@knevada.com>; Russ Marsh <russ@wmlawlv.com>; Richard A. Wright <rick@wmlawlv.com>; DRosen@foley.com

**Subject:** ACRx

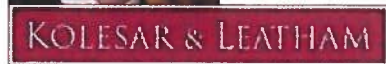
This message was sent securely using Zix

Paul,

This correspondence is to confirm our conversation this afternoon. As we previously discussed, the offer from the State was that ARCx stipulate to a voluntary surrender of their DEA Registration, the State would stay the suspension of the license (caused by the voluntary surrender of the DEA Registration), and then ACRx can re-open with no controlled substances pending the outcome of the federal case and/or the decision from the Board. Today, you informed me that there are 2 active investigations against ACRx that cause the State concern regarding allowing Jerry to continue to compound even non-controlled substances. As such, the State's offer has changed to: ACRx stipulates to a voluntary surrender of their DEA Registration, the State would stay the suspension of the license and allow ACRx to reopen, but Jerry cannot compound any drugs (even non-controlled substances). Please confirm that this is what the offer was and is from the State. I want to make sure that I provide my client an accurate statement regarding the offer. Thank you very much.

**Matthew T. Dushoff, Esq.**

Shareholder



ATTORNEYS AT LAW

Office: 702.362.7800 Cell: 702.279.8875

Web: [www.knevada.com](http://www.knevada.com) Bio: [Attorney Bio](#)

400 S. Rampart Blvd. | Suite 400 | Las Vegas | NV 89145

ication (including any attachments) is not intended or written to be used, and it cannot be used, for the purpose of avoiding tax penalties that may be imposed on the taxpayer.

This transmission is intended only for the use of the addressee and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If you are not the intended recipient, any use of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately.

This message was secured by Zix®.

# EXHIBIT 9

# EXHIBIT 9



**Jay DeVoy**

---

**From:** Paul Edwards <pedwards@pharmacy.nv.gov>  
**Sent:** Tuesday, July 2, 2019 4:34 PM  
**To:** Matthew T. Dushoff  
**Cc:** David Wuest; Yenh Long; Brett Kandt  
**Subject:** RE: ACRX

Matt,

I don't believe that the timeline you propose is feasible. Board Staff needs to receive and review the DEA temporary suspension agreement. If it is acceptable, we then need to schedule a time for Board Staff to inventory and secure the controlled substances. I have no idea our Las Vegas staff's schedules look like this week, but I suspect they are complicated with time off and the upcoming holiday.

Best regards,

**S. Paul Edwards, Esq.**  
**General Counsel**  
**Nevada State Board of Pharmacy**  
 985 Damonte Ranch Parkway, Suite  
 206  
 Reno, NV 89509  
 (775) 850-1440 (phone)  
 (775) 850-1444 (fax)  
 E-mail: [pedwards@pharmacy.nv.gov](mailto:pedwards@pharmacy.nv.gov)  
 Web page: [bop.nv.gov](http://bop.nv.gov)



**NOT LEGAL ADVICE:** 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.

**CONFIDENTIALITY NOTICE:** This message and any accompanying documents are intended only for the use of the individual or entity to which they are addressed. They may contain information that is proprietary, privileged, confidential or exempt from disclosure under applicable Federal or State law. If the reader of this message is not the intended recipient, you are hereby notified that you are strictly prohibited from reading, using, sharing or copying this communication or its contents. If you have received this email in error, please notify the sender immediately and destroy the original transmission. Thank you.

**From:** Matthew T. Dushoff <mdushoff@klnevada.com>  
**Sent:** Tuesday, July 2, 2019 4:09 PM  
**To:** Paul Edwards <pedwards@pharmacy.nv.gov>  
**Cc:** Russ Marsh <russ@wmlawlv.com>; Richard A.. Wright <rick@wmlawlv.com>; DRosen@foley.com; Michael D. Davidson <mdavidson@klnevada.com>; Brett Kandt <bkandt@pharmacy.nv.gov>; Kristina R. Cole <kcole@klnevada.com>  
**Subject:** ACRX

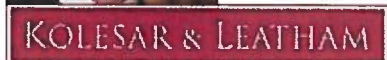
This message was sent securely using Zix®

Paul,

I just received a call from my client regarding the State's response to reopening. They have been getting calls from their patients regarding prescriptions and they need to get open as soon as possible. I would like to get this done tomorrow, so they can be open. Thank you.

**Matthew T. Dushoff, Esq.**

Shareholder



ATTORNEYS AT LAW

Office: 702.362.7800 Cell: 702.279.8875

Web: [www.klnevada.com](http://www.klnevada.com) Bio: [Attorney Bio](#)

400 S. Rampart Blvd. | Suite 400 | Las Vegas | NV 89145

that may be imposed on the taxpayer.

d, and it cannot be used, for the purpose of avoiding tax penalties

This transmission is intended only for the use of the addressee and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If you are not the intended recipient, any use of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately.

This message was secured by [Zix®](#).

# EXHIBIT 10

# EXHIBIT 10



**Constance Akridge**

**Partner**

**Phone** (702) 222-2543

**Fax** (702) 475-5736

[clakridge@hollandhart.com](mailto:clakridge@hollandhart.com)

July 18, 2019

**VIA E-MAIL AND U.S. MAIL**

Paul Edwards  
General Counsel  
Nevada State Board of Pharmacy  
985 Damonte Ranch Parkway, Suite 206  
Reno, NV 89521

**Re: Eghomware Igbinovia, a/k/a Jerry Igbinovia (Certificate of Registration No. 16316)  
ACRX Specialty Pharmacy Inc. (Certificate of Registration No. PH03673)**

Dear Mr. Edwards:

I am writing to inform you that J. Malcolm DeVoy, Brittany Walker, and myself have been retained to represent Mr. Igbinovia and ACRX Specialty Pharmacy Inc. ("the Pharmacy") in place and instead of their former counsel, Matthew T. Dushoff and Michael Davidson of Kolesar & Leatham, Chtd. We have only just now received the file from Mr. Igbinovia and the Pharmacy's prior counsel.

On June 20, 2019, Drug Enforcement Administration ("DEA") agents arrested Mr. Igbinovia and seized the Pharmacy's nine (9) computer systems, and that same day, the Nevada State Board of Pharmacy (the "Board") closed the Pharmacy stating that no pharmacist was on duty to lock the Pharmacy. However, if the Board had provided notice of the impending closure, Mr. Igbinovia would have procured a pharmacist to lock the Pharmacy. The Board also informed Mr. Igbinovia's employee that when Mr. Igbinovia was released the Board would reopen the Pharmacy. On June 21, 2019, Mr. Igbinovia called the Board to reopen the Pharmacy, but his requests were ignored.

On Monday, June 24, 2019, Mr. Igbinovia received a notice of involuntary closure, conflating him with the Pharmacy, and stating that as a result of the DEA's actions the Pharmacy was unable to "operate in conformance with applicable law." This notice did not specify what "applicable law" with which the Pharmacy was unable to comply or of any underlying statutory violations committed by the Pharmacy. Accordingly, the State Board of Pharmacy wrongfully closed the Pharmacy without cause, and without complying with NRS 233B.121(b) (requiring the notice to include the particular sections of the statutes and regulations upon which the Board's action is based).



July 18, 2019

Page 2

Moreover, the Board has not filed an Accusation against Mr. Igbnivoia or the Pharmacy or otherwise initiated proceedings seeking summary suspension of their licenses or obtained suspension of their respective licenses, and the federal government has not taken any action close the Pharmacy under 21 USC 824.

Mr. Igbinovia is a duly licensed pharmacist by the state of Nevada and is in good standing with no disciplinary actions against him. As you were informed by Mr. Dushoff on June 20, 2019, Mr. Igbinovia was in government custody for less than eight (8) hours and has not been in government custody since June 20, 2019. You were further informed by Mr. Dushoff on June 21, 2019 that Mr. Igbinovia has retained and has access to a full, complete, and secure backup of all data seized from the Pharmacy on June 20, 2019. Mr. Igbinovia is capable of reinstalling this data on a new computer to be used in the Pharmacy's operations. Mr. Igbinovia is fully capable of reopening his Pharmacy and doing business. There is no lawful cause for the Pharmacy's continued closure.

We hereby demand that the State Board of Pharmacy immediately rescind the involuntary closure of the Pharmacy.

Thank you for your attention to this matter.

Sincerely,

A handwritten signature in cursive script that reads "Constance L. Akridge".

Constance Akridge  
Partner  
of Holland & Hart LLP

CA:BLW

cc:

# EXHIBIT 11

# EXHIBIT 11



NEVADA STATE BOARD OF PHARMACY  
**OFFICE OF THE GENERAL COUNSEL**

WRITER'S DIRECT DIAL: (775) 850-1440 • E-MAIL: [pedwardst@pharmacy.nv.gov](mailto:pedwardst@pharmacy.nv.gov) • FAX: (775) 850-1444

July 19, 2019

**VIA ELECTRONIC MAIL AND U.S. MAIL**

Constance Akridge  
 Holland & Hart  
 9555 Hillwood Drive, 2<sup>nd</sup> Floor  
 Las Vegas, NV 89134-0532

**Re: ACRX Specialty Pharmacy Inc. (Certificate of Registration No. PH03673)**

Dear Ms. Akridge:

I am writing in response to your letter dated July 18, 2019, in the above referenced matter. In that letter, you demand that the Nevada State Board of Pharmacy (Board) immediately rescind the involuntary closure of ACRX Specialty Pharmacy (ACRX).

As an initial matter, ACRX remains closed based on a stipulated agreement between Board Staff and your client. That agreement came about after your client, through its counsel, Mr. Dushoff, requested a hearing before the Board to contest the NAC 639.570 involuntary closure of ACRX. Board Staff honored that request, scheduled a hearing and properly noticed it. That hearing was set for Thursday, July 18, 2019 (yesterday).

During our discussions Mr. Dushoff never challenged the legal or factual basis for the involuntary closure, nor did he raise any objection to the adequacy of the notice the Board provided pursuant to NRS 233.121. After Board Staff scheduled the hearing, your client reversed course and asked the Board to vacate the hearing with the understanding that the involuntary closure would stay in place until the Board's next meeting on September 4-5, 2019. ACRX's stated intent in seeking a continuance was to allow it additional time to consider a separate agreement that Board Staff offered which, if accepted, would allow ACRX to reopen sooner. Board Staff therefore vacated the hearing at your client's request.

Secondly, the basis for ACRX's involuntary closure pursuant to NAC 639.570 is clear and the closure is well founded. On June 20, 2019, the date of the involuntary closure, Mr. Igbinovia was the owner and the pharmacy manager/pharmacist-in-charge of ACRX. He was also its only full-time pharmacist. On that date, federal agents arrested Mr. Igbinovia, took him into custody and seized ACRX's computer systems. Board investigators were on-site on the day of the arrest and, upon Mr. Igbinovia's removal, they observed that there was no registered pharmacist present to take control of ACRX.

2019.07.19.Ltr.ACRX.Akridge

and secure its inventory of controlled substances and dangerous drugs. Those conditions and those actions by federal agents rendered ACRX unable to operate in compliance with Nevada law. Additionally, the Board inspectors could not legally or safely leave the pharmacy unattended. That necessitated the involuntary closure of ACRX to protect the public and to secure its drug inventory.

Finally, you demand that the Board rescind the involuntary closure without providing any evidence that ACRX has overcome the basis for the involuntary closure or that ACRX can operate in compliance with all Nevada statutes and regulations. Without evidence to back your demand, and without an inspection by Board Staff to verify that ACRX is able to operate in compliance with Nevada law, you have provided no valid basis on which to rescind the voluntary closure at this time.

If you have any questions, please do not hesitate to contact me at 775-850-1440 or [pedwards@pharmacy.nv.gov](mailto:pedwards@pharmacy.nv.gov).

Best regards,

A handwritten signature in blue ink, appearing to read "S. Paul Edwards".

S. Paul Edwards  
General Counsel  
Nevada State Board of Pharmacy



# EXHIBIT 12

# EXHIBIT 12

Jay DeVoy

---

From: Tricia MacKenzie <[tricia@northcap.com](mailto:tricia@northcap.com)>

Date: June 21, 2019 at 4:22:42 PM PDT

To: Esosa Ahcsr <[esosai@ahcsr.com](mailto:esosai@ahcsr.com)>

Cc: "[admin@ahcsr.com](mailto:admin@ahcsr.com)" <[admin@ahcsr.com](mailto:admin@ahcsr.com)>, "[jerry@acrpharmacy.com](mailto:jerry@acrpharmacy.com)" <[jerry@acrpharmacy.com](mailto:jerry@acrpharmacy.com)>

Subject: Re: ACRX Pharmacy - 3200 Soaring Gulls, Suite 101

Esosa,

I am sorry you feel my letter was threatening, as it was not intended to be so, just a reminder of the terms outlined in the Lease Agreement.

It was concerning to us when we received a call yesterday morning from the State Board of Pharmacy advising us the location had been shut down by them, the FBI and the DEA and that Jerry had been taken into custody. It would have been appropriate if someone from your side reached out yesterday or at the very latest this morning to assure us there would not be an issue while this is being settled out.

Our hope is that this matter will be resolved quickly and you will be back open very soon!

Please understand this type of situation is very concerning to the Landlord and we must make sure we are clear as to the expectations, which remain the same and unchanged.

We look forward to a quick resolution for you all and the business back open for continuous operations.

We would also appreciate you keeping us updated as to the circumstances of the business being able to re-open.

Thank you very much!

Tricia MacKenzie

Northcap Commercial

\*\*\*OUR OFFICE HAS MOVED!\*\*\*

Please note our new address:

[400 South Rampart Blvd. Ste 220](#)

[Las Vegas, NV 89145](#)

Cell: [702-666-2848](tel:702-666-2848)

Sent from my iPhone

On Jun 21, 2019, at 3:56 PM, Esosa Ahcsr <[esosai@ahcsr.com](mailto:esosai@ahcsr.com)> wrote:

Tricia

I am very disappointed at the tone of this letter and the threat. Perhaps a first letter might have been an inquiry as to what the current situation is. We already mailed out the shortfall check days ago.

We haven't neglected to pay our rent in the past, nor have we indicated to you in anyway that we are unable to pay the rent at the location.

I am at a loss as to the reason for the very premature step and poor professionalism on our Landlords part!

Sent from my iPhone

On Jun 21, 2019, at 11:56 AM, Tricia MacKenzie <[tricia@northcap.com](mailto:tricia@northcap.com)> wrote:

To Whom It May Concern:

Please see the attached letter being sent out today.

Thanks,  
Tricia

\*\*\*OUR OFFICE HAS MOVED! PLEASE NOTE OUR NEW OFFICE ADDRESS  
BELOW\*\*\*

**Tricia MacKenzie**

**Executive Vice President**

**Commercial Management**

**O:** 702.333.4455 | **C:** 702.666.2848 | **F:** 702.853.4470

400 S. Rampart Blvd. Ste 220 | Las Vegas, NV 89145

[tricia@northcap.com](mailto:tricia@northcap.com)

<image001.png>

<ACRX Letter\_06.21.2019.pdf>

# EXHIBIT 13

# EXHIBIT 13

HOLLAND & HART LLP  
9555 HILLWOOD DRIVE, 2ND FLOOR  
LAS VEGAS, NV 89134

**ORDR**

Constance L. Akridge  
Nevada Bar No. 3353  
James M. DeVoy  
Nevada Bar No. 11950  
Brittany L. Walker  
Nevada Bar No. 14641  
HOLLAND & HART LLP  
9555 Hillwood Drive, 2nd Floor  
Las Vegas, NV 89134  
Phone: 702.669.4600  
Fax: 702.669.4650  
clakridge@hollandhart.com  
jmdevoy@hollandhart.com  
blwalker@hollandhart.com

*Attorneys for Plaintiffs*

**DISTRICT COURT  
CLARK COUNTY, NEVADA**

ACRX SPECIALTY PHARMACY, INC. a  
Nevada corporation; and EGHOMWARE  
IGBINOVIA, a/k/a JERRY IGBINOVIA, an  
individual,

Plaintiffs,

v.

NEVADA STATE BOARD OF PHARMACY;  
DOES I-X; and ROE CORPORATIONS XI-  
XX,

Defendant.

Case No. CaseNumber  
Dept. No. Dept

**[PROPOSED] ORDER GRANTING EX  
PARTE APPLICATION FOR  
TEMPORARY RESTRAINING ORDER**

**ORDER SETTING HEARING ON  
MOTION FOR PRELIMINARY  
INJUNCTION**

Hearing Date:  
Hearing Time:

On July 19, 2019 Plaintiffs ACRX Specialty Pharmacy Inc. ("ACRX") and Eghomware Igbinovia, a/k/a Jerry Igbinovia ("Igbinovia"), collectively the "Plaintiffs," by and through their attorneys of the law firm of Holland & Hart LLP, filed their Ex Parte Motion for Temporary Restraining Order and Preliminary Injunction on Order Shortening Time (the "Motion"), requesting immediate issuance of a temporary restraining order and a hearing on their request for a preliminary injunction.

This Court, having reviewed Plaintiffs' Motion and all attachments, the Complaint filed herein, counsel for Plaintiffs having provided copies of the Motion and Complaint to general

1 counsel for Defendant Nevada State Board of Pharmacy ("Board," or the "Defendant"), and good  
2 cause appearing, hereby finds that this is a proper instance for a temporary restraining order to be  
3 issued without notice because if Defendant is not restrained and enjoined by order of this Court,  
4 Plaintiffs will suffer immediate and irreparable injury through deprivation of their valid business  
5 interests and damage to their property interests in their professional licenses issued and governed  
6 by the Board. In addition to the declarations supporting the Application, pursuant to Nev. R. Civ.  
7 P. 65(b)(2), the Court preliminarily makes the following findings of fact and conclusions of law  
8 as a basis for this Order:

9 **I. FINDINGS OF FACT**

10 1. On June 20, 2019, the Nevada State Board of Pharmacy ("Board") involuntarily  
11 closed ACRX when law federal enforcement agencies seized nine (9) computers from ACRX and  
12 arrested Igbinovia. Despite these events, Igbinovia was processed and released from custody on  
13 his own recognizance that very same day, without the requirement to post any bond.

14 2. Additionally, at all times herein Igbinovia possessed a complete backup of all data  
15 found on the seized computers that he can re-install on new computers so the Board's involuntary  
16 closure based on the assumption ACRX had no access to its records was improper.

17 3. Once Igbinovia was released on June 20, 2019, the Board's purported basis for  
18 involuntary closure that ACRX was without a pharmacist ceased to exist.

19 4. Neither the Board nor any other governmental entity has obtained any order or other  
20 form of relief requiring ACRX to close, and have not instituted any proceedings for that purpose

21 5. As of the date of this Order, the Board has refused to re-open ACRX despite the  
22 abatement of the only reasons it provided to justify the involuntary closure of ACRX on June 20,  
23 2019.

24 6. Patients who are not parties to this action have been affected by the Board's actions,  
25 and have had their access to medication disrupted by the Board's closure of ACRX; the Court finds  
26 that those affected patients' needs for prescribed, necessary, and life-saving medications is the  
27 most relevant measure of the public's interest in any injunctive relief.

28 ///

1 **II. CONCLUSIONS OF LAW**

2 7. Plaintiffs have shown a reasonable likelihood of demonstrating likelihood of  
3 success on the merits of their claims against Defendant.

4 8. Plaintiffs have shown a reasonable likelihood of demonstrating they are suffering  
5 and will continue to suffer irreparable harm if this Court does not issue an injunction.

6 9. The public interest, including ACRX's patients who are not parties to this action,  
7 and the balance of interests between the Board and Plaintiffs, weigh in favor of this Court granting  
8 the application for a temporary restraining order.

9 10. The Court finds that the circumstances and conditions presented by Plaintiffs are  
10 exigent and, due to the threatened harm to Plaintiffs' business, warrants immediate and *ex parte*  
11 relief in the form of the temporary restraining order granted herein.

12 Accordingly, for all the foregoing reasons:

13 IT IS HEREBY ORDERED that a Temporary Restraining Order shall be issued restraining  
14 Defendant from further restricting Plaintiffs from operating their pharmacy.

15 IT IS FURTHER ORDERED that the Board is hereby ENJOINED from their continued  
16 enforcement of its putative "involuntary closure" of ACRX;

17 IT IS FURTHER ORDERED that the Board is hereby ENJOINED from denying Plaintiffs  
18 access to their place of business;

19 IT IS FURTHER ORDERED that the Board is hereby ENJOINED from prohibiting ACRX  
20 from conducting business as a licensed pharmacy;

21 IT IS FURTHER ORDERED that the Board is hereby ENJOINED from prohibiting  
22 Igbinovia from acting as a pharmacist; and

23 IT IS FURTHER ORDERED that the Board is hereby ENJOINED from prohibiting  
24 Plaintiffs from collectively operating as a pharmacy.

25 IT IS FURTHER ORDERED that the Board shall allow Plaintiffs to reopen their pharmacy  
26 *forthwith* and without delay, and shall take all steps necessary to restore Plaintiffs with access to  
27 ACRX's facilities immediately upon receipt of this Order.

1 IT IS FURTHER ORDERED that Plaintiffs shall file a bond for costs and damages that  
 2 may be incurred by any party who may be found to be wrongfully restrained or enjoined from this  
 3 Order in the total sum of \$500.00.

4 IT IS FURTHER ORDERED that a hearing on Plaintiffs' motion for a preliminary  
 5 injunction shall be held on the \_\_\_ day of \_\_\_\_\_, 2019, at \_\_\_\_ a.m./p.m. in Department  
 6 \_\_\_\_ of the above-entitled Court.

7 IT IS FURTHER ORDERED that this Order to temporarily restrain and enjoin the conduct  
 8 of the Board shall remain in effect until the hearing on a preliminary injunction, unless further  
 9 extended, or modified by order of this Court or stipulation of the parties.

10  
 11 DATED this \_\_\_\_ day of July, 2019

12  
 13  
 14 \_\_\_\_\_  
 DISTRICT COURT JUDGE

15 Respectfully submitted by:

16  
 17 /s/Constance L. Akridge  
 Constance L. Akridge  
 18 J. Malcolm DeVoy  
 Brittany L. Walker  
 19 HOLLAND & HART LLP  
 9555 Hillwood Drive, 2nd Floor  
 20 Las Vegas, NV 89134

21 13263309\_v8  
 22  
 23  
 24  
 25  
 26  
 27  
 28



# EXHIBIT C

Electronically Filed  
8/8/2019 11:50 AM  
Steven D. Grierson  
CLERK OF THE COURT



**ORDER**

Constance L. Akridge  
Nevada Bar No. 3353  
J. Malcolm DeVoy  
Nevada Bar No. 11950  
Brittany L. Walker  
Nevada Bar No. 14641  
HOLLAND & HART LLP  
9555 Hillwood Drive, 2nd Floor  
Las Vegas, NV 89134  
Phone: 702.669.4600  
Fax: 702.669.4650  
clakridge@hollandhart.com  
jmdevoy@hollandhart.com  
blwalker@hollandhart.com

*Attorneys for Plaintiffs*

**DISTRICT COURT**

**CLARK COUNTY, NEVADA**

ACRX SPECIALTY PHARMACY, INC. a  
Nevada corporation; and EGHOMWARE  
IGBINOVIA, a/k/a JERRY IGBINOVIA, an  
individual,

Plaintiffs,

v.

NEVADA STATE BOARD OF PHARMACY;  
DOES I-X; and ROE CORPORATIONS XI-  
XX,

Defendant.

Case No. A-19-798928-C  
Dept. No. II

**ORDER GRANTING PLAINTIFFS' EX  
PARTE APPLICATION FOR  
TEMPORARY RESTRAINING ORDER  
AND PRELIMINARY INJUNCTION,  
AND SETTING HEARING ON  
PRELIMINARY INJUNCTION**

Hearing Date: July 26, 2019  
Hearing Time: 9:00 a.m.

On July 26, 2019 at 9:00 a.m., the matter of Plaintiffs' Ex Parte Motion for Temporary Restraining Order and Preliminary Injunction, submitted to the Court on July 22, 2019 on an Order Shortening Time by Plaintiffs ACRX Specialty Pharmacy Inc. ("ACRX") and Eghomware Igbinovia, a/k/a Jerry Igbinovia ("Igbinovia"), collectively the "Plaintiffs," came on for hearing and was argued by Constance L. Akridge, Esq. and J. Malcolm DeVoy, Esq. of Holland & Hart LLP for Plaintiffs, and Brett Kandt, Esq. of the Nevada State Board of Pharmacy ("Board," or the "Defendant") for Defendant.

AUG 02 2019

This Court, having reviewed Plaintiffs' Motion and all attachments, the Complaint filed herein, considered the arguments of counsel for both Plaintiffs and Defendant, counsel for Plaintiffs having provided copies of the Motion and Complaint to general counsel for Defendant, and good cause appearing, hereby finds that this is a proper instance for a temporary restraining order to be issued because if Defendant is not restrained and enjoined by order of this Court, Plaintiffs will suffer immediate and irreparable injury through deprivation of their valid business interests and damage to their property interests in their professional licenses issued and governed by the Board. In addition to the declarations supporting the Motion pursuant to Nev. R. Civ. P. 65(b)(2), the Court makes the following findings of fact and conclusions of law as a basis for this Order as required by Nev. R. Civ. P. 65(d)(1)(A)-(C):

#### **I. FINDINGS OF FACT**

1. On June 20, 2019, the Nevada State Board of Pharmacy ("Board") involuntarily closed ACRX when law federal enforcement agencies seized nine (9) computers from ACRX and arrested Igbinovia. Despite these events, Igbinovia was processed and released from custody on his own recognizance that very same day, without the requirement to post any bond.

2. Igbinovia submitted evidence to the Court that he had maintained a backup of all data found on the nine (9) computers seized from ACRX by law enforcement officers.

3. Neither the Board nor any other governmental entity has obtained any order or other form of relief requiring ACRX to close.

4. The Board neither complied with NRS 233B.127(3) nor intended that its actions constitute a summary suspension of ACRX's pharmacy license under this provision.

5. Before the hearing, the Board had refused to re-open ACRX.

6. Patients who are not parties to this action have been affected by the Board's actions, and have had their access to medication disrupted by the Board's closure of ACRX; the Court finds that those affected patients' needs for prescribed, necessary, and life-saving medications is the most relevant measure of the public's interest in any injunctive relief.

7. Plaintiffs and Defendant have represented and stipulated through their above-identified counsel that any Temporary Restraining Order shall be converted into a Preliminary

1 Injunction and remain in effect through the date of the Preliminary Injunction hearing specified  
2 within this Order.

3 **II. CONCLUSIONS OF LAW**

4 1. The provisions of NAC 639.570 and NRS 639.070 do not permit the Board to close  
5 ACRX and exclude Plaintiffs from the pharmacy's location without adequate notice and hearing  
6 required under NRS 233B.121 and 233B.127. Instead, NAC 639.570 merely prescribes  
7 procedures for the Board to follow in the event of an involuntary closure of a pharmacy as a result  
8 of governmental action, which has not happened in this case. *See* NAC 639.570(5).

9 2. Plaintiffs have shown a reasonable probability of success on the merits of their  
10 claims against Defendant.

11 3. Plaintiffs have shown a reasonable probability of demonstrating they are suffering  
12 and will continue to suffer irreparable harm if this Court does not issue an injunction.

13 4. The public interest, balancing both the need to constrain governmental action  
14 according to the terms of the Nevada Revised Statutes and the Nevada Administrative Code, and  
15 the public's interest in enforcing laws regarding the distribution of regulated drugs, weigh in favor  
16 of this Court granting the Plaintiffs' motion and allowing ACRX to re-open, restoring the status  
17 quo that existed before the Board's June 20, 2019 closure of the pharmacy.

18 5. The Court finds that the circumstances and conditions presented by Plaintiffs are  
19 exigent and, due to the threatened harm to Plaintiffs' business, warrants immediate relief in the  
20 form of the temporary restraining order granted herein.

21 Accordingly, for all the foregoing reasons:

22 IT IS HEREBY ORDERED that a Temporary Restraining Order shall be issued pursuant  
23 to Nev. R. Civ. P. 65(b) restraining Defendant from further restricting Plaintiffs from operating  
24 their pharmacy pursuant to the Board's June 21, 2019 Notice of Involuntary Closure;

25 IT IS FURTHER ORDERED that, pursuant to the stipulation of Plaintiffs and Defendant  
26 made on the record before this Court, the Temporary Restraining Order shall be converted into a  
27 Preliminary Injunction under Nev. R. Civ. P. 65(d), and continue in effect through the date of the  
28 hearing specified within this Order;

1 IT IS FURTHER ORDERED that the Board is hereby ENJOINED from any continued  
 2 enforcement of its June 21, 2019 Notice of Involuntary Closure against Plaintiffs, including the  
 3 denial of access to ACRX and cessation of its operations pursuant to that notice;

4 IT IS FURTHER ORDERED that the Board is hereby ENJOINED from denying Plaintiffs  
 5 access to their place of business pursuant to its June 21, 2019 Notice of Involuntary Closure;

6 IT IS FURTHER ORDERED that the foregoing provisions of this Order, and the Court's  
 7 purpose and intent in entering this Order, shall not be construed to impair or limit the Board's  
 8 authority to regulate Plaintiffs in conformity with Nevada law;

9 IT IS FURTHER ORDERED that the Board shall allow Plaintiffs to reopen ACRX *forthwith*  
 10 and without delay, including conducting all necessary reviews and inspections prior to ACRX re-  
 11 opening, and the Board shall take all steps necessary to restore Plaintiffs' access to ACRX's  
 12 facilities immediately upon receipt of this Order;

13 IT IS FURTHER ORDERED that, pursuant to Nev. R. Civ. P. 65(c), Plaintiffs shall file a  
 14 bond for costs and damages that may be incurred by any party who may be found to be wrongfully  
 15 restrained or enjoined from this Order in the total sum of \$500.00;

16 IT IS FURTHER ORDERED that an evidentiary hearing on Plaintiffs' motion for a  
 17 preliminary injunction shall be held on the 5th day of September, 2019, at 10:00 a.m. in  
 18 Department II of the above-entitled Court;

19 IT IS FURTHER ORDERED that two weeks prior to the September 5, 2019 evidentiary  
 20 hearing, the parties shall exchange lists identifying their proposed witnesses and the documents  
 21 they intend to rely upon at that hearing, provided further that each party must provide immediate  
 22 notice to opposing counsel identifying any witnesses presented at the Board's September 4, 2019  
 23 hearing regarding Plaintiffs that could not have been previously disclosed; and

24 //

25 //

26 //

27 //

28 //

IT IS FURTHER ORDERED that this Preliminary Injunction shall be in effect and enjoin the conduct of the Board until the September 5, 2019 hearing specified above, unless further extended, or modified by order of this Court or stipulation of the parties.

DATED this \_\_\_\_ day of August, 2019.

DISTRICT COURT JUDGE

A 798 928

Respectfully submitted by:

Approved as to form:

Constance L. Akridge, Esq.  
J. Malcolm DeVoy, Esq.  
Brittany L. Walker, Esq.  
HOLLAND & HART LLP  
9555 Hillwood Drive, 2nd Floor  
Las Vegas, NV 89134

Brett Kandt, Esq.  
General Counsel  
Nevada State Board of Pharmacy  
985 Damonte Ranch parkway # 206  
Reno, NV 89521

*Attorneys for Plaintiffs*

*Attorney for Defendant*

13357853\_v4

HOLLAND & HART LLP  
9555 HILLWOOD DRIVE, 2ND FLOOR  
LAS VEGAS, NV 89134

1 IT IS FURTHER ORDERED that this Preliminary Injunction shall be in effect and enjoin  
 2 the conduct of the Board until the September 5, 2019 hearing specified above, unless further  
 3 extended, or modified by order of this Court or stipulation of the parties.


4  
 5 DATED this 2nd day of August, 2019.

6  
 7  
 8   
 9 DISTRICT COURT JUDGE  
 10 TM

11 Respectfully submitted by:

Approved as to form:

12 \_\_\_\_\_  
 13 Constance L. Akridge, Esq.  
 14 J. Malcolm DeVoy, Esq.  
 15 Brittany L. Walker, Esq.  
 16 HOLLAND & HART LLP  
 17 9555 Hillwood Drive, 2nd Floor  
 18 Las Vegas, NV 89134

19   
 20 \_\_\_\_\_  
 21 Brett Kander, Esq.  
 22 General Counsel  
 23 Nevada State Board of Pharmacy  
 24 985 Damonte Ranch parkway # 206  
 25 Reno, NV 89521

26 *Attorneys for Plaintiffs*

27 *Attorney for Defendant*

28 13357853\_v4

HOLLAND & HART LLP  
 9555 HILLWOOD DRIVE, 2ND FLOOR  
 LAS VEGAS, NV 89134

# EXHIBIT D





**ACRX SPECIALTY PHARMACY**  
 YOUR STERIL AND NON-STERILE LOCAL COMPOUNDING PHARMACY

April 5, 2019

Department of Health and Human Services  
 Food and Drug Administration  
 ATTN: Bryan L McGuckin, Investigator  
 1431 Harbor Bay Parkway  
 Alameda, CA 94502

***RE: ACRX Specialty Pharmacy Inc Response to FDA Form 483, FEI # 3015134033***

Dear Mr. McGuckin,

The FDA conducted a routine inspection of our pharmacy, ACRX Specialty Pharmacy Inc ("ACRX") on 02/25/2019 through 03/01/2019 and on 03/06/2019, 03/07/2019, and 03/20/2019. At the conclusion of the inspection, an FDA Form 483 listing nine (9) observations was issued. Enclosed you will find our responses to these 9 observations and pertinent documentation to serve as evidence of corrective actions taken.

ACRX wishes to emphasize that it takes the inspectional observations detailed in the FDA Form 483 very seriously. As ACRX strives to provide our patients with safe and efficacious compounded preparations, we are committed to adhering to applicable laws and regulations that ensure patient safety and the preparation of high-quality compounded medications. Since the receipt of the FDA Form 483, ACRX has undertaken the process of assessing and updating our compounding operations and standard operating procedures ("SOPs") as part of our efforts towards continuous quality improvement.

At the time of the FDA inspection, ACRX was engaged in what we presumed to be the lawful practice in Nevada of dispensing prescriptions for "office use. ACRX has notified all prescribers who have previously ordered compounded preparations for "office use" that, effective 03/11/2019, we will no longer fulfill these orders and that all compounded preparations will only be dispensed pursuant to a patient-specific prescription. {Prescribers were notified via a telephone call on 03/07/2019 and a follow-up written notification was sent on 04/08/2019. A copy of the notification sent to physicians is enclosed for your reference (Attachment 1)}. As all compounded preparations shall only be dispensed pursuant to the receipt of a valid prescription by a licensed practitioner for an individually-identified patient, the compounded products prepared by ACRX are eligible for the exemptions allowed by Section 503A of the Food, Drug, and Cosmetic ("FD&C") Act, including an exemption from the requirement for conformance with current Good Manufacturing Practices ("cGMPs").

ACRX will provide the Agency with a status update on the commitments detailed in the responses below within thirty (30) days of this letter. Included in the status update will be documentation to serve as evidence of the corrective actions that have been taken, including updated SOPs and training files, as appropriate.



**ACRX SPECIALTY PHARMACY**  
YOUR STERILE AND NON-STERILE LOCAL COMPOUNDING PHARMACY

In conclusion, we hope this response demonstrates our continued commitment to patient safety and continuous quality improvement. Thank you for your consideration of this response. If you should have any questions, please do not hesitate to contact Eghomware (Jerry) Igbinovia, RPh via telephone at 702-595-6265 or via email at [jerry@acrpharmacy.com](mailto:jerry@acrpharmacy.com).

Sincerely,

Eghomware J. Igbinovia, RPh, Owner  
ACRX Specialty Pharmacy Inc

### **Observation 1:**

***Procedures designed to prevent microbiological contamination of drug products purporting to be sterile are not established.***

***Specifically, on 02/26/2019 during the production of sterile products I observed the following:***

***A) Multiple exits and entries from the cleanroom, to attain supplies from classified and unclassified zones without disinfecting or changing garb.***

#### **Response to Observation 1.A**

ACRX engaged the assistance of a qualified consultant with relevant experience in aseptic processing operations to perform an onsite assessment of our aseptic technique and conduct an in-service training of sterile compounding personnel. Jerry Igbinovia, RPh and owner, is the sole individual engaged in sterile compounding activities at ACRX, and is the individual who received the training detailed below.

On April 3<sup>rd</sup>, 2019, this assessment and re-training was performed by Dr. Ross Caputo, President of Eagle. Enclosed is the training letter issued by Eagle (Attachment 2), the completed observational competency assessment used to evaluate the aseptic technique of the sterile compounder (Attachment 3), and a copy of Dr. Caputo's CV as documentation of his credentials (Attachment 4).

Training was provided on proper staging of supplies and materials during aseptic processing operations. Specifically discussed were processes for staging all supplies prior to initiating sterile compounding and disinfecting supplies as they are moved from areas of lower quality air cleanliness to areas of higher quality air cleanliness. Also emphasized were the requirements to change garb whenever personnel exit and re-enter the sterile cleanroom from unclassified areas and to disinfect gloved hands when exiting or re-entering the ISO 7 buffer room or ISO 5 laminar airflow hood ("LAFH").

ACRX will review and update our SOPs to emphasize the requirements to minimize movement between classified areas during aseptic processing, to disinfect supplies as they are moved between ISO classified areas, to stage all supplies prior to initiating aseptic processing, and to change sterile garb whenever the cleanroom is exited and re-entered from an unclassified zone.



**ACRX SPECIALTY PHARMACY**  
YOUR STERILE AND NON-STERILE LOCAL COMPOUNDING PHARMACY

Timeline: Effective immediately, ACRX will implement the changes in personnel and material flow and garbing discussed. Applicable SOPs shall be revised and submitted to the FDA for review within 30 days.

***B) Sterile clothing (suit & gloves) used to clean and disinfect the clean-room was not replaced prior to production of sterile drug products.***

Response to Observation 1.B

During the FDA inspection, the Investigator observed the sterile compounder conduct routine morning cleaning operations including sanitization of the ISO 5 LAFH, disinfection of storage bins and shelving, and mopping of the floors in ISO-classified areas. ACRX will revise its SOP 3.020 "Cleaning and Maintenance of the Clean Room Facility" to only require that the ISO 5 is disinfected in the morning before sterile compounding activities begin so that sterile garb does not need to be replaced prior to initiating compounding activities. Full cleaning, including disinfection of storage bins and mopping floors, will be performed at the end of the day after sterile compounding activities have ceased.

SOP 9.100 "Required Garb for Clean Room Facility Access" will be updated to require that sterile compounders replace their sterile suit and gloves in the event that a full cleaning of the sterile compounding area is required at the beginning of the day.

As stated in the response to Observation 1.A, the onsite training session conducted by Dr. Caputo of Eagle addressed the requirement that sterile garb is changed prior to initiating sterile compounding if cleaning activities have been performed (Attachment 2).

Timeline: Effective immediately, sterile compounders shall change sterile suit and gloves prior to initiating sterile compounding in the event of a full cleaning of the clean room. SOPs 3.020 and 9.100 shall be revised and submitted to the FDA within 30 days.

***C) Supplies used to manufacture sterile products were left inside of the ISO5 LAFH in a manner which could disrupt unidirectional airflow.***

Response to Observation 1.C

The placement of supplies and components used during the sterile compounding process was addressed during the onsite training conducted by Dr. Caputo. Specifically, instruction to only bring supplies into the ISO 5 LAFH that are necessary for a given batch being compounded was provided. (Attachments 2, 3, 4).

Additionally, the placement of supplies in the ISO 5 LAFH during sterile compounding will be evaluated by an upcoming air pattern analysis via smoke studies (further addressed in response to Observation 1.D). The smoke study will be conducted under dynamic conditions. In order to confirm that unidirectional airflow is not blocked or disrupted, supplies and components used to compound the largest batch size typically prepared by ACRX will be brought into the ISO 5 LAFH and aseptic processing operations will be simulated. If the results of the smoke study indicate that the placement of supplies does disrupt or block airflow, the method of placing supplies will be re-assessed to ensure that no airflow disruption occurs.



**ACRX SPECIALTY PHARMACY**  
YOUR STERILE AND NON-STERILE LOCAL COMPOUNDING PHARMACY

Timeline: A smoke study will be conducted under dynamic conditions on 04/11/2019. The video will be reviewed and approved by ACRX. A copy of the video of the smoke study shall be provided to the FDA within 30 days.

***D) Sterile 70% IPA was opened and refilled during production.***

Response to Observation 1.D

SOP 3.020 "Cleaning and Maintenance of the Clean Room Facility" will be revised to require that sterile 70% IPA, which is purchased in a "ready to use" configuration, is not re-opened or refilled. Sterile 70% IPA shall only be opened inside of the ISO 5 LAFH in order to initially puncture the bottle. All sterile 70% IPA that has been opened or re-opened outside of the ISO 5 LAFH or that has been refilled has been discarded.

Timeline: SOP 3.020 will be revised and submitted to the FDA for review within 30 days.

***E) Sterile wipes used during sterile production were observed open on a cart inside the anteroom and buffer zone.***

Response to Observation 1.E

The sterile wipes observed by the Investigator are purchased from the manufacturer in a package that is not re-sealable once opened. In order to address this observation, ACRX has sourced sterile wipes stored in re-sealable packaging from VWR. In order to protect the sterility of the wipes, ACRX will update its SOP 3.020 "Cleaning and Maintenance of the Clean Room Facility" to require that the packaging is only opened inside of the ISO 5 LAFH. If the package of sterile wipes needs to be removed from the ISO 5 environment, they will first be re-sealed.

ACRX will only open their current supply of sterile wipes inside the ISO 5 LAFH. Since the packaging cannot be re-sealed, they will be stored under ISO 5 conditions. Any sterile wipes that have been opened or stored out of the ISO 5 LAFH have been discarded.

Timeline: SOP 3.020 will be revised and submitted to the FDA for review within 30 days.

***On 03-06/2019 I observed the following:***

***A) Sterile garbing hanging next to the clean room for reuse, per the PIC.***

Response to Observation 1.A

Under past policy, sterile garbing may be hung in the clean room and re-used only during the same work shift. This practice complies with USP <797> requirements, which state that "when compounding personnel exit the compounding area during a work shift, the exterior gown may be removed and retained in the compounding area if not visibly soiled, to be re-donned during the same work shift only" (p. 30). It is also compliant with NV BOP regulations which state that "a gown may be used more than once within a 12-hour period if it is removed in the ante-area and is stored in the ante-area until it is used again" (NAC 639.6705 1(d)(3)).





**ACRX SPECIALTY PHARMACY**  
YOUR STERILE AND NON-STERILE LOCAL COMPOUNDING PHARMACY

However, in order to assure that the sterility of the garb is maintained, ACRX will revise its SOP 9.100 "Required Garb for Clean Room Facility Access" to prohibit re-use of sterile garb during the same work shift. If the clean room facility must be exited, sterile garb shall be discarded, and new sterile garb shall be donned upon re-entry.

Timeline: SOP 9.100 will be revised and submitted to the FDA for review within 30 days.

***B) Equipment used to depyrogenate glassware has never been qualified or calibrated.***

Response to Observation 1.B

ACRX will update SOP 4.020 "Use, Calibration and Maintenance of the Fisher Isotemp 725F Dry-Heat Oven" to require that the depyrogenation cycle of the convection oven is verified on at least an annual basis or whenever the loading configuration is changed. The depyrogenation cycle that is used to depyrogenate glassware will be verified through the use of endotoxin challenge vials (ECV), which shall be laboratory tested to confirm that the depyrogenation cycle is capable of achieving  $\geq 3$ -log reduction in endotoxin levels.

Additionally, ACRX has purchased and received a certified NIST-traceable thermometer in order to confirm the temperature of the convection oven cycles (Attachment 5 – purchase order/receipt). The thermometer will either be replaced or re-certified on an annual basis.

Timeline: The results of the depyrogenation cycle verification and the revised SOP 4.020 will be submitted to the FDA for review within 30 days.

***C) Equipment used in terminal heat sterilization has never been qualified or calibrated.***

Response to Observation 1.C

ACRX will update its SOP 4.030 "Use, Verification, and Maintenance of the Tuttnauer EZ10 Electronic Tabletop" to require that the effectiveness of the terminal heat sterilization cycle is verified through use of appropriate biological indicators (BIs) on an at least annual basis, or whenever loading configurations are changed.

Additionally, ACRX has purchased and received a certified NIST-traceable thermometer in order to confirm the temperature of the autoclave cycles (Attachment 5 – purchase order/receipt). The thermometer will either be replaced or re-certified on an annual basis.

Timeline: The results of the terminal heat sterilization cycle verification and the revised SOP 4.030 will be submitted to the FDA for review within 30 days.

***D) Dynamic smoke studies have not been conducted.***

Response to Observation 1.D

Previously, smoke studies of the ISO 5 LAFH under static conditions have been conducted at each biannual clean room facility re-certification. ACRX will revise its SOP 3.010 "Sterile Compounding Area



**ACRX SPECIALTY PHARMACY**  
YOUR STERILE AND NON-STERILE LOCAL COMPOUNDING PHARMACY

Requirements" to require that smoke studies of the ISO 5 LAFH are conducted under dynamic operating conditions during each biannual re-certification.

ACRX has scheduled for CEM to perform a smoke study under dynamic conditions on 04/11/2019. Enclosed is a copy of the work order from CEM (Attachment 6) to serve as documentation of this scheduled testing.

Timeline: A smoke study under dynamic conditions will be performed on 04/11/2019 and biannually thereafter. The video will be reviewed and approved by ACRX. A video copy of the smoke study and the revised SOP will be provided to the FDA for review within 30 days.

***E) Media fills are conducted biannually but do not include the most challenging process performed.***

Response to Observation 1.E

ACRX will update its media-fill procedure, SOP 9.110 "Sterile Compounding Process Validation (Media Fills)," to require that the media-fill testing that is performed biannually is reflective of the most challenging and stressful conditions encountered during routine sterile compounding operations. Specifically, the revised media-fill test will simulate the most complex aseptic processing activities and will include planned interventions.

ACRX has purchased non-sterile TSB media to use during this media-fill challenge (Attachment 7 – purchase order). Upon receipt of this media, the sterile compounder at ACRX will perform the revised media-fill test procedure.

Timeline: SOP 9.110 will be revised, and a media-fill test will be performed. A copy of the revised SOP and of the media-fill test results shall be submitted to the FDA for review within 30 days.

***F) Load mapping studies have never been conducted to qualify the terminal heat sterilization process.***

Response to Observation 1.F

Verification studies will be conducted to qualify the terminal heat sterilization process. Please see response to Observation 1.C for further detail.

**Observation 2:**

**Aseptic processing areas are deficient regarding the system for monitoring environmental conditions.**

***A) Environmental monitoring of ISO classified zones is conducted on a biannual basis only.***



**ACRX SPECIALTY PHARMACY**  
YOUR STERILE AND NON-STERILE LOCAL COMPOUNDING PHARMACY

Response to Observation 2.A

As a 503A compounding facility, ACRX is compliant with the USP <797> requirements for biannual environmental monitoring of ISO classified zones through viable air and surface sampling. USP <797> states that "Environmental sampling shall occur as part a comprehensive quality management program and shall occur minimally...as part of the re-certification of facilities and equipment (i.e., every 6months)" (p. 23).

However, ACRX is committed to not solely adhering to the requirements outlined in USP <797> and the NV BOP regulations, but to implementing best practices in our operations to ensure environmental control. As such, we will implement monthly environmental monitoring by performing surface sampling and active air sampling via impaction. We will update our SOP 3.030 "Environmental Monitoring of the Clean Room Facility" to reflect the revised frequency of environmental monitoring activities and create a detailed sampling plan.

Timeline: SOP 3.030 will be revised and submitted to the FDA for review within 30 days.

***B) Pressure differentials between classified and unclassified areas are not monitored daily.***

Response to Observation 2.B

Currently, ACRX documents pressure differentials between classified and unclassified areas only on days when sterile compounding occurs prior to initiating sterile compounding activities.

ACRX will revise SOP 3.020 to require that pressure differentials are documented on all days that the pharmacy is open, regardless of whether sterile compounding activities are scheduled to occur. Additionally, ACRX will follow SOP 9.020 "Good Documentation Practices" to ensure that appropriate notations are made on the pressure differential log on days where pressure differentials are not documented to indicate that the pharmacy was closed.

Timeline: SOP 3.020 will be revised and submitted to the FDA for review within 30 days.

***C) Personnel monitoring is conducted using samples taken from the gloved hands of employees following sterile drug production on a biannual basis only.***

Response to Observation 2.C

As a 503A compounding pharmacy, ACRX is compliant with the USP <797> requirements for biannual gloved fingertip sampling in conjunction with media-fill testing. USP <797> states that "after completing the initial gowning and gloving competency evaluation, re-evaluation of all compounding personnel for this competency shall occur at least annually for personnel who compound low- and medium-risk level CSPs and semi-annually for personnel who compound high-risk level CSPs using one or more sample collections during any media-fill test" (p. 32). Additionally, ACRX is compliant with NV BOP requirements, which require that "the pharmacist or pharmaceutical technician provide a sample for a gloved fingertip sampling which must be conducted in the manner provided by chapter 797 of the *United States Pharmacopeia – National Formulary*" (NAC 639.67053(2)(a)).



**ACRX SPECIALTY PHARMACY**  
YOUR STERILE AND NON-STERILE LOCAL COMPOUNDING PHARMACY

However, ACRX is committed to implementing best practices in our operations to ensure the adequacy of personnel garbing and aseptic practices. As such, we have decided to implement personnel monitoring through post-compounding gloved fingertip sampling on a monthly basis. We will revise our SOP 2.030 "Sterile Compounding Personnel Qualification" to require that gloved fingertip sampling is performed post-compounding on a monthly basis.

Timeline: SOP 2.030 will be revised and submitted to the FDA for review within 30 days.

***D) Alarm systems to monitor for potential breaches in air quality are currently not employed. For example, I observed a sliding door between the ISO 8 classified ante-room and unclassified zone that was held open during sterile drug production on 02/26/2019 to gather supplies.***

Response to Observation 2.D

As a 503A compounding pharmacy, alarm systems to monitor for potential breaches in air quality are not required. Rather, USP <797> requires that "a pressure gauge or velocity meter shall be installed to monitor the pressure differential or airflow between the buffer area and the ante-area and between the ante-area and the general environment outside the compounding area. The results shall be reviewed and documented on a log at least every work shift (minimum frequency shall be at least daily" (p. 24). ACRX will comply with these requirements by monitoring and documenting pressure differentials between classified and unclassified zones on all days when the pharmacy is open.

In order to minimize the potential for influx of lower quality air into the ISO classified areas, ACRX sterile compounding personnel have immediately ceased the practice of holding the door open between the ISO 8 ante-room and the unclassified area. If sterile compounding personnel must gather supplies from the unclassified area, they will exit the cleanroom facility to gather such supplies and replace all sterile garb upon re-entry into the ISO 8 ante-room.

Timeline: Effective immediately.

**Observation 3:**

***There is no written testing program designed to assess the stability characteristics of drug products.***

***Specifically, extended BUDs are established for multiple products without the appropriate data.***

***Sterility and potency data was observed for these products however no other data was provided.***

***Accelerated studies were either not conducted or data was not provided after multiple requests, that demonstrates there are no degradant products formed or potency altered under such conditions.***

***Furthermore, I observed ingredient stock solutions used in multiple Vita-B Complex formulations. These stock solutions are used for multiple products, requiring multiple extractions during extended use.***





### Response to Observation 3

Upon ceasing the practice of dispensing "office-use" prescriptions, ACRX meets the requirements for eligibility for exemptions from certain sections of the FD&C Act under Section 503A, including the requirement for conformance with cGMPs. As such, ACRX must comply with applicable USP chapters related to pharmacy compounding and state Board of Pharmacy regulations.

USP <795> and USP <797> allow compounding pharmacies to use potency testing, professional judgement, and appropriate literature references to assign beyond-use dates (BUDs) to compounded preparations. Specifically, "when assigning a beyond-use date, compounding personnel should consult and apply drug-specific and general stability documentation and literature where available, and they should consider the nature of the drug and its degradation mechanism, the container in which it is packaged, the expected storage conditions, and the intended duration of therapy" (p. 40). Additionally, for high-risk level CSPs, NV BOP states that "unless sterility testing or potency limitations allow for a different period, the period of storage before administration of a high-risk sterile compounded product must not exceed (a) twenty-four hours at a controlled room temperature that is at least 20 degrees Celsius but not more than 25 degrees Celsius (b) Three days at a temperature that is at least 2 degrees Celsius but not more than 8 degrees Celsius (c) Forty-five days in a solid frozen state that is -10 degrees Celsius or colder" (NAC 693.67067). Since sterility and potency testing has been conducted on all CSPs prepared by ACRX, the BUDs may exceed the dates in the NAC reference.

In order to comply with these requirements, ACRX has performed potency testing every 30-60 days over the course of the shelf-life of the product in order to establish the BUD and ensure that the CSP remains in conformance with potency specifications until the end of the beyond-use dating period. Documentation of all potency testing was provided to the Investigator. These studies were performed on the CSP in the actual container-closure system in which it will be stored and dispensed and under the actual storage conditions of the product. Additionally, a USP <71> sterility test was performed on all CSPs in order to confirm the sterility of the finished compounded preparation.

ACRX has also tested all stock solutions for sterility and for potency over the course of the shelf-life of the product. Additionally, all stock solutions contain an anti-microbial preservative, and are used in accordance with USP <797> requirements for multi-dose containers, which states that "the BUD after initially entering or opening (e.g., needle puncturing) multiple-dose containers is 28 days, unless otherwise specified by the manufacturer" (p. 41). Any stock solution that has been punctured more than 28 days ago or if the puncture date is unknown has been discarded.

In response to the observation that there is no written stability testing program, ACRX will update its SOP 9.050 "Beyond-Use Dating" to reflect the testing requirements outlined above.

Timeline: SOP 9.050 will be revised and submitted to the FDA for review within 30 days.

### Observation 4:

***The distribution system is deficient in that each lot of drug product cannot be readily determined to facilitate its recall if necessary. Electronic records are used, but they do not meet requirements to ensure that they are trustworthy, reliable and generally equivalent to paper records.***



**ACRX SPECIALTY PHARMACY**  
 YOUR STERILE AND NON-STERILE LOCAL COMPOUNDING PHARMACY

***Specifically, you are currently using an off the shelf program with lot tracking functionality. However, you have not instituted a data entry or report procedure to ensure that Rx information is cross referenced to specific lots. Multiple requests to track specific lot information via Rx information could not be performed by the PIC or the assistant Pharmacist. No specific lot could be identified for the Rx's requested.***

**Response to Observation 4:**

ACRX maintains documentation of Master Formula Worksheets and Compounding Batch Records in PK Compounding software. Patient prescription records are maintained within the dispensing software, WIN RX. While it is ACRX procedure that the lot number of all compounded preparations dispensed is linked to the patient prescription in WIN RX software, pharmacy personnel failed to document the lot number of the compounded preparation to the patient for the prescriptions referenced in Observation 4. In order to correct this deficiency, ACRX personnel were re-trained on 03/11/2019 on the requirements for documenting the lot number of the compounded preparation associated with patient prescriptions dispensed. Training of this documentation is enclosed (Attachment 8).

ACRX will write a procedure that requires that lot numbers are documented on the appropriate records for traceability purposes. All ACRX personnel will be trained on this new procedure, and such training will be documented.

**Timeline:** An SOP will be written and personnel will be trained on the new SOP. The new SOP and documentation of personnel training shall be submitted to the FDA for review within 30 days.

**Observation 5:**

***Written procedures for cleaning and maintenance fail to include maintenance and cleaning schedules, description in sufficient detail of methods, equipment and materials used, description in sufficient detail of the methods of disassembling and reassembling equipment as necessary to assure proper cleaning and maintenance, instructions for protection of clean equipment from contamination prior to use and parameters relevant to the operation.***

***Specifically, there were no cleaning SOP's to review which demonstrate actual procedures utilized. A generic, commercially available template SOP was provided by lacked any supporting information that would reflect actual practices at your firm as described by the PIC.***

***Cleaning practices observed on 02/26/2019 prior to sterile drug production were not reflected in SOP#: 3.020 "Cleaning and Maintenance of The Clean Room Facility". Furthermore, the PIC confirmed on 02/26/2019 and 02/28/2019 that most SOP's at the facility have not been modified to reflect actual practices at the firm.***

**Response to Observation 5:**

SOP 3.020 "Cleaning and Maintenance of the Clean Room Facility" will be revised in order to reflect the actual cleaning procedures utilized by ACRX. The revised SOP is specific to the cleaning and maintenance schedule of the sterile compounding areas and provides detailed descriptions of cleaning methods, disinfectants, and materials used.



**ACRX SPECIALTY PHARMACY**  
YOUR STERILE AND NON-STERILE LOCAL COMPOUNDING PHARMACY

In response to the observation that "most SOP's at the facility have not been modified to reflect actual practices at the firm," ACRX has committed to undertaking a comprehensive evaluation of its SOP manual. All SOPs that do not reflect actual practices will be updated accordingly.

Timeline: SOP 3.020 will be revised and submitted to the FDA for review within 30 days. A schedule and update on the progress of the SOP review will be provided to the FDA within 30 days.

#### **Observation 6:**

***Each batch of drug product purporting to be sterile and pyrogen-free is not laboratory tested to determine conformance to such requirements.***

***Specifically, sterility and endotoxin testing are not conducted on finished sterile drug products.***

#### **Response to Observation 6:**

ACRX complies with NV BOP testing requirements for sterility and endotoxin testing of sterile preparations. Specifically, NV BOP regulations require that sterility and endotoxin testing for injectable preparations are performed under the following conditions: "(1) A pharmacy engaged in the practice of compounding and dispensing high-risk sterile compounded drug products for injection into the vascular system or central nervous system shall test a quantity of the high-risk sterile compounded drug product for (a) Sterility using a membrane filtration method or equivalent method...(b) Excessive bacterial endotoxin using an appropriate test" (NAC 639.67071).

NV BOP regulations also require that sterility testing for CSPs for ophthalmic or inhalation use is performed under the following conditions: "(2) A pharmacy engaged in the practice of compounding and dispensing high-risk sterile compounded drug products for inhalation or ophthalmic use shall test a quantity of each such high-risk sterile compounded drug product for sterility" (NAC 639.67071).

Lastly, NV BOP regulations state that "the provisions of subsections 1 and 2 apply only to high-risk sterile compounded drug products: (a) Compounded in groups of more than 25 identical individual single-dose packages; (b) Compounded in multiple-dose vials for administration to multiple patients; or (c) That will be exposed for a period of more than: (1) Twelve hours to temperatures of at least 2 degrees Celsius but not more than 8 degrees Celsius; (2) Six hours to temperatures of exceeding 8 degrees Celsius before the compounded drug product is sterilized" (NAC 639.67071).

21 CFR Part 211.167(a) requires that "for each batch of drug product purporting to be sterile and/or pyrogen-free, there shall be appropriate laboratory testing to determine conformance to such requirements". Upon ceasing the practice of dispensing "office-use" prescriptions on 03/11/2019, ACRX meets the requirements for eligibility for exemptions from certain sections of the FD&C Act under Section 503A. ACRX, therefore, is eligible for an exemption from the requirement for conformance with cGMPs, including 21 CFR Part 211.167(a).

ACRX-compounds only small batches of sterile preparations that do not exceed 20 units and therefore do not require sterility or endotoxin testing under NV BOP laws. However, in order to collect data that demonstrates the assurance of the sterility and apyrogenicity of sterile preparations, ACRX commits to testing at least two batches per month for sterility and bacterial endotoxin levels, regardless of the batch sizes prepared. ACRX will revise its SOP 9.120 "Sterile Compounding Finished Preparation Testing" to reflect these testing requirements.



**ACRX SPECIALTY PHARMACY**  
YOUR STERILE AND NON-STERILE LOCAL COMPOUNDING PHARMACY

Timeline: SOP 9.120 will be revised and submitted to the FDA for review within 30 days.

### **Observation 7:**

***Testing and release of drug product for distribution do not include appropriate laboratory determination of satisfactory conformance to the identity and strength of each active ingredient prior to release.***

***Specifically, potency testing is not conducted on finished drug products prior to release.***

#### **Response to Observation 7:**

ACRX complies with USP Chapters <795> and <797> and NV BOP regulations for potency testing. Under these regulations, there are no requirements for testing the potency of finished drug products prior to release.

21 CFR Part 211.165(a) requires that "for each batch of drug product, there shall be appropriate laboratory determination of satisfactory conformance to final specifications for the drug product, including the identity and strength of each active ingredient, prior to release". Upon ceasing the practice of dispensing "office-use" prescriptions on 03/11/2019, ACRX meets the requirements for eligibility for exemptions from certain sections of the FD&C Act under Section 503A. ACRX, therefore, is eligible for an exemption from the requirement for conformance with cGMPs, including 21 CFR Part 211.165(a).

In order to collect data that demonstrates that compounding processes are reproducible and result in finished drug products that conform with potency specifications, ACRX will follow PCAB accreditation standards for personnel proficiency testing and will implement a routine potency testing program. ACRX will revise its SOPs 2.030 "Sterile Compounding Personnel Qualification" and 2.040 "Non-Sterile Compounding Personnel Qualification" in accordance with the industry guidelines established by PCAB.

Timeline: SOPs 2.030 and 2.040 will be revised and submitted to the FDA for review within 30 days.

### **Observation 8:**

***Procedures describing the handling of all written and oral complaints regarding a drug product are not followed.***

***Specifically, all complaint files were requested. Provided were two complaints over the past 12 months. The PIC stated that prior to 2018 a complaint file was not maintained. Review of the two complaints compiled demonstrated that complaints received are not investigated or reviewed by the PIC. Pertinent product information such as lot number is not provided. For example:***

***CC#1: Nature of problem "Black Specs Formed" does not provide lot, expiration, results or product name. No investigation was conducted nor explained why none was needed. The Completed/Reviewed By and date sections were left blank.***

#### **Response to Observation 8:**





**ACRX SPECIALTY PHARMACY**  
YOUR STERILE AND NON-STERILE LOCAL COMPOUNDING PHARMACY

All pharmacy personnel have been re-trained on ACRX's SOP 5.030 "Complaint Handling" on 04/05/2019, and documentation of this training is enclosed (Attachment 9). SOP 5.030 requires that the following pertinent information is obtained from the individual filing the complaint and is documented on the Customer Complaint Record: customer name, date of occurrence, customer address and telephone number, the exact nature of the problem, whether any adverse events have occurred or may have occurred, and the lot number(s), expiration date(s), results, product name(s) related to the exact product in question. Personnel were also instructed to notify the PIC upon receipt of a written or oral complaint so that he may be involved in reviewing the complaint and the subsequent investigation. All of these critical aspects of complaint handling and documentation were addressed in the ACRX personnel training performed on 04/05/2019.

Additionally, ACRX will update SOP 5.030 "Complaint Handling" to require that the PIC review the complaint, initiate an investigation into the complaint to determine a probable root cause, extend the investigation to other batches which may have been affected, and determine appropriate corrective and preventative actions. The procedure will also require that an explanation is provided if it is determined that an investigation is not needed and documentation of the individual responsible for that decision. The updated SOP will also require that the PIC sign all Customer Complaint Records as documentation of review of the complaint.

Timeline: ACRX personnel were re-trained on SOP 5.030 on 04/05/2019. SOP 5.030 will be further revised and submitted to the FDA for review within 30 days.

### **Observation 9:**

***Each batch of drug product required to be free of objectionable microorganisms is not tested through appropriate laboratory testing.***

***Specifically, finished non-sterile drug products are not tested for the presence of microorganisms.***

#### **Response to Observation 9:**

ACRX complies with USP Chapters <795> and <797> and NV BOP regulations. Under these regulations, there are no requirements for testing finished non-sterile drug products for the presence of objectionable microorganisms.

21 CFR Part 211.165(b) requires that "there shall be appropriate laboratory testing, as necessary, of each batch of drug product required to be free of objectionable microorganisms". Upon ceasing the practice of dispensing "office-use" prescriptions on 03/11/2019, ACRX meets the requirements for eligibility for exemptions from certain sections of the FD&C Act under Section 503A. ACRX, therefore, is eligible for an exemption from the requirement for conformance with cGMPs, including 21 CFR Part 211.165(b).

In order to collect data to demonstrate that finished non-sterile drug products compounded at ACRX are free from objectionable microorganisms, ACRX will revise its SOP 9.150 "Non-Sterile Compounding Finished Preparation Testing". The revised SOP will require that USP <62> testing for the presence of objectionable microorganisms is conducted on each non-sterile dosage form prepared at ACRX on an at least annual basis. Each dosage form will be tested for the presence of the objectionable



microorganism(s) that are listed in Table 1 of USP <1111>, "Microbiological Examination of Nonsterile Products," to ensure that it meets acceptance criteria for the microbiological quality of non-sterile drugs.

Timeline: SOP 9.150 will be revised and submitted to the FDA for review within 30 days.

# ATTACHMENT 1

- DISCONTINUATION OF OFFICE USE EMAIL TO DOCTORS

4/8/2019

Mail - admin@acrpharmacy.com

## DISCONTINUATION OF "OFFICE USE" ON ALL PRESCRIPTION ORDERS

admin acrpharmacy.com

Mon 4/8/2019 3:48 PM

To: jerry acrpharmacy.com <jerry@acrpharmacy.com>;

Bcc: dwirtzdo@hotmail.com <dwirtzdo@hotmail.com>; charissacrandle@dgdentalservices.com <charissacrandle@dgdentalservices.com>; christina.apollomg1@gmail.com <christina.apollomg1@gmail.com>; jaimie@fdogv.com <jaimie@fdogv.com>; Info@imagenlaser.com <Info@imagenlaser.com>; md@mih.vegas <md@mih.vegas>; Brian@pushcompanies.com <Brian@pushcompanies.com>; vida@trimbodymd.com <vida@trimbodymd.com>; jillydoc@gmail.com <jillydoc@gmail.com>; lily@drdarrenwirtz.com <lily@drdarrenwirtz.com>; jaimie@fdogv.com <jaimie@fdogv.com>; lambert.abeyatunge@gmail.com <lambert.abeyatunge@gmail.com>; milka1172002@gmail.com <milka1172002@gmail.com>; Saloni Amin <saloni@regenerateme.com>;

Importance: High

We write further to the above and in respect of prescription orders filled as **OFFICE USE** at ACRX Specialty Pharmacy.

As you may already be aware, Acrx Specialty Pharmacy ceased accepting orders designated as "**Office Use**" with effect from **March 11, 2019**.

All orders filled at the pharmacy **MUST be patient specific**.

Should you have any queries, do not hesitate to contact the Pharmacy Manager.

We appreciate your business. Thank You!

Sincerely,  
Jerry Igbinoia Pharm D  
Pharmacy Manager



# ATTACHMENT 2

- **TRAINING LETTER – EAGLE ANALYTICAL SERVICES**



Eagle Analytical Services  
9940 W. Sam Houston Pkwy. S, Suite 310  
Houston, TX 77099  
832.295.1276  
www.eagleanalytical.com

Wednesday, April 3, 2019

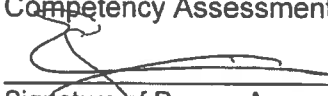
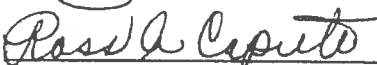
Eghomware J. Igbinovia, RPh  
**ACRX Specialty Pharmacy Inc**  
3200 Soaring Gulls Drive, Ste. 101  
Las Vegas, Nevada 89129

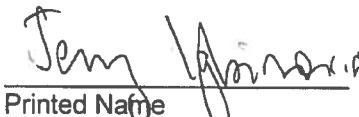
This letter is intended to document an onsite training session that was conducted by Dr. Ross Caputo, CEO and President of Eagle Analytical Services, Inc at ACRX Specialty Pharmacy Inc. on April 3, 2019. Enclosed is Dr. Caputo's CV as documentation of his credentials. This letter will be maintained in the pharmacy's training files along with two presentations, "Production of Sterile Products" and "Insanitary Conditions at Compounding Facilities," that provide more detailed documentation of the training conducted.

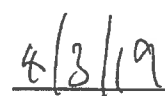
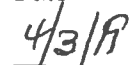
The training that was conducted focused on aseptic processing operations. Specifically, the training session focused on the following aseptic processing principles and techniques:

- Proper staging and disinfection of components and supplies when they are being moved from areas of lower quality air to areas of higher quality of air;
- Proper gowning procedures, including replacing all sterile garb upon exit and reentry into classified areas;
- Principles of working in a vertical laminar flowhood in a manner that does not disrupt unidirectional airflow or interfere with "first air";
- Proper handling of sterile components;
- Fundamentals of aseptic processing techniques;
- Appropriate sanitization of gloved hands during the sterile compounding process.

Upon completion of training session, Dr. Caputo conducted an observational competency evaluation to assess the aseptic technique of the sterile compounder, as documented on the enclosed form, "Aseptic Technique and Contamination Control Competency Assessment".

  
\_\_\_\_\_  
Signature of Person Assessed  
  
\_\_\_\_\_  
Signature of Evaluator

  
\_\_\_\_\_  
Printed Name  
Ross A. Caputo  
\_\_\_\_\_  
Printed Name

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date

# ATTACHMENT 3

## COMPETENCY ASSESSMENT

# Aseptic Technique and Contamination Control Competency Assessment

Employee: Jerry Iginovia Rph

Evaluator: Ross Caputo PhD

Date: 4/3/19

This competency focuses on demonstrating knowledge and procedures that ensure proper aseptic technique and contamination control when performing sterile compounding. The qualified evaluator will mark (X) each space for which the person being assessed has acceptably completed the described activity, print (N/A) if activity is not applicable, or (N/O) if activity was not observed.

| Results | Criteria  | Notes  |
|---------|---|--|
| X       | Explains rationale for minimizing movement within the buffer room and ISO 5                 |  |
| X       | Sanitizes ISO 5 area before beginning compounding   |  |
| X       | Sanitizes gloved hands before re-entering ISO 5 area whenever gloved hands are removed      |  |
| X       | Sanitizes gloved hands whenever potentially nonsterile surfaces are touched                 |  |
| X       | Disinfects supplies/components when moving them from prep room to ante room                 |  |
| X       | Disinfects supplies/components when moving them from ante room to buffer room               |  |
| X       | Disinfects supplies/components before placing them in ISO 5 area                            |  |
| X       | Removes outer wrapper, if applicable, from components before staging into ISO 5             |  |
| X       | Does not bring papers (i.e. batch records) into ISO 5                                       |  |
| N/O     | Demonstrates organized work flow which minimizes unnecessary movement in/out of buffer room | had extended discussion about proper staging of all components before aseptic compounding begins to minimize movement between classified areas |
| X       | Places components/supplies in ISO 5 in a manner which does not disrupt airflow              |  |
| X       | Performs aseptic manipulations within ISO 5 critical area utilizing concept of first air    |  |
| X       | Workflow direction is consistent; maintains a clean to dirty workflow direction             |  |
| X       | Performs all manipulations at least 6 inches from front of ISO 5                            |  |
| X       | Vials/ports are disinfected with sterile 70% IPA prior to puncture                          |  |
| N/A     | Puts on new garb each time re-entry to controlled areas is required                         |  |
| N/A     | Changes gloves if they become damaged   |  |
| N/A     | Compounds only one batch at a time in a given workspace                                     |  |
| X       | Labels batches and in-process materials for lot number traceability                         |  |
| X       | Performs filter integrity test and documents psi (if applicable)                            |  |
| X       | Performs visual inspection of finished product  |  |
| X       | Inspects finished product for expected appearance and container integrity                   |  |
| X       | Documents finished product checks on batch record   |  |
| N/A     | Performs an area clearance prior to beginning a new batch                                   |  |

Signature of Person Assessed

Ross A. Caputo

Printed Name

Ross A. Caputo

Printed Name

Date

4/3/19

Date

# ATTACHMENT 4

RESUME OF DR. CAPUTO AS DOCUMENTATION OF CREDENTIALS

**Objective** Development of Technical Strategic Planning Initiatives

## Professional Summary

|                                  |             |                 |
|----------------------------------|-------------|-----------------|
| <b>Eagle Analytical Services</b> | Houston, TX | 04/16 – Present |
| <b>President</b>                 |             |                 |

- Developing and implementing strategic plans to guide organization's vision, mission, and overall direction
- Guiding, directing, and evaluating the work of organization's executives
- Advise and direct all technical and scientific practices

|                   |               |
|-------------------|---------------|
| <b>Consultant</b> | 10/14 – 04/16 |
|-------------------|---------------|

Retired 10/06 – 10/14

|                                    |               |               |
|------------------------------------|---------------|---------------|
| <b>Pharmaceutical Systems Inc.</b> | Mundelein, IL | 09/88 – 10/06 |
| <b>Founder, CEO</b>                |               |               |

- Built analytical lab and CGMP consulting business to 150 employees
- Client base varied from start-up ventures, big Pharma, and DOD

**Baxter Healthcare** Chicago, IL 07/84 – 09/88  
**Director, Travenol Regional Compounding**

- Built nationwide compounding pharmacy network
- Built nationwide oxygen repackaging network
- Developed standards for aseptic and hazardous drug processing

**Hyland Diagnostics (Div. Baxter)** Round Lake, IL 07/82 – 07/84  
**Director of Operations**

- Responsible for all R&D, Quality, and Technical Activities
- Developed new home diagnostic tests

**Baxter Travenol** Morton Grove, IL 07/77 – 07/82  
**Director Corporate Microbiology**

- Responsible for Sterilization validation of all Baxter products globally
- Developed standards for all validation requirements for steam, gas, and gamma sterilization, and aseptic processing operations
- Developed Biological Indicator for gas sterilization, 510K approved

## Education

---

- ◆ Ph.D., Microbiology, Miami University, 1976
- ◆ M.S., Microbiology, Miami University, 1974
- ◆ B.S., Biological Science, Ohio State University, 1971

## Publications

---

1. Caputo, R., A. Huffman, and R.R. Reich, 2005, "Practical Solutions for Microbiology, Sterility and Pyrogen Testing" in International Journal of Pharmaceutical Compounding, Vol. 9, No.1. January/February 2005. Pp 9-12.
2. Reich, R.R. and R. Caputo, 2004. "Vapor Phase Hydrogen Peroxide Resistance of Environmental Isolates" in Pharmaceutical Technology, August 2004.
3. M. Jeffrey, J. Koeller, J. Zdunek, R. Byrne, and R.A. Caputo, Validation of an Enhanced Method of Bacterial Ribotyping for Improved Efficiency and Identification of Stressed Isolates. *Pharm. Technol.* **28** (3), 156-165 (2004).
4. D. Khorzad, A. Khorzad, J. Herche, R.R. Reich and R.A. Caputo, Design and Operational Qualification of a Vapor-Phase Hydrogen Peroxide Biological Indicator Evaluator Resistometer (BIER) Unit. *Pharm. Technol.* **27** (11), 84-90 (2003).
5. R.A. Caputo  
Validation Testing of a Gas Plasma Sterilization System. Medical Device & Diagnostic Industry, January 1993.
6. R.A. Caputo  
Alternative Sterilization Technologies Come of Age, Gas Plasma Section. Medical Device & Diagnostic Industry, December 1992.
7. R.A. Caputo  
AbTox Plazlyte™ Plasma Sterilization. Journal of Healthcare Material Management, September 1992.
8. R.A. Caputo  
Biological Monitoring: Is your practice valid as well as cost effective? In 3M Healthcare Quarterly Newsletter, Infection Control Rounds, February 1991.
9. R.A. Caputo and T.E. Odlaug  
Sterilization with Ethylene Oxide and Other Gases. In Disinfection, Sterilization and Preservation. Ed. Seymour S. Block. Third Edition, Chapter 2, 1983.
10. T.E. Odlaug, V. Jarzynski, R.A. Caputo and C.C. Mascoli  
Evaluation of an Automated System for Rapid Identification of Bacillus Biological Indicators and Other Bacillus Species. Journal of Parenteral Science and Technology, March/April 1982.
11. R.A. Caputo, K.J. Rohn and C.C. Mascoli  
Biological Validation of an Ethylene Oxide Sterilization Process. Developments in Industrial Microbiology. Vol. 22, 1981.
12. T.E. Odlaug, R.A. Caputo and G.S. Graham  
Heat Resistance and Population Stability of Lyophilized *Bacillus subtilis* Spores. Applied and Environmental Microbiology, Vol. 41, 1981.
13. G.S. Graham, T.E. Odlaug, R.S. Schwabe and R.A. Caputo  
Effect of Growth Conditions on Sporulation and Heat Resistance of *Bacillus stearothermophilus* Spores. ASM Abstract, National Meeting, March 1981.

14. K.J. Rohn, D.L. Stryker and R.A. Caputo  
Ethylene Oxide Resistance and Population Stability of *Bacillus subtilis* var. *niger* (globigii) Spores on Various Carrier Materials. ASM Abstract, National Meeting, March 1981.
15. T.E. Odlaug, R.A. Caputo and G.S. Graham  
Heat Resistance and Population Stability of Lyophilized *Bacillus subtilis* Spores. ASM Abstract National Meeting, March 1981.
16. R.A. Caputo and C.C. Mascoli  
Design and Use of Biological Indicators for Sterilization Cycle Validation. Medical Device and Diagnostic Industry, August 1980.
17. R.A. Caputo, K.J. Rohn and C.C. Mascoli  
Biological Validation of an Ethylene Oxide Sterilization Process. Society for Industrial Microbiology National Meeting August 1980. Developments in Industrial Microbiology, 1981.
18. T.E. Odlaug, R.A. Caputo and C.C. Mascoli  
Determination of Sterilization Values by Microbiological Methods. Society for Industrial Microbiology National Meeting, August 1980. Developments in Industrial Microbiology, 1981.
19. R.A. Caputo, T.E. Odlaug and C.C. Mascoli  
The Effect of Heat Shock Treatment on the D and Z Value of *Bacillus* Spores. ASM Abstract National Meeting, May 1980.
20. R.A. Caputo, K.J. Rohn and C.C. Mascoli  
Recovery of Biological Indicator Organisms After Sublethal Sterilization Treatment. Journal of Parenteral Drug Association, July/August 1980.
21. R.A. Caputo  
Design and Use of Biological Indicators for Sterilization Cycle Validation. Proceedings of PMA Seminar on Biological Indicators, February 25-27, 1980.
22. R.A. Caputo, T.E. Odlaug; R.L. Wilkinson and C.C. Mascoli  
Biological Validation of a Steam Sterilized Product by the Fractional Exposure Method. Journal of the Parenteral Drug Association, Vol. 33, 4 July/August, 1979.
23. K.J. Rohn and R.A. Caputo  
Post Sterilization Stability of Ethylene Oxide Biological Indicators (*B. subtilis* var. *niger*). ASM Abstract, National Meeting, May 1979.
24. R.A. Caputo, T.E. Odlaug, R.L. Wilkinson and C.C. Mascoli  
Biological Validation of a Sterilization Process for a Parenteral Product-Fractional Exposure Approach. ASM Abstract, National Meeting, May 1979.
25. K.J. Rohn and R.A. Caputo  
Post Sterilization Stability of Ethylene Oxide Biological Indicators (*B. subtilis* var. *niger*). ASM Abstract, National Meeting, May 1979.
26. R.A. Caputo, T.E. Odlaug, R.L. Wilkinson and C.C. Mascoli  
Biological Validation of a Sterilization Process for a Parenteral Product-Fractional Exposure Approach. ASM Abstract, National Meeting, May 1979.
27. R.L. Wilkinson and R.A. Caputo  
Heat Resistance of *Bacillus subtilis* 5230 Spores in Parenteral Solutions-Determination of a Model Substrate for the Biological Validation of Sterilization Processes. ASM Abstract, National Meeting, May 1979.
28. D.P. Brunner, R.A. Caputo, G.S. Graham and R.W. Treick  
Functional Reconstitution of Biological Properties of the Outer Membrane of Gram-Negative Bacteria (Endotoxin). Journal of Bacteriology, November 1978.
29. R.A. Caputo  
Biovalidation of Sterilization Processes. Proceedings of the PMA Seminar Program on Validation of Sterile Manufacturing Processes. March 15-16, 1978.
30. D.D. Barnhart, R.A. Caputo and T.M. Petro



- Primary Antigen Binding: Comparison of Minibeaker Rapid Dialysis, Equilibrium Dialysis and Ammonium Sulfate Precipitation. Journal of Immunological Methods, 1978.
31. D.P. Brunner, R.A. Caputo and R.W. Treick  
Functional Reconstitution of EDTA-Treated Escherichia Coli. Biochemical and Biophysical Research Communications, February 1977.
  32. R.A. Caputo, D.D. Barnhart and R.W. Treick  
A Rapid Measure of Primary Antigen Binding Capacity of Antiserum. Microchemical Journal 21, 85-91, 1976.
  33. R.A. Caputo, R.W. Treick, C.C. Griffin and M.P. Farrel  
Rapid Determination of Cetylpyridinium Chloride Bound by Bacteria. Applied Microbiology 29, 4776-479, 1975.
  34. Doctoral Dissertation: Physio-Chemical Properties and Functional Role of EDTA Released Material of Mutants of Escherichia Coli K-12. Page 678, Miami University, Oxford, Ohio, 1976.
  35. Master Thesis: The Sensitivity of Escherichia Coli K-12, p. 678 Mutants to Several Commercially Utilized Antimicrobial Compounds. Miami University, Oxford, Ohio, 1974.

### **Presentations**

- ◆ International Association of Central Supply Managers: Sterilization in the 90's, Portland, OR. May 30, 1996.
- ◆ Straub Hospital: Infection Control in The Next Century, Honolulu, Hawaii. March 29, 1996.
- ◆ Association of Operating Room Nurses: State of Sterilization Processing. March 1 – 8, 1995.
- ◆ Robertson Stephenson Investment Emerging Medical Technologies Summit: Management of High Growth Companies, November 28 – 29, 1995.
- ◆ Canadian Standard Association: Sterilization Management, Toronto, Canada, September/October 1994.
- ◆ Telemedicine Canada: The New Plazlyte™ Sterilization System, Mundelein, IL. September 29, 1993.
- ◆ Good Manufacturing Practice for the Pharmaceutical and Medical Device Industries, Amsterdam. October 12-14, 1992.
- ◆ Industrial Sterilization and Microbiological Quality Control: Sterilization Methods and Validation Procedures. Institute for Applied Technology, San Francisco, California, January 30-February 1, 1991.
- ◆ Viable Industrial Sterilization Methods of the 1990's: Gas Plasma Sterilization. Medical Device and Diagnostic Industry Conference, Anaheim, California, January 21-24, 1991.
- ◆ The Second Wave of Silicon Valley Biomedical Opportunities, Northern California Venture Capitalists, Palo Alto, California, May 16, 1990.
- ◆ Sterilization with Gas Plasma, PDA Midwest Meeting at Northbrook, Illinois, February 1990.
- ◆ Monoclonal Antibodies-Hybridoma Technology: What are the Quality Assurance Implications? Southern California ASM: San Diego, 1982.
- ◆ Cycle Development-Microbial Challenge Testing, Pilot Studies: Overkill and Bioburden Concepts. Seventh Annual AAMI/FDA Conference on Medical Device Regulation Industrial Ethylene Oxide Sterilization of Medical Devices-Process Design, Validation and Routine Sterilization. Washington D.C., December 1-3, 1980.

- ◆ Design and Use of Biological Indicators for Sterilization Cycle Validation. PMA seminar on Validation of Sterile Manufacturing Processes Biological Indicators. Chicago, Illinois, February 25-27, 1980.
- ◆ Biovalidation of Sterilization Processes. PMA seminar on Validation of Sterile Manufacturing Processes. Reston, Virginia, March 15-16, 1978.
- ◆ Primary Antigen Binding: Comparison of Minibeaker Rapid Dialysis, Equilibrium Dialysis and Ammonium Sulfate Precipitation. Indiana and Ohio Branch ASM Meeting at Eli Lilly and Company, Indianapolis, Indiana, October 1976.
- ◆ Evidence for the Functional Reconstitution of the Permeability Barrier of Escherichia Coli with EDTA-Released Material. Indiana and Ohio Branch ASM Meeting at Eli Lilly and Company, Indianapolis, Indiana. October 1976.
- ◆ A Rapid Measure of Primary Antigen Binding Capacity of Antiserum. ASM Ohio Branch Meeting at Case Western Reserve University, Cleveland, Ohio. November 1975.
- ◆ Rapid Determination of the Amount of Drug Bound by Bacteria. ASM Regional Meeting at the University of Louisville, Louisville, KY. October 1974.

# ATTACHMENT 5

PURCHASE ORDER RECEIPT - NIST

4/8/2019

Amazon.com - Order 111-0676813-0610651



## Details for Order #111-0676813-0610651

[Print this page for your records.](#)

**Order Placed:** April 7, 2019  
**Amazon.com order number:** 111-0676813-0610651  
**Order Total:** \$101.11

### Preparing for Shipment

#### Items Ordered

1 of: *Thomas Traceable Long Stem Digital Thermometer, with 3/8" High LCD Display, 8" Stem, + or - 0.2 degree accuracy, -58 to 302 degree F, -50 to 150 degree C* **Price** \$57.46  
 Sold by: Amazon.com Services, Inc

Condition: New

#### Shipping Address:

Jerry Igbilovia  
 3200 SOARING GULLS DR STE 101  
 LAS VEGAS, NV 89129-2198  
 United States

Item(s) Subtotal: \$57.46  
 Shipping & Handling: \$0.00

Total before tax: \$57.46  
 Sales Tax: \$4.74

#### Shipping Speed:

One-Day Shipping

**Total for This Shipment: \$62.20**

### Shipped on April 7, 2019

#### Items Ordered

1 of: *Thomas Traceable Flip-Stick Thermometer, 4.5" Stem, -58 to 572 degree F, -50 to 300 degree C* **Price** \$35.94  
 Sold by: Amazon.com Services, Inc

Condition: New

#### Shipping Address:

Jerry Igbilovia  
 3200 SOARING GULLS DR STE 101  
 LAS VEGAS, NV 89129-2198  
 United States

Item(s) Subtotal: \$35.94  
 Shipping & Handling: \$0.00

Total before tax: \$35.94  
 Sales Tax: \$2.97

#### Shipping Speed:

One-Day Shipping

**Total for This Shipment: \$38.91**

### Payment information

#### Payment Method:

Visa | Last digits: 8681

Item(s) Subtotal: \$93.40  
 Shipping & Handling: \$0.00

#### Billing address

Jerry Igbilovia  
 3200 SOARING GULLS DR STE 101  
 LAS VEGAS, NV 89129-2198  
 United States

Total before tax: \$93.40  
 Estimated tax to be collected: \$7.71

**Grand Total: \$101.11**

# ATTACHMENT 6

**CEM SMOKE STUDY – WORK ORDER**

4/9/2019

Mail - Jerry acrxpharmacy.com - Outlook

## Testing Next Week

Cari Martin <cmartin@cemanage.com>

Wed 4/3/2019 11:09 AM

To: jerry acrxpharmacy.com <jerry@acrxpharmacy.com>

Cc: Jeff Raposa <jraposa@cemanage.com>; Malica Brendle <mbrendle@cemanage.com>

Hi Jerry,

I'm following up regarding the conversation you and Jeff had yesterday about some additional testing to be scheduled next week. I can have a technician out on Thursday, April 11<sup>th</sup> around 8:00-8:30 AM, would that work for you as well?

We will plan to calibrate the 2 gauges as well as perform videotaped vapor profiles on the laminar flow hood and two powder hoods under static and dynamic conditions.

Thanks,

Cari Martin, M.S.

Field Operations Coordinator

Controlled Environment Management (CEM)

(480) 836-4144, ext. 104 Office

(480) 836-7032 Fax

[www.cemanage.com]www.cemanage.com



NOTICE OF CONFIDENTIALITY: This is a PRIVATE message. If you are not the intended recipient, please delete without copying and kindly advise the sender by e-mail of the mistake in delivery. This email contains information which may be legally privileged, proprietary in nature, or otherwise protected by law from disclosure and is intended only for the use of the Addressee named above. If you are not the Addressee, you are hereby notified that reading, copying, forwarding or distributing this email is prohibited.



Please consider the environment before printing this email.

# ATTACHMENT 7

NON-STERILE TSB MEDIA DOC

PCCA  
 9901 S Wilcrest  
 Houston, TX 77099  
 TA DEA#:RP0111803  
 Sold To: 00015548

Shipper ID :6947103  
 Page : 1  
 Sales Order:2486411

Ship To: 15548-2

\*\*\* PACKING SLIP ONLY \*\*\*

ACRX Specialty Pharmacy  
 Jerry Igbinovia  
 3200 Soaring Gulls Dr.  
 Suite 101  
 Las Vegas, NV 89129  
 United States of America

ACRX Specialty Pharmacy  
 Jerry Igbinovia  
 3200 Soaring Gulls Dr.  
 Suite 101  
 Las Vegas, NV 89129  
 United States of America



6947103

Dea # FA6553108

| Ship Date | Ship Via | FOB | Terms      | End Cust | PO | CAC Entered by |
|-----------|----------|-----|------------|----------|----|----------------|
| 04/08/19  | WCL      |     | 10th of ev |          |    | akochins       |

| Ordered        | Shipped | UM | Item Number        | Lot          | Price | Ext Price |
|----------------|---------|----|--------------------|--------------|-------|-----------|
| 1.00           | 1.00    | GM | 30-3585-18         | C191215      | 33.49 | 33.49     |
|                |         |    | SOYBEAN CASEIN DIG | Exp:02/28/23 |       |           |
| Product Total: |         |    |                    |              |       | 33.49     |

Thank you Jerry-Andres  
 Jerry is aware order was placed for Will Call pick up today-Andres

SH  
 4/9/19

QC/SHIPPER: gparkiso / BOX  
 GND 3RD 2ND 1ST Tracking 6947103

Thank You for being a PCCA Silver member.



# ATTACHMENT 8

TRAINING CONFIRMATION – LINKING OF PATIENT PRESCRIPTION MEMO

## ACRX Specialty Pharmacy

### Lot Linking Training

On 03/11/2019, I received training on ACRX Specialty Pharmacy's software systems 1) the Compounder and 2) Win Rx; specifically linking lot numbers to patient prescriptions prior to the medication being dispensed. This training included the following information:

- using the PK "the Compounder" software to keep track of compounding logs and master formulation records;
- using WIN Rx as the dispensing system;
- correctly documenting lot information in the pk "compounder system" and entering lot numbers into the dispensing software that are linked to patient prescription information as required;
- how to audit prescriptions at random to ensure that they appropriately linked to lot number;
- following the policy and procedures to accurately and effectively document required information needed;

With my signature and date below, I affirm that I received the training regarding lot linking procedures, and I understand and will follow the procedures outlined in this training for proper linking of patient's prescriptions to lot numbers prior to the medication being dispensed.

Print Name: Stephanie Velasquez Date: 3.11.19  
 Signature: [Signature]

Print Name: Solmaz Hashemi Date: 3.11.19  
 Signature: [Signature]

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_

# ATTACHMENT 9

TRAINING CONFIRMATION – COMPLAINTS HANDLING

## ACRX Specialty Pharmacy

### Complaint Handling Training

On April 05, 2019, I received training on ACRX Specialty Pharmacy's Complaint Handling Procedure, this training included:

- what a complaint is and who can file a complaint at ACRX Specialty Pharmacy;
- the required information for filing a complaint at ACRX Specialty Pharmacy;
- the proper documentation for filing a complaint at ACRX Specialty Pharmacy;
- the appropriate steps to report a complaint at ACRX Specialty Pharmacy;
- the immediate report to the Pharmacist in Charge (PIC) for appropriate action;
- the follow up procedure and time lines in place to accurately document a complaint filed at ACRX Specialty Pharmacy.

With my signature and date below, I affirm that I received the training regarding complaint handling procedures, and I understand and will follow the procedures outlined in this training for proper complaint handling at ACRX Specialty Pharmacy.

Print Name: Solmaz Hashemidaha Date: 4/5/19  
 Signature: [Signature]

Print Name: Stephanie Sherwood Date: 4.5.19  
 Signature: [Signature]

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_

**5E**

**6**



NEVADA STATE BOARD OF PHARMACY  
**OFFICE OF THE GENERAL COUNSEL**

WRITER'S DIRECT DIAL: (775) 850-1440 • EMAIL: [bkandt@pharmacy.nv.gov](mailto:bkandt@pharmacy.nv.gov) • FAX: (775) 850-1444

June 21, 2019

VIA U.S. MAIL and EMAIL TO [mdushoff@knevada.com](mailto:mdushoff@knevada.com)

Matthew T. Dushoff, Esq.  
 Kolesar & Leatham, Chtd.  
 400 South Rampart Blvd., Suite 400  
 Las Vegas, NV 89145

**Re: Notice of Involuntary Closure of Pharmacy and Right to Hearing -  
 ACRX Specialty Pharmacy, Certificate of Registration No. PH03673**

Dear Mr. Dushoff:

This will confirm that Nevada State Board of Pharmacy (Board) has taken necessary action pursuant to NAC 639.570 to effectuate an involuntary closure of your client Jerry Igbinovia's pharmacy, ACRX Specialty Pharmacy, located at 3200 Soaring Gulls Drive, Suite #101 Las Vegas, NV 89129. That involuntary closure was necessary after federal law enforcement agents arrested your client and seized ACRX Specialty Pharmacy's computer system on June 20, 2019, rendering the pharmacy unable to operate in conformance with applicable law.

Pursuant to NRS 233B.121, your client may request a hearing before the Board to contest ACRX Specialty Pharmacy's involuntary closure by submitting a written request to the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521.

Please be aware that the forgoing does not preclude a formal investigation, summary suspension pursuant to NRS 233B.127(3), or filing of an accusation pursuant to NRS 639.241. If you have any questions, please do not hesitate to contact me at 775-850-1440 or [bkandt@pharmacy.nv.gov](mailto:bkandt@pharmacy.nv.gov).

Best regards,

A handwritten signature in blue ink, appearing to be "Brett Kandt".

**Brett Kandt**  
 General Counsel  
 Nevada State Board of Pharmacy

**KOLESAR & LEATHAM**

ATTORNEYS AT LAW

400 SOUTH RAMPART BLVD., SUITE 400

LAS VEGAS, NEVADA 89145

702.362.7800

klnevada.com

June 25, 2019

**VIA U.S. MAIL and e-mail: pedwards@pharmacy.nv.gov**

NEVADA STATE BOARD OF PHARMACY  
Attention: Paul Edwards, Esq.  
985 Damonte Ranch Parkway, Suite 206  
Reno, NV 89521

**Re: Request for a Hearing on the Involuntary Closure of Pharmacy and Right  
to a Hearing  
ACRX Specialty Pharmacy, Certificate of Registration No. PH03673**

Dear Mr. Edwards:

ACRX Specialty Pharmacy has retained the services of Kolesar & Leatham to represent them in the above referenced matter. Pursuant to NRS 233.121, my client is requesting a hearing before the Board to contest ACRX's involuntary closure. Please forward all further correspondence directly to me at: Kolesar and Leatham, 400 South Rampart Blvd., Suite 400, Las Vegas, NV 89145, or mdushoff@klnevada.com. My direct line at my office is 702-889-7761. Thank you

Respectfully yours,

**KOLESAR & LEATHAM**  
Matthew T. Dushoff, Esq.

MTD/mab



**7**

**7A**

# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR NEVADA PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

- ☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH \_\_\_\_\_)  
Check box below for type of ownership and complete all required forms. \*\*If LLC use Non Public Corporation or Partnership.
- ☐ Publicly Traded Corporation – Pages 1,2,3,10,11a&b ☐ Partnership - Pages 1,2,6,10,11a&b  
☒ Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b ☐ Sole Owner – Pages 1,2,8,10,11a&b

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

Pharmacy Name: Alto Pharmacy

Physical Address: 600 Pilot Road, Suite A

City: Las Vegas State: NV Zip Code: 89119 Telephone: (800) 874-5881

Fax: (415) 484-7780 Toll Free Number: (800) 874-5881

E-mail: compliance@alto.com

Website: www.alto.com

Managing Pharmacist: Rory Wright License Number: 14443

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

**APPLICATION FOR NEVADA PHARMACY LICENSE**

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.



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

Matthew Gamache-Asselin

Print Name of Authorized Person

7/29/19

Date

Board Use Only

Date Processed: \_\_\_\_\_

Amount: 500.00

# APPLICATION FOR NEVADA PHARMACY LICENSE

**OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION**

State of Incorporation: Delaware

Parent Company if any: Scriptdash Inc.

**Mailing Address:** 1400 Tennessee Street, Unit 2

City: San Francisco State: CA Zip: 94107

Telephone: (800) 874-5881 Fax: (415) 484-7780

**Contact Person:** Charles Aguilar

For any corporation non publicly traded, disclose the following:

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

|    |                         |   |
|----|-------------------------|---|
| a) | Mattieu Gamache-Asselin | 1400 Tennessee Street, Unit 2, San Francisco, CA, 94107 |
|    | Name                    | Business Address  |

|    |                |   |
|----|----------------|---|
| b) | James Karraker | 1400 Tennessee Street, Unit 2, San Francisco, CA, 94107 |
|    | Name           | Business Address  |

|  |   |
|--|---|
| c) Greenoaks Capital Opportunities L.P | 535 Pacific Avenue, 4th Floor, San Francisco, CA, 94133 |
| Name                                   | Business Address  |

|    |                                  |  |
|----|----------------------------------|--|
| d) | Jackson Square Ventures II, L.P. | 2105 South Bascom Avenue, Suite 370, Campbell, CA, 95008 |
|    | <b>Name</b>                      | <b>Business Address</b>                                  |

- 2) Provide the number of shares issued by the corporation. 40,842,457

- 3) What was the price paid per share? 19.82

List any physician shareholders and percentage of ownership.

Name: \_\_\_\_\_ N/A %: \_\_\_\_\_ N/A

Name: \_\_\_\_\_ N/A %: \_\_\_\_\_ N/A

**Hours of Operation for the pharmacy:**

Monday thru Friday 9 am 6 pm

Saturday 10 am 6 pm

Sunday 10 am 6 pm

|          |     |
|----------|-----|
| 24 Hours | N/A |
|----------|-----|

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

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy  
FOR Corporations, Partnership or Sole Owners

I, Mattieu Gamache - Asselin

Responsible Person of Alto 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

Mattieu Gamache - Asselin  
Print Name of Authorized Person

7/29/19  
Date

## Managing Pharmacist

Pharmacist Name:

Rory Wright

License #:

14443

Pharmacy Name:

Alto Pharmacy

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

|  | Yes                      | No                                  |
|--|--------------------------|-------------------------------------|
| Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 1. been charged, arrested or convicted of a felony or misdemeanor in any state?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. been the subject of a board citation or an administrative action whether completed or pending in any state?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

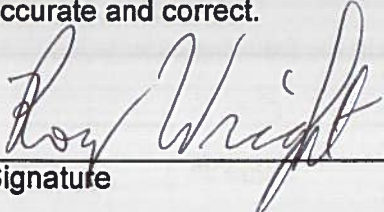
If you marked YES to any of the numbered questions above, please include the following information

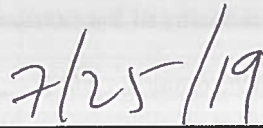
|                              |               |              |               |
|------------------------------|---------------|--------------|---------------|
| Board Administrative Action: | State: _____  | Date: _____  | Case #: _____ |
| And/or Criminal Action:      | State: _____  | Date: _____  | Case #: _____ |
|                              | County: _____ | Court: _____ |               |

**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



7/26/2019

Division of Corporations - Filing

Delaware.gov

Governor | General Assembly | Courts | Elected Officials | State Agencies

## Department of State: Division of Corporations

[Allowable Characters](#)

## HOME

[About Agency](#)  
[Secretary's Letter](#)  
[Newsroom](#)  
[Frequent Questions](#)  
[Related Links](#)  
[Contact Us](#)  
[Office Location](#)

## SERVICES

[Pay Taxes](#)  
[File UCC's](#)  
[Delaware Laws Online](#)  
[Name Reservation](#)  
[Entity Search](#)  
[Status](#)  
[Validate Certificate](#)  
[Customer Service Survey](#)

## INFORMATION

[Corporate Forms](#)  
[Corporate Fees](#)  
[UCC Forms and Fees](#)  
[Taxes](#)  
[Expedited Services](#)  
[Service of Process](#)  
[Registered Agents](#)  
[GetCorporate Status](#)  
[Submitting a Request](#)  
[How to Form a New Business Entity](#)  
[Certifications, Apostilles & Authentication of Documents](#)

[View Search Results](#)

## Entity Details

|                              |                  |   |                          |
|------------------------------|------------------|---|--------------------------|
| <a href="#">File Number:</a> | 5763030          | <a href="#">Incorporation Date</a><br><a href="#">/ Formation Date:</a> | 6/9/2015<br>(mm/dd/yyyy) |
| <a href="#">Entity Name:</a> | SCRIPTDASH INC.  |   |                          |
| <a href="#">Entity Kind:</a> | Corporation      | <a href="#">Entity Type:</a>  | General                  |
| <a href="#">Residency:</a>   | Domestic         | State:  | State:                   |
| <a href="#">Status:</a>      | Good<br>Standing | Status Date:  | 6/10/2019                |

[REGISTERED AGENT INFORMATION](#)

|          |                                    |              |            |
|----------|------------------------------------|--------------|------------|
| Name:    | INCORP SERVICES, INC.              |              |            |
| Address: | 919 NORTH MARKET STREET, SUITE 950 |              |            |
| City:    | WILMINGTON                         | County:      | New Castle |
| State:   | DE                                 | Postal Code: | 19801      |
| Phone:   | 800-246-2677                       |              |            |

[Back to Entity Search](#)[Email Status](#)

For help on a particular field click on the Field Tag to take you to the help area.

[site map](#) | [privacy](#) | [about this site](#) | [contact us](#) | [translate](#) | [delaware.gov](#)

**Alto Pharmacy**

1400 Tennessee Street Unit 2

San Francisco, CA ,94107

(800) 874-5881

**List of Owners, Officers or Directors of the Pharmacy****Mattieu Gamache-Asselin****CEO/President**

: Alabama Street, Apt 5, San Francisco, CA, 94110

Date of Birth - 4/17/90

**James Dylan Karraker****CTO**

: Oakwood Street, Apt 3, San Francisco, CA, 94110

Date of Birth - 6/20/89

# APPLICATION TO BE THE DESIGNATED REPRESENTATIVE for a Pharmacy or Wholesaler located in Nevada

 Date 7/25/19

## GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made 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 Retail pharmacy  
600 Pilot Road, Suite A, Las Vegas, NV 89119  
 Name and Address of Business for Which Designated Representative Is Requested  
N/A  
 If applicable, Name Under Which It Is Now Operated

### 1. PERSONAL INFORMATION:

Last Name Wright First Name Rory Middle Name Leonard  
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)  
N/A  
 Present Residence Address-Street or RFD Woodwell street Unit A City Las Vegas State/Zip NV 89147  
 Dates 2/2016 to current  
 Present Business Address 600 Pilot Road, Suite A City Las Vegas State/Zip NV 89119  
 Dates 7/2019  
 Present Position with the Pharmacy or Wholesaler Pharmacist Phone:  
 Residence 1-800-874-5881  
 Business 1-800-874-5881  
 Date of Birth 4/8 Place of Birth (City, County, State) Washington D.C.  
 Age 48 Social Security Number                      Sex Male  
 Color of Eyes black Color of Hair black Complexion brown Weight 198 Build Normal Height 5'11"  
 Scars, tattoos or distinguishing marks and/or characteristics 2 scars on right ankle  
 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 PW

## MARITAL INFORMATION-Continued

A. **Current Marriage** 7/18/94 Omaha, Douglas, NE  
 Spouse's full name (Maiden) Karen Peterson <sup>Date</sup> 1  
 Date of Birth \_\_\_\_\_ Place of Birth Omaha, NE  
 Resident address Woodwell Street Unit A Las Vegas, NV 89147  
 Telephone: Residence \_\_\_\_\_ Business (702) 521-6406  
 Spouse's employer Montevista Hospital Occupation Dietician  
 Address of employer 5900 W. Rochelle Ave Las Vegas NV 89103

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                  |
|------------------|------------|---------------|------------------------------------|
| Sebastian Wright |            | Henderson, NV | Woodwell Street Unit A LV NV 89147 |

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 km

**FAMILY INFORMATION-Continued**

District attorney or public agency responsible for enforcing the child support order:

Name N/A

Address N/A

Contact person N/A

**C. Parents:**

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

in-law or legal guardian. If retired or deceased, list last address and occupation.

| Name (Maiden)   | Birth Date | Address                              | Occupation |
|-----------------|------------|--------------------------------------|------------|
| Father          |            |                                      |            |
| Leonard Wright  | Deceased   |                                      |            |
| Mother          |            |                                      |            |
| Eleanor Wright  | Retired    | 11 Tropicana Ave Las Vegas, NV 89147 | retired    |
| Father-in-Law   |            |                                      |            |
| Jackie Peterson | Deceased   |                                      |            |
| Mother-in-Law   |            |                                      |            |
| Sean Peterson   | Deceased   |                                      |            |

**D. Brothers and Sisters:**

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

| Name (Maiden) | Birth Date | Address                            | Occupation     |
|---------------|------------|------------------------------------|----------------|
| Karman Wright |            | Tara Hills Dr. San Pablo, CA 94806 | Administrative |
| Spouse        |            | N/A                                |                |
| Spouse        |            |                                    |                |
| Spouse        |            |                                    |                |
| Spouse        |            |                                    |                |

**4. EDUCATION:**

| Name of School     | Location                              | Dates Attended                          | Graduate  |
|--------------------|---------------------------------------|---|---|
| Grammar School     | Caroline Wenzel                       | Sacramento, CA 1977-1983                | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| High School        | John F. Kennedy                       | Sacramento, CA 1985-1989                | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| College University | University of Nebraska Medical Center | College of Pharmacy 1994-1998 Omaha, NE | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Other              | Sacramento State University           | Sacramento, CA 1990-1993                | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

Type of degree obtained, if any Doctor of Pharmacy

College or university where obtained University of Nebraska Medical Center

Applicant's initial



**5 MILITARY INFORMATION:**

A. Have you ever served in any armed forces?

Yes ☐ No ☒

Branch \_\_\_\_\_ Date of entry-active service \_\_\_\_\_

Date of separation \_\_\_\_\_ Type of discharge \_\_\_\_\_

Rating at separation \_\_\_\_\_ Serial number \_\_\_\_\_

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft?

Yes ☐ No ☒

County \_\_\_\_\_ State \_\_\_\_\_ Date registered \_\_\_\_\_

**6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)**

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

| Date of Arrest | Age | Charge | Location-City and State | Deposition/Date | Arresting Agency |
|----------------|-----|--------|-------------------------|-----------------|------------------|
|                |     |        |                         |                 |                  |
|                |     |        |                         |                 |                  |
|                |     |        |                         |                 |                  |

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒ If yes, when? \_\_\_\_\_ city, county and state \_\_\_\_\_

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒ If yes when? \_\_\_\_\_ city, county and state \_\_\_\_\_

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☒ No ☐ If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

| Name | Relationship | Charge | Location | Date |
|------|--------------|--------|----------|------|
|------|--------------|--------|----------|------|

Winifred Wright (Deceased) - Uncle child endangerment San Francisco, CA 2002

Jackie Peterson (Deceased) - father in law child endangerment Omaha, NE 2000

Applicant's initial \_\_\_\_\_

Page 4

**ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued**

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?

Yes ☐ No ☒ (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

| Plaintiff/Defendant or<br>Claimant/Respondent | Date Filed | Court and Case<br>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:

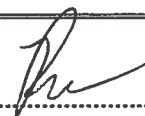
| Name of Entity | Type of Entity | Approximate Date(s) of<br>Lawsuit/Arbitration/Bankruptcy |
|----------------|----------------|--|
|                |                |  |
|                |                |  |
|                |                |  |
|                |                |  |

**7. RESIDENCES:**

List all residences you have had for the last 25 years:

| Month and Year<br>(From-To) | Street and Number           | City           | State or County |
|-----------------------------|-----------------------------|----------------|-----------------|
| 2/2016 - Current            | Woodwell Street Unit A      | Las Vegas, NV  | 89147           |
| 7/2004 - 2/2016             | 1182 Azure Heights Pl       | Las Vegas, NV  |                 |
| 1/99 - 7/2004               | 3060 Sierra Ridge Dr        | Las Vegas, NV  |                 |
| 11/98 - 1/99                | 650 Whitney Ranch Dr. #2011 | Las Vegas, NV  |                 |
| 6/98 - 11/98                | 1601 Burton Rd #1715        | Redlands, CA   |                 |
| 5/94 - 6/98                 | 535 S. 37th St.             | Omaha, NE      |                 |
| 6/77 - 5/94                 | 7072 Reno Way               | Sacramento, CA |                 |
|                             |                             |                |                 |
|                             |                             |                |                 |
|                             |                             |                |                 |
|                             |                             |                |                 |

Applicant's initial





**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.

|                               |   |                          |
|-------------------------------|---|--------------------------|
| 10/2015 - 7/1/19              | Direct Scripts Mail (DSM) Pharmacy 71 N. Pecos Rd #104              | 40 hrs/week              |
| Month and Year                | Name/Mailing Address of Employer/Business                           | Number of Employed Hours |
| Pharmacy Manager/Director     | - Management Services   | Patrick Eide Miller      |
| Title                         | Description of Duties   | Name of Supervisor       |
| 2/2016 - 4/2018               | Actua Prior Authorization (PBA) Link from home 4306 Woodward Street | 40 hrs/week              |
| Month and Year                | Name/Mailing Address of Employer/Business                           | Number of Employed Hours |
| PA Clinical Pharmacist        | Renew Part D determinations   | Renetia Artis            |
| Title                         | Description of Duties   | Name of Supervisor       |
| 6/14 - 12/2015                | McLerron Pharmacy-Retail 5757 Wayne Newton                          | 40 hrs/week              |
| Month and Year                | Name/Mailing Address of Employer/Business                           | Number of Employed Hours |
| Staff Pharmacist              | Fill prescriptions/counsel patients                                 | Merce Casal              |
| Title                         | Description of Duties   | Name of Supervisor       |
| 6/13 - 12/2015                | Pharmacy Purchasing Consultants 4101 Wagon Trail                    | 40 hrs/week              |
| Month and Year                | Name/Mailing Address of Employer/Business - Buying Group            | Number of Employed Hours |
| Owner                         | Sales/operations/management   | None                     |
| Title                         | Description of Duties   | Name of Supervisor       |
| 1/07 - 5/2013                 | Catalyst/Catalan (PBA) 1650 Spring Gate Lane                        | 40 hrs/week              |
| Month and Year                | Name/Mailing Address of Employer/Business                           | Number of Employed Hours |
| Director of Pharmacy Services | operations/management   | Mark Naidone             |
| Title                         | Description of Duties   | Name of Supervisor       |
| 9/01 - 12/06                  | SNAHHS 6101 W Charleston - State Pharmacy                           | 40 hrs/week              |
| Month and Year                | Name/Mailing Address of Employer/Business                           | Number of Employed Hours |
| Pharmacy Manager/Pharmacist   | Fill Rx, counsel patients   | Emmanuel Ebo             |
| Title                         | Description of Duties   | Name of Supervisor       |
| 7/98 - 8/04                   | Savon/CVS 6705 E. Lake Mead-Retail                                  | 40 hrs/week              |
| Month and Year                | Name/Mailing Address of Employer/Business                           | Number of Employed Hours |
| Staff Pharmacist              | Fill Rx, counsel patients   | Joe Berk                 |
| 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





## 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>Mark Depew</u>         | Home     | <u>1</u>             | <u>Clewiston Ave</u>    | <u>LV, NV</u>          | <u>89131</u>        | <u>&gt;10 years</u> |
| Employer <u>Catahan</u>        | Business | <u>1650</u>          | <u>Spring Gate Lane</u> | <u>LV, NV</u>          | <u>89134</u>        |                     |
| Name <u>Wendy Franco</u>       | Home     | <u>?</u>             | <u>Barnstucket Ave</u>  | <u>LV, NV</u>          | <u>89147</u>        | <u>&gt;5 years</u>  |
| Employer <u>Direct Scripts</u> | Business | <u>71</u>            | <u>N. Pecos</u>         | <u>LV, NV</u>          | <u>89101</u>        |                     |
| Name <u>Alex Becerra</u>       | Home     | <u>1</u>             | <u>Noble Stand St.</u>  | <u>Las Vegas, NV</u>   | <u>89148</u>        | <u>&gt;10 yr</u>    |
| Employer <u>Self-employed</u>  | Business | <u>5897</u>          | <u>Noble Stand St.</u>  | <u>LV, NV</u>          | <u>89148</u>        |                     |
| Name <u>Derek Turner</u>       | Home     | <u>1</u>             | <u>Scott Road</u>       | <u>4D-1401</u>         | <u>Murrieta, CA</u> | <u>92563</u>        |
| Employer <u>Not employed</u>   | Business | <u>N/A</u>           |                         |                        |                     | <u>&gt;10 yrs</u>   |
| Name <u>Stephane Trunk</u>     | Home     | <u>Day Lilly Ct.</u> | <u>Fairfax, VA</u>      | <u>22031</u>           |                     | <u>10 yrs</u>       |
| Employer <u>Arcut Fox</u>      | Business | <u>1717</u>          | <u>K Street, NW</u>     | <u>Washington D.C.</u> | <u>20036</u>        |                     |

10. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

|            |            |                                       |                      |           |
|------------|------------|---------------------------------------|----------------------|-----------|
| Liquor     | Lawyer     | Race horse/race dog owner             | Securities dealer    | Insurance |
| Doctor     | Contractor | Real estate broker or <u>salesman</u> | Barber/Cosmetologist | Gaming    |
| Accountant | Pilot      | Sports promoter                       | Trainer or manager   | Educator  |

Yes ☐ No ☐

If yes, state type, where and years held

Real estate salesman, Las Vegas, NV; 1 yr

11. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☒ No ☐

North Carolina BOR in order to get a pharmacy license (approved)

13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

If yes to the above, state where, when and for what reason:

Applicant's initial Ph

14. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

15. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a wholesaler) Yes ☐ No ☒

18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒

19. Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler?

Yes ☒ No ☐

20. Will you be employed fulltime with the pharmacy or wholesaler?

Yes ☒ No ☐

21. Will you be present at the site of the pharmacy or wholesaler during its normal operating hours?

Yes ☒ No ☐



Date of photograph 7/25/19

Applicant's initial [Signature]

STATE OF NEVADA

SS.

COUNTY OF ClarkI, Rory Wright

being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a wholesaler license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or wholesaler in the State of Nevada.

Rory Wright  
Original Signature of Applicant

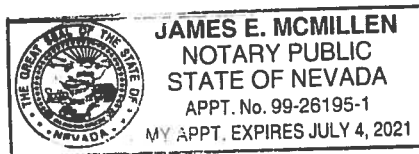
Subscribed and Sworn to before me this

24

day of

July 2019

James E. McMullen  
Notary Public



(seal)

Applicant's initial

RW

[illegible]

# PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 7/29/19

## GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made 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 Pharmacy License  
 Nature of License  
Alto Pharmacy 600 Pilot Road, Suite A, Las Vegas, NV, 89119  
 Name and Address of Establishment for Which License Is Requested  
N/A  
 If applicable, Name Under Which It Is Now Operated

### 1. PERSONAL INFORMATION:

|  |   |                       |
|--|---|-----------------------|
| Last Name<br>Gamache-Asselin   | First Name<br>Mattieu   | Middle Name<br>N/A    |
| Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)<br>N/A |   |                       |
| Present Residence Address-Street or RFD<br>Alabama St, APT 5                     | City<br>San Francisco   | State/Zip<br>CA/94110 |
| Present Business Address<br>1400 Tennessee St, Unit 2                            | City<br>San Francisco   | State/Zip<br>CA/94107 |
| Occupation<br>CEO  | Phone:<br>Residence<br>Business 650-580-0019                        |                       |
| Date of Birth  | Place of Birth (City, County, State)<br>Burlington, Ontario, Canada |                       |
| Age<br>29  | Social Security Number  | Sex<br>Male           |
| Color of Eyes<br>Hazel   | Color of Hair<br>Dark brown   | Complexion<br>Light   |
| Weight<br>180lbs   | Build<br>average  | Height<br>6'          |

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  Page 1

## MARITAL INFORMATION-Continued

A. **Current Marriage** n/a

Spouse's full name (Maiden) N/A Date N/A City, County and State N/A S.S. No. N/A

Date of Birth N/A Place of Birth N/A

Resident address N/A Street N/A City N/A State N/A Zip N/A

Telephone: Residence N/A Business N/A

Spouse's employer N/A Occupation N/A

Address of employer N/A Street N/A City N/A State N/A Zip N/A

## B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

| Name of Spouse | Date of Order or Decree | Date of Place of Marriage | Nature of Action | City County and State |
|----------------|-------------------------|---------------------------|------------------|-----------------------|
| 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 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                   |            | 2 Leithridge Crescent<br>Whitby, ON L1M 2N1<br>Canada | Commercial airline pilot<br>Captain, A787, Air Canada<br>(Retired) |
| Henri François Asselin   |            |   |  |
| Mother                   |            | Cartographe St<br>Orléans, ON K4A 3N6<br>Canada       | High school principal<br>(Retired)                                 |
| Christiane Manon Gamache |            |   |  |
| 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                              |
|--------------------------|------------|---|---|
| François Gamache-Asselin |            | Nathalie St<br>Rockland, ON K4K 1E5, Canada | Constable, Ontario<br>Provincial Police |
| Spouse                   |            | Nathalie St<br>Rockland, ON K4K 1E5, Canada | N/A                                     |
| Anne-Marie Tourville     |            |   |   |
| Spouse                   |            |   |   |
| Spouse                   |            |   |   |
| Spouse                   |            |   |   |

**4. EDUCATION:**

|                    | Name of School                                   | Location  | Dates Attended       | Graduate  |
|--------------------|--|---|----------------------|---|
| Grammar School     | Ecole St Croix                                   | 351 Lafontaine Rd W,<br>ON L9M 0H1, Canada        | Sept 1993 - May 2002 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| High School        | Ecole secondaire catholique<br>Béatrice-Desloges | 1999 Provence Ave, Orléans,<br>ON K4A 3Y6, Canada | Sept 2003 - May 2007 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| College University | University of Ottawa                             | 75 Laurier Ave E, Ottawa,<br>ON K1N 6N5, Canada   | Sept 2008 - May 2012 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Other              |  |   |                      | Yes <input type="checkbox"/> No <input type="checkbox"/>            |

Type of degree obtained, if any Bachelor of Applied Science in Software EngineeringCollege or university where obtained University of Ottawa

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 \_\_\_\_\_

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 n/a State \_\_\_\_\_ Date registered \_\_\_\_\_

**6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)**

- A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

| Date of Arrest | Age | Charge | Location-City and State | Deposition/Date | Arresting Agency |
|----------------|-----|--------|-------------------------|-----------------|------------------|
|----------------|-----|--------|-------------------------|-----------------|------------------|

n/a

- B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.
- C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒
- D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒
- E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒
- F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒ If yes, when? \_\_\_\_\_ city, county and state \_\_\_\_\_
- G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒ If yes when? \_\_\_\_\_ city, county and state \_\_\_\_\_
- H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒ If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

| Name | Relationship | Charge | Location | Date |
|------|--------------|--------|----------|------|
|------|--------------|--------|----------|------|

n/a

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<br>Claimant/Respondent | Date Filed | Court and Case<br>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<br>Lawsuit/Arbitration/Bankruptcy |
|----------------|----------------|--|
| n/a            |                |  |
|                |                |  |
|                |                |  |
|                |                |  |

**7. RESIDENCES:**

List all residences you have had for the last 25 years:

| Month and Year<br>(From-To) | Street and Number           | City            | State or County |
|-----------------------------|-----------------------------|-----------------|-----------------|
| 07/2019-present             | Alabama St, APT 5           | San Francisco   | CA              |
| 07/2017-07/2019             | 1221 Harrison St, Unit 17   | San Francisco   | CA              |
| 08/2015-07/2017             | 1 Polk St, APT 1204         | San Francisco   | CA              |
| 10/2012-08/2015             | 1001 National Ave, APT 422  | San Bruno       | CA              |
| 05/2012-10/2012             | 1201 Parkmoor Ave, APT 1311 | San Jose        | CA              |
| 07/2003-05/2012             | 213 Janet Way               | Orleans         | Ontario, Canada |
| 1994 - 07/2003              | 1482 Chapman Rd.            | Penetanguishene | Ontario, Canada |
|                             |                             |                 |                 |
|                             |                             |                 |                 |
|                             |                             |                 |                 |

Applicant's initial



**8. EMPLOYMENT:**

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

| Month and Year           | Name/Mailing Address of Employer/Business                        | Reason for Leaving           |
|--------------------------|--|------------------------------|
| September 2015 - Present | ScriptDash Inc, 1400 Tennessee St, San Francisco CA 94107        | N/A                          |
| Title                    | Description of Duties  | Name of Supervisor           |
| CEO                      |  | Board of Directors           |
| Month and Year           | Name/Mailing Address of Employer/Business                        | Reason for Leaving           |
| May 2013 - Sept 2015     | Facebook / 1 Hacker Way, Menlo Park, CA 94025                    | Start company                |
| Title                    | Description of Duties  | Name of Supervisor           |
| Software Engineer        | Write, develop, test and architect software programs             | Kevin Lacker                 |
| Month and Year           | Name/Mailing Address of Employer/Business                        | Reason for Leaving           |
| May 2012 - May 2013      | Parse / 8 California St, San Francisco, CA 94111                 | Company acquired by Facebook |
| Title                    | Description of Duties  | Name of Supervisor           |
| Software Engineer        | Write, develop, test and architect software programs             | Kevin Lacker                 |
| Month and Year           | Name/Mailing Address of Employer/Business                        | Reason for Leaving           |
| June 2011 - August 2011  | Adobe / 601 Townsend St, San Francisco, CA 94103                 | End of internship            |
| Title                    | Description of Duties  | Name of Supervisor           |
| Software Engineer Intern | Write, develop, test and architect software programs             | Todd Rein                    |
| Month and Year           | Name/Mailing Address of Employer/Business                        | Reason for Leaving           |
| May 2010 - August 2010   | Adobe / 343 Preston St, Ottawa, Canada, K1S1N4                   | End of internship            |
| Title                    | Description of Duties  | Name of Supervisor           |
| Software Engineer Intern | Write, develop, test and architect software programs             | n/a                          |
| Month and Year           | Name/Mailing Address of Employer/Business                        | Reason for Leaving           |
| May 2009 - August 2009   | General Dynamics / 1941 Robertson Rd, Nepean, ON K2H 5B7, Canada | End of internship            |
| Title                    | Description of Duties  | Name of Supervisor           |
| Software Engineer Intern | Write, develop, test and architect software programs             | n/a                          |
| 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 Christophe Tauziet   | Home     | Indiana St,           | San Francisco, CA | 94107           | +1 (      | 7 years     |
| Employer Uber             | Business | 1455 Market St #400,  | San Francisco, CA | 94103           |           |             |
| Name Kelly Phillips       | Home     | Alabama St, #5,       | San Francisco, CA | 94110           |           | 5 years     |
| Employer Sephora          | Business | 425 Market St,        | San Francisco, CA | 94103           |           |             |
| Name Francis Davidson     | Home     | S Van Ness Ave,       | San Francisco, CA | 94110           |           | 2 years     |
| Employer Sonder           | Business | 101 15th St,          | San Francisco, CA | 94103           |           |             |
| Name Justin Nathaniel Kan | Home     | Belcher St,           | San Francisco, CA | 94110           |           | 2 years     |
| Employer Atrium           | Business | 260 Townsend St #400, | San Francisco, CA | 94107           |           |             |
| Name Dymimul Mao          | Home     | 1 Percy St,           | Ottawa, ON        | K1R 6G2, Canada |           | 11 years    |
| Employer Trading Central  | Business | 301 Moodie Dr #200,   | Nepean, ON        | K2H 9C4, Canada |           |             |

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☒  
If yes, complete the following:

| Box Number or Type of Depository | Location | City and State | Authorized Users |
|----------------------------------|----------|----------------|------------------|
| N/A                              |          |                |                  |

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 ☒

N/A



Date of photograph 7/29/19

Applicant's initial


STATE OF California

ss.

COUNTY OF San Francisco

I, Mattieu Gamache - Asselin, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent, and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.



Original Signature of Applicant

Subscribed and Sworn to before me this 29<sup>th</sup> day of

July 2019

David S. O'Brien

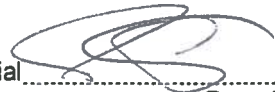
Notary Public

OUD SAPPRASERT O'BRIEN



(seal)

Applicant's initial



Page 9



# PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 7/29/19

## GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made 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 Pharmacy License  
 Nature of License  
 Alto Pharmacy 600 Pilot Road, Suite A, Las Vegas, NV, 89119  
 Name and Address of Establishment for Which License Is Requested  
 N/A  
 If applicable, Name Under Which It Is Now Operated

### 1. PERSONAL INFORMATION:

|  |  |                       |
|--|--|-----------------------|
| Last Name<br>Karraker  | First Name<br>James                                | Middle Name<br>Dylan  |
| Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)<br>Jamie |  |                       |
| Present Residence Address-Street or RFD<br>Oakwood St, Apt 3                       | City<br>San Francisco                              | State/Zip<br>CA 94110 |
| Present Business Address<br>1400 Tennessee St, Unit 2                              | City<br>San Francisco                              | State/Zip<br>CA 94107 |
| Occupation   | Phone: Residence                                   | Business              |
| CTO  | 304-319-2266                                       |                       |
| Date of Birth<br>11/2  | Place of Birth (City, County, State)<br>Denver, CO |                       |
| Age<br>30  | Social Security Number                             | Sex<br>Male           |
| Color of Eyes<br>Grey  | Color of Hair<br>Brown                             | Complexion<br>Light   |
| Weight<br>185  | Build<br>Average                                   | Height<br>6'3"        |

Scars, tattoos or distinguishing marks and/or characteristics None

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 OK Page 1

## MARITAL INFORMATION-Continued

A. **Current Marriage** \_\_\_\_\_ N/A \_\_\_\_\_

Spouse's full name (Maiden) \_\_\_\_\_ Date \_\_\_\_\_ City, County and State \_\_\_\_\_

S.S. No. \_\_\_\_\_ N/A \_\_\_\_\_

Date of Birth \_\_\_\_\_ N/A \_\_\_\_\_ Place of Birth \_\_\_\_\_ N/A \_\_\_\_\_

Resident address \_\_\_\_\_ N/A \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Residence \_\_\_\_\_ N/A \_\_\_\_\_ Business \_\_\_\_\_ N/A \_\_\_\_\_

Spouse's employer \_\_\_\_\_ N/A \_\_\_\_\_ Occupation \_\_\_\_\_ N/A \_\_\_\_\_

Address of employer \_\_\_\_\_ N/A \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**B. Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

| Name of Spouse | Date of Order<br>or Decree | Date of Place<br>of Marriage | Nature of<br>Action | City<br>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 OK



**FAMILY INFORMATION-Continued**

District attorney or public agency responsible for enforcing the child support order:

Name..... N/A.....

Address..... N/A.....

Contact person..... N/A.....

**C. Parents:**

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

in-law or legal guardian. If retired or deceased, list last address and occupation.

| Name (Maiden)     | Birth Date | Address                             | Occupation        |
|-------------------|------------|-------------------------------------|-------------------|
| Father            |            |                                     |                   |
| Jon Karraker      |            | 1 Jackson Ave, Morgantown, WV 26501 | Expert witness    |
| Mother            |            |                                     |                   |
| Katherine Richart |            | 3 Jackson Ave, Morgantown, WV 26501 | Associate Provost |
| 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 |
|------------------|------------|---------------------------------|------------|
| Katrina Karraker | 2          | 4 E 21st St, New York, NY 10010 | Recruiter  |
| Spouse           |            |                                 |            |
| N/A              |            |                                 |            |
| Spouse           |            |                                 |            |
| Spouse           |            |                                 |            |
| Spouse           |            |                                 |            |

**4. EDUCATION:**

|                | Name of School                        | Location       | Dates Attended | Graduate  |
|----------------|---------------------------------------|----------------|----------------|---|
| Grammar School | Suncrest Middle School                | Morgantown, WV | 2000-2003      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| High School    | Morgantown High School                | Morgantown, WV | 2003-2006      | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| College        |                                       |                |                |   |
| University     | Massachusetts Institute of Technology | Cambridge, MA  | 2008-2013      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
|                | Phillips Exeter Academy               | Exeter, NH     | 2006-2008      |   |
| Other          |                                       |                |                | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

Type of degree obtained, if any..... BS, Computer Science, Physics; MEng, Computer Science.....

College or university where obtained..... Massachusetts Institute of Technology.....

Applicant's initial OK.....

**5 MILITARY INFORMATION:**

- A. Have you ever served in any armed forces? Yes ☐ No ☒

Branch N/A Date of entry-active service N/A

Date of separation N/A Type of discharge N/A

Rating at separation N/A Serial number N/A

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

- B. Have you registered for the draft? Yes ☐ No ☒

County N/A State N/A Date registered N/A

**6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)**

- A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

| Date of Arrest | Age | Charge | Location-City and State | Deposition/Date | Arresting Agency |
|----------------|-----|--------|-------------------------|-----------------|------------------|
|----------------|-----|--------|-------------------------|-----------------|------------------|

N/A

- 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 OK Page 4

**ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued**

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?

Yes ☐ No ☒ (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

| Plaintiff/Defendant or<br>Claimant/Respondent | Date Filed | Court and Case<br>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<br>Lawsuit/Arbitration/Bankruptcy |
|----------------|----------------|--|
| N/A            |                |  |

**7. RESIDENCES:**

List all residences you have had for the last 25 years:

| Month and Year<br>(From-To) | Street and Number  | City          | State or County |
|-----------------------------|--------------------|---------------|-----------------|
| 6/1989-6/2006               | 200 Jackson Ave    | Morgantown    | WV              |
| 6/2006-6/2008               | 17 Spring St       | Exeter        | NH              |
| 6/2008-6/2013               | 99 Bay State Rd    | Boston        | MA              |
| 6/2013-8/2014               | 662 Loma Verde Ave | Palo Alto     | CA              |
| 8/2014-10/2015              | 40 Broderick St    | San Francisco | CA              |
| 10/2015-11/2017             | 3546 22nd St       | San Francisco | CA              |
| 11/2016-12/2018             | 342A Prospect Ave  | San Francisco | CA              |
| 11/2018-present             | Oakwood St, Apt 3  | San Francisco | CA              |

Applicant's initial OK

**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      |
| 6/2015-present    | ScriptDash Inc / 1400 Tennessee St, San Francisco CA 94107         |                         |
| Title             | Description of Duties  | Name of Supervisor      |
| CTO               | Manage product, engineering, design, security, and analytics teams | Mattieu Gamache-Asselin |
| Month and Year    | Name/Mailing Address of Employer/Business                          | Reason for Leaving      |
| 8/2013-6/2015     | Facebook / 1 Hacker Way, Menlo Park, CA 94025                      | Started company         |
| Title             | Description of Duties  | Name of Supervisor      |
| Software engineer | Write, develop, test and architect software programs               | Kevin Lacker            |
| Month and Year    | Name/Mailing Address of Employer/Business                          | Reason for Leaving      |
| Title             | Description of Duties  | Name of Supervisor      |
| Month and Year    | Name/Mailing Address of Employer/Business                          | Reason for Leaving      |
| Title             | Description of Duties  | Name of Supervisor      |
| Month and Year    | Name/Mailing Address of Employer/Business                          | Reason for Leaving      |
| Title             | Description of Duties  | Name of Supervisor      |
| Month and Year    | Name/Mailing Address of Employer/Business                          | Reason for Leaving      |
| Title             | Description of Duties  | Name of Supervisor      |
| Month and Year    | Name/Mailing Address of Employer/Business                          | Reason for Leaving      |
| Title             | Description of Duties  | Name of Supervisor      |
| Month and Year    | Name/Mailing Address of Employer/Business                          | Reason for Leaving      |
| Title             | Description of Duties  | Name of Supervisor      |
| Month and Year    | Name/Mailing Address of Employer/Business                          | Reason for Leaving      |
| Title             | Description of Duties  | Name of Supervisor      |

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial OK Page 6

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes ☐ No ☒

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒



Date of photograph 7/29/19

Applicant's initial OK

STATE OF California

ss.

COUNTY OF San Francisco

I, James Dylan Karraker, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant ☒ has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent, ☐ and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.



Original Signature of Applicant

Subscribed and Sworn to before me this 29<sup>th</sup> day of

July, 2019


Notary Public

OUD SAPPRASERT O'BRIEN



(seal)

Applicant's initial OK

Page 10

**7B**



# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR NEVADA PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

- ☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH \_\_\_\_\_)  
Check box below for type of ownership and complete all required forms. \*\*If LLC use Non Public Corporation or Partnership.
- ☐ Publicly Traded Corporation – Pages 1,2,3,10,11a&b      ☒ Partnership – Pages 1,2,6,10,11a&b  
☐ Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b      ☐ Sole Owner – Pages 1,2,8,10,11a&b

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

Pharmacy Name: PAHRUMP WELLNESS PHARMACY and NUTRITION CENTER

Physical Address: 2780 Homestead RD

City: Pahrump State: NV Zip Code: 89048 Telephone: 702-960-8640

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

E-mail: Justin.pahrumpwp@gmail.com

Website: \_\_\_\_\_

Managing Pharmacist: Thomas Rogaski License Number: 10182

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

# APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

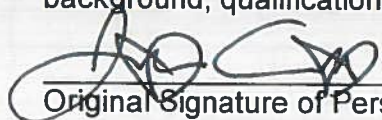
Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☒ No ☐
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☒ No ☐
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.



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

Justin Curnutt  
Print Name of Authorized Person

07/25/19  
Date

Board Use Only

Date Processed: \_\_\_\_\_

Amount: 500.00

## APPLICATION FOR NEVADA PHARMACY LICENSE

**OWNERSHIP IS A PARTNERSHIP. All persons listed as a partner must accurately complete a personal history record form.**

Type of Partnership: General \_\_\_\_\_ Limited X

List names of 4 largest partners and percentage of ownership:

Name: JUSTIN CURNUTT %: 80  
 Name: ANNA CADIGAN %: 20  
 Name: / %: /  
 Name: / %: /

Partnership Name: CCDE, LLC

Mailing Address: PO Box 6380

City, State Zip Code: PAHRUMP, NV, 89041

Telephone Number: 702-960-8640 Fax Number: \_\_\_\_\_

Contact Person: JUSTIN CURNUTT

List any physician shareholders and percentage of ownership.

Name: / %: /  
 Name: / %: /  
 Name: / %: /

**Hours of Operation for the pharmacy:**

Monday thru Friday 10 am 6 pm Saturday 10 am 2 pm  
 Sunday 10 am 2 pm 24 Hours NA

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 – Nevada Pharmacy  
FOR Corporations, Partnership or Sole Owners

I, Justin Curnutt

Responsible Person of CCDE, LLC and PAHump Wellness Pharmacy + Nutrition Center  
hereby acknowledge and understand that in addition to the corporation's, any owner(s),  
shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law  
that may occur in a pharmacy owned or operated by said corporation.

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

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



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

JUSTIN CURNUTT

Print Name of Authorized Person

07/25/19

Date

# Managing Pharmacist

Pharmacist Name: THOMAS ROGASKI

License #: 10182

Pharmacy Name: PAHRUMP Wellness Pharmacy and Nutrition Center

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

|  | Yes                                 | No                                  |
|--|-------------------------------------|-------------------------------------|
| Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 1. been charged, arrested or convicted of a felony or misdemeanor in any state?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 2. been the subject of a board citation or an administrative action whether completed or pending in any state?   | <input 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 type="checkbox"/>            | <input checked="" type="checkbox"/> |

If you marked YES to any of the numbered questions above, please include the following information

Board Administrative Action: State: NV Date: 8/27/02 Case #: 20020000000363  
 And/or Criminal Action: State: \_\_\_\_\_ Date: \_\_\_\_\_ Case #: 02-043-S  
 County: \_\_\_\_\_ Court: \_\_\_\_\_

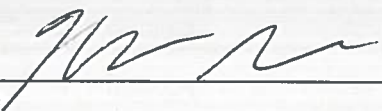


**PHARMACY MANAGER'S RESPONSIBILITIES**  
**(PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)**

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)
2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)
3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)
4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)
5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)
6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)
7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)
8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)
9. Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

Signature



Date

7/17/2019

Subject: **RE: Pharmacy records**  
Date: 11/15/2018 8:57:57 AM Pacific Standard Time  
From: shunting@pharmacy.nv.gov  
To: silverearrings@aol.com

Thomas,

The following information is provided per your request:

Licensee Name: Thomas Rogaski  
Nevada License No.: 10182  
License Type: Pharmacist  
License Status: Active – In Good Standing  
1st License Date: 10/09/1989  
License Expires: October 31, 2019  
Discipline: Yes

The physical case file is over ten years old and no longer available. I have attached a screenshot from the discipline tracking system which provides a brief summary of the case.

Please contact me if you have any questions.

Shirley Hunting

Board Coordinator

Custodian of Records

Nevada State Board of Pharmacy

Phone: 775-850-1440

Fax: 775-850-1448

**CONFIDENTIALITY NOTICE:** This message and any accompanying documents are intended only for the use of the individual or entity to which they are addressed. They may contain information that is proprietary, privileged, confidential

[FAQ](#) | [Help](#) | [Sign Out](#)

|                         |                        |                             |                         |                      |                      |                            |                             |                        |
|-------------------------|------------------------|-----------------------------|-------------------------|----------------------|----------------------|----------------------------|-----------------------------|------------------------|
| <a href="#">VR Home</a> | <a href="#">Entity</a> | <a href="#">Application</a> | <a href="#">License</a> | <a href="#">Cash</a> | <a href="#">Exam</a> | <a href="#">Inspection</a> | <a href="#">Enforcement</a> | <a href="#">Report</a> |
|-------------------------|------------------------|-----------------------------|-------------------------|----------------------|----------------------|----------------------------|-----------------------------|------------------------|

[Complaint Search Update](#) [Change Recording Public Case Info](#) [License Type](#) [Delete Complaint](#) [Mass Activity Update](#) [Mass Discipline Update](#) [Mass Status](#)

Domain 1 - Nevada Dept

Logged in as shuntin

[VR Home](#) > [Case Search](#) > [Maintain Case](#)

|             |                   |                 |             |                           |                             |
|-------------|-------------------|-----------------|-------------|---------------------------|-----------------------------|
| Lic Type    | 1007 - Pharmacist | Status          | 80 Closed   | Status Date               | 08/27/2002                  |
| Complaint # | 200200000000363   | Case Type       | Disposition | AAC All Actions Completed | Disposition Date 08/27/2002 |
| Docket#     | Respondent        | ROGASKI, THOMAS | Responsible | Public Case               |                             |

|                           |                            |                             |                            |
|---------------------------|----------------------------|-----------------------------|----------------------------|
| <a href="#">Complaint</a> | <a href="#">Respondent</a> | <a href="#">Complainant</a> | <a href="#">Add'l Info</a> |
|---------------------------|----------------------------|-----------------------------|----------------------------|

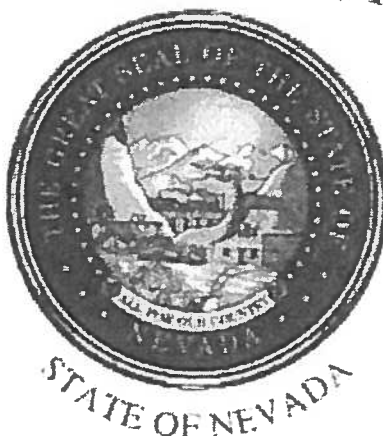
|           |  |                |            |
|-----------|--|----------------|------------|
| Source    | STFF - Board Staff   | Security Level | 1          |
| Form      | STND - Standard  | Priority       | 1          |
| Class'n   |  | Complexity     |            |
| Security  | NORM - Normal  | Incident       |            |
| Region    |  | Received       | 08/27/2002 |
| Reference | 02-043-S   |                |            |
| Entered   | 08/27/2002   | Entered By     |            |
| Summary   | CE Audit Action. \$100 fine/\$250 admin fees, due in 60 days (10/23/02), CE audit for next renewal, 60 CEs for next renewal. |                |            |
| Updated   | 08/28/2008 16:23:20  | By             | jwalter    |

|                               |                              |
|-------------------------------|------------------------------|
| <a href="#">Parties</a>       | <a href="#">Activities</a>   |
| <a href="#">Allegations</a>   | <a href="#">Discipline</a>   |
| <a href="#">Violations</a>    | <a href="#">Compliance</a>   |
| <a href="#">Related</a>       | <a href="#">Disposition</a>  |
| <a href="#">Costs</a>         |                              |
| <a href="#">Time Tracking</a> |                              |
| <a href="#">Attachments</a>   | <a href="#">History</a>      |
| <a href="#">Work Notes</a>    | <a href="#">Print Report</a> |

[Back](#)[Get Adobe Reader](#)



# SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **CCDE LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since July 3, 2019, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on July 10, 2019.

*Barbara K. Cegavske*

Barbara K. Cegavske  
Secretary of State

Electronic Certificate  
Certificate Number: C20190710-0163

# APPLICATION TO BE THE DESIGNATED REPRESENTATIVE for a Pharmacy or Wholesaler located in Nevada

Date

7/26/2019

## GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for

Retail Pharmacy + Non-Sterile Compounding

Nature of Pharmacy or Wholesaler

PAHRUMP Wellness Pharmacy and Nutrition Center

2780 Homestead RD. #101, PAHRUMP, NV 89048

Name and Address of Business for Which Designated Representative Is Requested

If applicable, Name Under Which It Is Now Operated

### 1. PERSONAL INFORMATION:

Last Name

MAGASKI

First Name

Thomas

Middle Name

N/A

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Present Residence Address-Street or RFD

City

State/Zip

Mesa View Drive LV NV 89120

Present Business Address

Dates

City

State/Zip

Present Position with the Pharmacy or Wholesaler

Phone:

Residence

Business

Date of Birth

Place of Birth (City, County, State)

59

Manhattan NYC NY

Age

Social Security Number

Sex

M

Color of Eyes

Color of Hair

Complexion

Weight

Build

Height

Blue

blonde/grey white

170

mesomorph

5'4"

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

TM

## A. Current Marriage

Date 5/17/85  
 Spouse's full name (Maiden) Mindy Sue Gebaude City, County and State Kings County Brooklyn NY  
 S.S. No. \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Place of Birth Kings County Brooklyn NY  
 Resident address Mesa View Dr. LV NV 89120  
 Street City State Zip  
 Telephone: Residence \_\_\_\_\_ Business N/A  
 Spouse's employer N/A Occupation N/A  
 Address of employer N/A  
 Street City State Zip

## B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below.

| Name of Spouse | Date of Order or Decree | Date of Place of Marriage | Nature of Action | City County and State |
|----------------|-------------------------|---------------------------|------------------|-----------------------|
|----------------|-------------------------|---------------------------|------------------|-----------------------|

N/A

## List of names, current address and telephone numbers of previous spouses:

| Name | Street | City | State | Zip | Telephone |
|------|--------|------|-------|-----|-----------|
|------|--------|------|-------|-----|-----------|

N/A

## 3. FAMILY INFORMATION:

## A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

| Name | Birth Date | Birth Place | Residence Address |
|------|------------|-------------|-------------------|
|------|------------|-------------|-------------------|

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 .....

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        |            |         |            |
| Mother        |            |         |            |
| Father-in-Law |            |         |            |
| Mother-in-Law |            |         |            |

Father

Mother

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             |
|-----------------|------------|-------------------------------------|------------------------|
| Marie Nogowski  |            | 0 152 <sup>nd</sup> St NYC NY 10031 | N/a                    |
| Andrew Nogowski |            | 0 85 <sup>th</sup> St NYC NY 10010  | Security Officer NYU   |
| John Nogowski   |            | 83 Huntington Beach Ca              | real estate management |
| Tomo Nogowski   |            | * moved on 4/30/2019                |                        |

Spouse

Spouse

Spouse

Spouse

**4. EDUCATION:**

| Name of School  | Location | Dates Attended | Graduate  |
|---|----------|----------------|---|
| Grammar School PSC61  | NYC NY   | 9/65 - 6/74    | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| High School Seward Park HS  |          | 9/74 - 6/78    | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| College University Arnold & Marie Schwartz School of Pharmacy LIU | BRUNY NY | 9/78 - 6/83    | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Other   |          |                | Yes <input type="checkbox"/> No <input type="checkbox"/>            |

Type of degree obtained, if any.....

College or university where obtained.....

Applicant's initial

**5 MILITARY INFORMATION:**

A. Have you ever served in any armed forces?

Yes ☐ No ☒

Branch ..... Date of entry-active service .....

Date of separation ..... Type of discharge .....

Rating at separation ..... Serial number .....

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft?

Yes ☐ No ☒

County ..... State ..... Date registered .....

**6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)**

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

| Date of Arrest | Age | Charge | Location-City and State | Deposition/Date | Arresting Agency |
|----------------|-----|--------|-------------------------|-----------------|------------------|
| 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 ☐ REPORTED ILLEGAL PRESCRIPTIONS TO D.A.

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☒ No ☐ REPORTED ILLEGAL PRESCRIPTIONS TO D.A.


E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☒ No ☐ REPORTED ILLEGAL PRESCRIPTIONS TO D.A.

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 

## 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    |
|--|------------|-----------------------|----------------------------|---------------------|
| Personal Bankruptcy                        | 2001       | N/A                   | Las Vegas, NV / Clark city | Dismissed / dropped |

- 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 |
|--------------------------|-----------------------|------|-----------------|
| 10/89 - 12/00?           | 3020 Liberty Circle N | LV   | NV              |
| 12/00 - 7/06             | 4255 E Tamarus # 140  | LV   | NV              |
| 7/06 - current           | 1 Mesa View Drive     | LV   | NV              |

Applicant's initial

TR



**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.

86403

|                    |  |                             |
|--------------------|--|-----------------------------|
| 6/2019 →           | K-MART Pharmacy 1870 McCulloch Blvd N. Lake Havasu Az                      | 80 Hours                    |
| Month and Year     | Name/Mailing Address of Employer/Business                                  | Number of Employed Hours    |
| Pharmacist         | input, Rx Filling, counseling, verification                                | Brian Lee RPH               |
| Title              | Description of Duties  | Name of Supervisor          |
| 2/2019             | Life First Pharmacy 2407 W Charleston Blvd Las Vegas, NV 89102             |                             |
| Month and Year     | Name/Mailing Address of Employer/Business                                  | Number of Employed Hours    |
| on-call Pharmacist | verification of Rx, counseling, MD interactions                            | RAYMOND RPH                 |
| Title              | Description of Duties  | Name of Supervisor          |
| 10/2010            | Walmart Pharmacy (various locations) #2050 / 300 E Lake Mead Henderson, NV | 89015                       |
| Month and Year     | Name/Mailing Address of Employer/Business                                  | Number of Employed Hours    |
| Staff Pharmacist   | 4-point verification, visual verification, counseling, immunizations       | 16,640 Hours                |
| Title              | Description of Duties  | Name of Supervisor          |
|                    |  | Molly Harlow / Wes Campbell |
| Month and Year     | Name/Mailing Address of Employer/Business                                  | Number of Employed Hours    |
| 8/2001             | Walgreens Pharmacy (various locations)                                     | 16,000 Hours                |
| Title              | Description of Duties  | Name of Supervisor          |
| Month and Year     | Name/Mailing Address of Employer/Business                                  | Number of Employed Hours    |
| staff Pharmacist   | Rx verification, input, counseling, technician supervision                 | Matt                        |
| Title              | Description of Duties  | Name of Supervisor          |
| Month and Year     | Name/Mailing Address of Employer/Business                                  | Number of Employed Hours    |
|                    |  |                             |
| Title              | Description of Duties  | Name of Supervisor          |
| Month and Year     | Name/Mailing Address of Employer/Business                                  | Number of Employed Hours    |
|                    |  |                             |
| Title              | Description of Duties  | Name of Supervisor          |
| Month and Year     | Name/Mailing Address of Employer/Business                                  | Number of Employed Hours    |
|                    |  |                             |
| Title              | Description of Duties  | Name of Supervisor          |
| Month and Year     | Name/Mailing Address of Employer/Business                                  | Number of Employed Hours    |
|                    |  |                             |
| Title              | Description of Duties  | Name of Supervisor          |

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial \_\_\_\_\_

## 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>MARC ALBAUM</u>       | Home     | <u>Grand St</u>        | <u>New York, NY</u>         | <u>1002</u>                 | <u>7</u>            | <u>44 years</u>  |
| Employer <u>Self-employed</u> | Business | <u>MARC ALBAUM CPA</u> | <u>260 E. Broadway</u>      | <u>NY, NY 10002</u>         | <u>212-674-2840</u> |                  |
| Name <u>HINH HUYNH RPH</u>    | Home     | <u>8 Tusculum Way</u>  | <u>Durham, UT</u>           | <u>84020</u>                |                     | <u>5 years +</u> |
| Employer <u>Walgreens Rx</u>  | Business | <u>Walgreens #9974</u> | <u>4205 Main St</u>         | <u>Springville UT 84663</u> | <u>801-853-1214</u> |                  |
| Name <u>Brian Nguyen RPH</u>  | Home     | <u>Dollar Pointe</u>   | <u>Las Vegas, NV</u>        | <u>89148</u>                | <u>6</u>            | <u>22 years</u>  |
| Employer <u>Walmart Rx</u>    | Business | <u>Walmart</u>         | <u>3041 N. Rainbow Blvd</u> | <u>Las Vegas, NV 89108</u>  | <u>702-656-7331</u> |                  |
| Name <u>Morris DuBia</u>      | Home     | <u>Cavas Way</u>       | <u>Henderson, NV</u>        | <u>89014</u>                |                     | <u>15 years</u>  |
| Employer <u>Retired</u>       | Business | <u>N/A</u>             |                             |                             |                     |                  |
| Name <u>Ugo Nnodim RPH</u>    | Home     | <u>Corista Dr</u>      | <u>Henderson, NV</u>        | <u>89053</u>                |                     | <u>7 years</u>   |
| Employer <u>US Military</u>   | Business | <u>N/A</u>             |                             |                             |                     |                  |

10. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

|   |                             |                                |                      |           |
|---|-----------------------------|--------------------------------|----------------------|-----------|
| Liquor                                  | Lawyer                      | Race horse/race dog owner      | Securities dealer    | Insurance |
| Doctor                                  | Contractor                  | Real estate broker or salesman | Barber/Cosmetologist | Gaming    |
| Accountant                              | Pilot                       | Sports promoter                | Trainer or manager   | Educator  |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |                                |                      |           |

If yes, state type, where and years held

New York Pharmacist #035828 35 years  
Arizona Pharmacist #5023888 Less than 1 year  
Utah Pharmacist #11234258-1701, Utah controlled substances 11234258-8911 } Less than 1 year both

11. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒  
 If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒

NEVADA Board of Pharmacy CE Audit / case 200200000000363 / case resolved + closed

13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

If yes to the above, state where, when and for what reason:

Applicant's initial

AD



14. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

15. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a wholesaler) Yes ☐ No ☒

18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒

19. Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler? Yes ☒ No ☐

20. Will you be employed fulltime with the pharmacy or w Yes ☒ No ☐

21. Will you be present at the site of the pharmacy or whc operating hours? Yes ☒ No ☐



APH  
ST

Date of photograph 7/26/2019

Applicant's initial (Signature)

STATE OF

Nevada

SS.

COUNTY OF

ClarkI, THOMAS ROGASKI

, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a wholesaler license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated thereunder and agree, if licensed, to abide thereby,

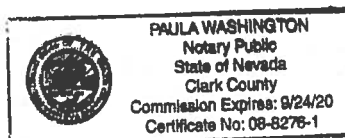
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or wholesaler in the State of Nevada.

Thomas Rogaski  
Original Signature of Applicant

Subscribed and Sworn to before me this 26th day of

July 2019

Paula Washington  
Notary Public



(seal)

Applicant's initial

I stood before the State Board of pharmacy on  
Due to a shortage of C.E. credits. I paid my fine, made  
up my hours and it never happened again.

<sup>in addition to Nevada</sup>  
I currently hold active licenses in good standing <sup>in pharmacy</sup> in the  
following states:

NY State State Board of pharmacy # 035828

State of Utah 11234258-1701

Pharmacist Controlled Substance State of Utah 11234258-18911

Arizona State State Board of Pharmacy # 5023888

\* When I discovered in the past illegally written prescriptions  
I followed protocol by contacting the police. When  
charges were pressed against the illegal prescriber I  
was subpoenaed against the arrested party by the  
D.A. This occurred a number of times over the  
years.

In reference to page 4 # C, D & E.

\* In reference to page 5 # I  
I filed for bankruptcy in 2001 but never pursued it.

Applicant's initial

A

# PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

398

Date 7-25-19

## GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made 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 PAHRUMP Wellness Pharmacy and Nutrition Center  
2780 Hornestead Rd. #101, PAHRUMP, NV 89048  
 Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

### 1. PERSONAL INFORMATION:

Cadigan Anna Maria  
 Last Name First Name Middle Name  
Maiden name DiBenedetto / married name Christensen  
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Loughlin Rd Pahrump NV 89048  
 Present Residence Address-Street or RFD City State/Zip  
2100 E Calaveras Blvd Pahrump NV 89048  
 Present Business Address City State/Zip

Occupation \_\_\_\_\_ Dates \_\_\_\_\_ Phone: \_\_\_\_\_  
 Residence \_\_\_\_\_  
 Business 775-727-7959  
Point Pleasant Ocean, NJ  
 Date of Birth \_\_\_\_\_ Place of Birth (City, County, State)

57 F  
 Age Social Security Number Sex  
Hazel Brown white 140 small 5'5"  
 Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics Scar Top of @ hand

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 ae



A. **Current Marriage** 05-07-2016 Pahrump Nye NV  
Date City, County and State  
 Spouse's full name (Maiden) Craig L Christensen S.S. No.  
 Date of Birth                      Place of Birth Cedar City Utah  
 Resident address Laughlin Rd Pahrump NV 89048  
Street City State Zip  
 Telephone: Residence                      Business 775-727-7959  
 Spouse's employer Self Occupation Chiropractor  
 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 |
|-----------------|-------------------------|---------------------------|------------------|-----------------------|
| James W Cadigan | 12-16-2015              | 9-8-1982 Allamwood        | Divorced         | Pahrump Nye NV        |

List of names, current address and telephone numbers of previous spouses:

| Name            | Street    | City    | State | Zip   | Telephone |
|-----------------|-----------|---------|-------|-------|-----------|
| James W Cadigan | 2 Lorilei | Pahrump | NV    | 89048 |           |

**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                        |
|-----------------|------------|-------------|--|
| Amanda Cadigan  |            | NV          | 60 Patricia LV NV 89148                  |
| James F Cadigan |            | NV          | Kansas St Pahrump NV 89048               |
| Steven Cadigan  |            | NV          | 1 SE 142 place Summerfield Florida 34491 |

See Attached sheet (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 ce

**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               |            |  |            |
| Mario D. Benedetto   |            | 1884 heights<br>Mineral Bluff GA 30559 | retired    |
| Mother               |            |  |            |
| Maria D. Benedetto   |            | 1884 heights<br>Mineral Bluff GA 30559 | retired    |
| Father-in-Law        |            |  |            |
| Dale Christensen     |            | Laughlin Rd Pahrump NV 89048           | retired    |
| Mother-in-Law        |            |  |            |
| Margaret Christensen |            | Laughlin Rd Pahrump NV 89048           | retired    |

**D. Brothers and Sisters:**

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

| Name (Maiden)         | Birth Date | Address                                | Occupation     |
|-----------------------|------------|--|----------------|
| Pasquale D. Benedetto |            | 1884 heights<br>Mineral Bluff CA 30559 | Builder        |
| Spouse                |            |  |                |
| Laura D. Benedetto    |            | 1884 heights<br>Mineral Bluff GA 30559 | Post office    |
| Mario D. Benedetto    |            | Sawn St<br>Pahrump NV 89048            | retired        |
| Spouse                |            |  |                |
| Teresa Hlem           |            | Santiuido<br>Pahrump NV 89048          | office manager |
| Spouse                |            |  |                |
| Bill Hlem             |            | Santiuido<br>Pahrump NV 89048          | Supervisor     |
| Spouse                |            |  |                |

**4. EDUCATION:**

| Name of School | Location     | Dates Attended    | Graduate  |
|----------------|--------------|-------------------|---|
| Grammar School | Green Grove  | Neptune 1967-1972 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| High School    | Neptune High | Neptune 1976-1980 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| College        |              |                   | Yes <input type="checkbox"/> No <input type="checkbox"/>            |
| University     |              |                   | Yes <input type="checkbox"/> No <input type="checkbox"/>            |
| Other          |              |                   | Yes <input type="checkbox"/> No <input type="checkbox"/>            |

Type of degree obtained, if any .....

College or university where obtained .....

Applicant's initial ae

**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 |
|----------------|-----|--------------------------------|-------------------------|-----------------|------------------|
| 7-14-2008      | 45  | Interfering in law enforcement | Pahrump NV 89048        | 2009            | Nye County       |

- 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 |
|---------------|--------------|-----------|----------|------|
| James Cadigan | Son          | Marijuana | AZ       | ?    |

Applicant's initial re Page 4

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?

Yes ☐ No ☒ (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

| Plaintiff/Defendant or<br>Claimant/Respondent | Date Filed | Court and Case<br>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<br>Lawsuit/Arbitration/Bankruptcy |
|----------------|----------------|--|
|                |                |  |
|                |                |  |
|                |                |  |
|                |                |  |

## 7. RESIDENCES:

List all residences you have had for the last 25 years:

| Month and Year<br>(From-To) | Street and Number | City    | State or County |
|-----------------------------|-------------------|---------|-----------------|
| 10-1-1994                   | 2690 Locelie      | Pahrump | NV 89048 Nye    |
| 7-1-2015                    | Laughlin Rd       | Pahrump | NV 89048 Nye    |
|                             |                   |         |                 |
|                             |                   |         |                 |
|                             |                   |         |                 |
|                             |                   |         |                 |
|                             |                   |         |                 |
|                             |                   |         |                 |
|                             |                   |         |                 |
|                             |                   |         |                 |

Applicant's initial   *RL*



**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     |
|----------------|--|------------------------|
| Title          | Description of Duties                            | Name of Supervisor     |
| 7-1978         | Woolworth Hwy 33 NJ                              | New Job                |
|                | Managed Garden center Sell - restock             |                        |
| 5-1980         | Power Controls Redbank NJ                        | Having children        |
|                | Assembler Built computer Boards                  | John Dominico          |
| 1-2010         | Pahrump Dermatology Pahrump NV                   | New Job                |
|                | MD - Marketing                                   | Mike Roos              |
| 1-2012         | LV Skin + Cancer                                 | Business Closed 7-2015 |
|                | Lab Tech + MHA Patient care, assist in surgeries |                        |
| 5-2016         | Independent Wellness center                      | Closed                 |
|                | Manager / Admin / HR                             | Craig Christensen      |
| 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 ac Page 6

## 9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

| Name of Where Employed           | Street   | City                                      | State | Zip | Telephone | Years Known |
|----------------------------------|----------|---|-------|-----|-----------|-------------|
| Roddy Fernandez<br>Name          | Home     | Ravine ave Pahrump NV 89048               |       |     |           | 57 (11)     |
| Nye County Emergency<br>Employer | Business | management logistics office               |       |     |           |             |
| Scott Lewis<br>Name              | Home     | Elderberry Pahrump NV 89048               |       |     |           | 3 (11)      |
| Nye County<br>Employer           | Business | chief of fire department                  |       |     |           |             |
| Justin Toll<br>Name              | Home     | 1 Hilliard Dr. Clarkston Washington 99903 |       |     |           | (12)        |
| Express Care<br>Employer         | Business |   |       |     |           |             |
| Donna Corey<br>Name              | Home     | Basin Rd Pahrump NV 89060                 |       |     |           | 1 (5)       |
| Pahrump Valley<br>Employer       | Business | Chamber of Commerce                       |       |     |           |             |
| Jeff Charbonneau<br>Name         | Home     | Tremonah Pahrump NV 89048                 |       |     |           |             |
| Self<br>Employer                 | Business | General contractor.                       |       |     |           | (20)        |

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☒  
If yes, complete the following:

| Box Number or Type of Depository | Location | City and State | Authorized Users |
|----------------------------------|----------|----------------|------------------|
|                                  |          |                |                  |
|                                  |          |                |                  |
|                                  |          |                |                  |

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

|            |            |                                |                      |           |
|------------|------------|--------------------------------|----------------------|-----------|
| Liquor     | Lawyer     | Race horse/race dog owner      | Securities dealer    | Insurance |
| Doctor     | Contractor | Real estate broker or salesman | Barber/Cosmetologist | Gaming    |
| Accountant | Pilot      | Sports promoter                | Trainer or manager   | Educator  |

Yes ☐ No ☒

If yes, state type, where and years held

12. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒  
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Applicant's initial re Page 7

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes ☐ No ☒

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒



Date of photograph 7-25-19

Applicant's initial en

STATE OF Nevada

SS.

COUNTY OF NYE

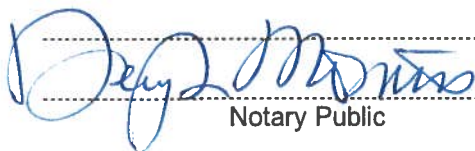
I, Mary Ann Morris Anna Cadigan, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.



Original Signature of Applicant

Subscribed and Sworn to before me this 25 day of July 2019



Notary Public

Applicant's initial ac



2011-04-14A 00127

Mitchel Cadigan

NJ

Step Children

Cooper Christensen

NV

Hunting Ridge  
Trail

Granger IN 46530

Cayla Carrizal

CA

Brigwood Dr

Brea CA 92821

Chandy Christensen

CA

Laughlin Rd

Pahrump NV  
89048

Torrence Christensen

CA

Frederia Dr

Las Vegas NV 89108

Afton Rodriguez

CA

Brarwood Dr

Brea CA 92821

# PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 07/24/19

## GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for PAHRUMP WELLNESS PHARMACY and NUTRITION CENTER  
2780 Homestead RD. #101 PAHRUMP, NEVADA, 89048  
 Name and Address of Establishment for Which License Is Requested  
 If applicable, Name Under Which It Is Now Operated

### 1. PERSONAL INFORMATION:

Last Name CURNUTT First Name JUSTIN Middle Name DAINE  
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)  
N/A  
 Present Residence Address-Street or RFD 10/15- Present City PAHRUMP State/Zip NV / 89060  
N. Leslie St Dates  
 Present Business Address 04/16- Present City PAHRUMP State/Zip NV / 89048  
2341 E. Postal Road Dates  
 Occupation owner of PAHRUMP WELLNESS CENTER and Educator Phone: Residence 775-419-6338  
of Therapeutic Lifestyle Changes! Business  
 Date of Birth \_\_\_\_\_ Place of Birth (City, County, State) LAS VEGAS, CLARK, NEVADA  
 Age 33 Social Security Number \_\_\_\_\_ Sex MALE  
 Color of Eyes Blue Color of Hair Brown Complexion White Weight 140 Build Petite Height 5'6"

Scars, tattoos or distinguishing marks and/or characteristics Scar in the middle of forehead  
from Chickenpox that was scratched off as a child.

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 [Signature] Page 1

A. **Current Marriage** 11/17/07 Pocatello, Bannock, IDAHO  
 Spouse's full name (Maiden) ASHLEY LENAEE POOLE Date City, County and State S.S. No.  
 Date of Birth 11/17/07 Place of Birth Pocatello / Bannock County  
 Resident address N. Leslie St. PAHRUMP, NV, 89060  
Street City State Zip  
 Telephone: Residence 1-702-791-1111 Business N/A  
 Spouse's employer Home MAKER Occupation Homemaker  
 Address of employer N/A  
Street City State Zip

**B. Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

| Name of Spouse | Date of Order or Decree | Date of Place of Marriage | Nature of Action | City County and State |
|----------------|-------------------------|---------------------------|------------------|-----------------------|
|----------------|-------------------------|---------------------------|------------------|-----------------------|

N/A

**List of names, current address and telephone numbers of previous spouses:**

| Name | Street | City | State | Zip | Telephone |
|------|--------|------|-------|-----|-----------|
|------|--------|------|-------|-----|-----------|

N/A

**3. FAMILY INFORMATION:**

**A. Children and Dependents:**

List all children, including step-children and adopted children and give the following information:

| Name                    | Birth Date      | Birth Place              | Residence Address                      |
|-------------------------|-----------------|--------------------------|--|
| <u>Dominic CURNUTT</u>  | <u>11/17/07</u> | <u>Blackfoot, IDAHO</u>  | <u>N. Leslie St. PAHRUMP, NV 89060</u> |
| <u>Lenaee CURNUTT</u>   | <u>11/17/07</u> | <u>Riverton, UTAH</u>    | <u>Same as Above</u>                   |
| <u>Felicity CURNUTT</u> | <u>11/17/07</u> | <u>LAS Vegas, NEVADA</u> | <u>Same as Above</u>                   |
| <u>ADALINE CURNUTT</u>  | <u>11/17/07</u> | <u>LAS Vegas, NEVADA</u> | <u>Same as Above</u>                   |

**B. Child Support Information:**

Please mark the appropriate response:

☒ I am not subject to a court order for the support of child.

☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial AD



**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<br><b>TROY CURNUTT</b>         | 1-1-81     | Lois Lane<br>Pocatello, ID 83201      | Entrepreneur                              |
| Mother<br><b>MIRIAM Jensen</b>        | 1-1-48     | Lois Lane<br>Pocatello, ID 83201      | Homemaker                                 |
| Father-in-Law<br><b>Brian POOLE</b>   | 1-1-58     | S. Fairway Dr.<br>Pocatello, ID 83201 | Engineer                                  |
| Mother-in-Law<br><b>Melanie Moser</b> | 1-1-58     | S. Fairway Dr.<br>Pocatello, ID 83201 | Principal<br>Secretary<br>School District |

**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     |
|-----------------------|------------|--|----------------|
| <b>Cameo CURNUTT</b>  | 1-1-94     | W. Bonneville<br>Pocatello, ID 83204     | STUDENT        |
| Spouse<br>N/A         |            |  |                |
| <b>HANNAH CURNUTT</b> | 1-1-98     | DOLBEER St unit B<br>Pocatello, ID 83201 | School Teacher |
| Spouse<br>N/A         |            |  |                |
| <b>IAN CURNUTT</b>    | 1-1-01     | Lois Lane<br>Pocatello, ID 83201         | STUDENT        |
| Spouse<br>N/A         |            |  |                |

Spouse

**4. EDUCATION:**

| Name of School   | Location      | Dates Attended | Graduate  |
|--|---------------|----------------|---|
| Grammar School<br><b>Leid Middle School</b>                        | Las Vegas, NV | 97-99          | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| High School<br><b>Centennial High School</b>                       | Las Vegas, NV | 00-04          | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| College University<br><b>Roseman University of Health Sciences</b> | Henderson, NV | 09-12          | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Other<br><b>IDaho STATE university</b>                             | Pocatello, ID | 07-09          | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

Type of degree obtained, if any Pharm.D.College or university where obtained Roseman University of Health SciencesApplicant'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 CLARK State NevADA Date registered 2002

**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 |
|----------------|-----|--------|-------------------------|-----------------|------------------|
|----------------|-----|--------|-------------------------|-----------------|------------------|

**Figure 1**

[Downloaded from www.jco.org by guest on July 10, 2016](#)

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<br>Claimant/Respondent | Date Filed | Court and Case<br>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<br>Lawsuit/Arbitration/Bankruptcy |
|----------------|----------------|--|
|                |                |  |
|                |                |  |
|                |                |  |
|                |                |  |

## 7. RESIDENCES:

List all residences you have had for the last 25 years:

| Month and Year<br>(From-To) | Street and Number                  | City         | State or County |
|-----------------------------|------------------------------------|--------------|-----------------|
| 10/14 -<br>CURRENT          | N. LESLIE ST.<br>PAHRUMP, NV 89060 | PAHRUMP      | NV / Nye        |
| 02/13 -<br>10/14            | 10 Spruce LN.<br>PAHRUMP, NV 89048 | PAHRUMP      | NV / Nye        |
| 12/12 -<br>02/13            | 1636 CALICO CIR.                   | Pocatello    | ID / Bannock    |
| 05/11 -<br>12/12            | 7324 Camden Pine Ave.              | LV           | NV / Clark      |
| 05/09 -<br>05/11            | 4097 W. 9475 S.                    | South Jordan | UT              |
| 05/08 -<br>05/09            | 29 1/2 Stanford Ave.               | Pocatello    | ID / Bannock    |
| 11/07 -<br>05/08            | 434 E. HALLIDAY                    | Pocatello    | ID / Bannock    |
| 06/05 -<br>11/07            | 2861 Lois LN.                      | Pocatello    | ID / Bannock    |
| 06/05 -<br>06/196           | 8300 Spruce Meadows                | LV           | NV / Clark      |
| 03/86 -<br>06/96            | 5873 Monroe Ave                    | LV           | NV / Clark      |

Applicant's initial

## 8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

|                                 |  |                                       |
|---------------------------------|--|---------------------------------------|
| Month and Year                  | Name/Mailing Address of Employer/Business                                | Reason for Leaving                    |
| 04/16 - Current                 | PAHRUMP WELLNESS CENTER<br>2341 E. PASTAL RD. STE. B., PAHRUMP, NV 89048 | Current                               |
| Title                           | Description of Duties  | Name of Supervisor                    |
| OWNER                           | Everything   | SELF                                  |
| Month and Year                  | Name/Mailing Address of Employer/Business                                | Reason for Leaving                    |
| 10/15 - 01/16                   | PARTELL SPECIALTY PHARMACY<br>5835 S. EASTERN AVE., LV, NV 89119         | License Revocation                    |
| Title                           | Description of Duties  | Name of Supervisor                    |
| STAFF RPH                       | DATA ENTRY, FILLING, COUNSELING, etc.                                    | SCOT SILBER                           |
| Month and Year                  | Name/Mailing Address of Employer/Business                                | Reason for Leaving                    |
| 02/13 - 08/15                   | SMITH FOOD AND DRUG<br>601 S. NV-160, PAHRUMP, NV 89048                  | Fired                                 |
| Title                           | Description of Duties  | Name of Supervisor                    |
| STAFF RPH                       | DATA ENTRY, FILLING RX COUNSELING, etc.                                  | LESTER SHERMAN                        |
| Month and Year                  | Name/Mailing Address of Employer/Business                                | Reason for Leaving                    |
| 08/11 - 02/13                   | ADVANCED ISOTOPS OF NEVADA<br>1771 E. FLAMINGO RD., LV, NV 89119         | JOB @ Smith's                         |
| Title                           | Description of Duties  | Name of Supervisor                    |
| Intern RPH / RPH                | Filling, DATA ENTRY, Aseptic technique, etc.                             | CHRIS Southwick                       |
| Month and Year                  | Name/Mailing Address of Employer/Business                                | Reason for Leaving                    |
| 07/07 - 08/11                   | ADVANCED ISOTOPS OF IDAHO<br>4968 RAINBOW LN, POCAHELLO, ID 83202        | Moved to Las Vegas for RPH Internship |
| Title                           | Description of Duties  | Name of Supervisor                    |
| Delivery Technician and Manager | DATA Entry, etc.<br>Deliveries, DOT, Technician to RPH                   | Nicki Chopski                         |
| Month and Year                  | Name/Mailing Address of Employer/Business                                | Reason for Leaving                    |
| 01/03 - 06/05                   | BlockBUSTER, LV, NV  | (2 years)<br>Serving an LDS Mission   |
| Title                           | Description of Duties  | Name of Supervisor                    |
| Register Hand                   | Register, Movie Coordinator  | BOB                                   |
| 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 <b>Andrew Cannon</b>                   | Home <b>Hayden Ave.</b>             | <b>Evanston</b>   | <b>WY</b> | <b>82930</b> |                     | <b>06/09 - Current</b>        |
| Employer <b>CITY DRUG OF EVANSTON</b>       | Business <b>131 10th St.</b>        | <b>Evanston</b>   | <b>WY</b> | <b>82930</b> | <b>307-789-4000</b> | <b>10 yrs.</b>                |
| Name <b>Jaron Wilson</b>                    | Home <b>Comanche Canyon Ave.</b>    | <b>Las Vegas</b>  | <b>NV</b> | <b>89113</b> |                     | <b>06/02 - Current</b>        |
| Employer <b>UNY RSL BRANDS</b>              | Business <b>1701 Kelly Blvd.</b>    | <b>Carrollton</b> | <b>TX</b> | <b>75006</b> | <b>702-561-0307</b> | <b>17 yrs.</b>                |
| Name <b>David Vanderbeek</b>                | Home <b>1 N. Linda</b>              | <b>Pahrump</b>    | <b>NV</b> | <b>89048</b> |                     | <b>02/13 - Current</b>        |
| Employer <b>Pahrump Valley Counseling</b>   | Business <b>3370 NV-160</b>         | <b>Pahrump</b>    | <b>NV</b> | <b>89048</b> | <b>751-8980</b>     | <b>6 yrs.</b>                 |
| Name <b>Neal Williams</b>                   | Home <b>Sheridan St.</b>            | <b>WV</b>         | <b>WV</b> | <b>26062</b> |                     | <b>06/95 23 yrs</b>           |
| Employer <b>ARTCON, INC.</b>                | Business <b>3021 Sheridan St.</b>   | <b>St. E.</b>     | <b>WV</b> | <b>26010</b> | <b>702-395-4275</b> |                               |
| Name <b>Steve Jolley</b>                    | Home <b>S. Cortina St.</b>          | <b>Pahrump</b>    | <b>NV</b> | <b>89048</b> |                     |                               |
| Employer <b>Affiliated Physical Therapy</b> | Business <b>2141 S. Cortina St.</b> | <b>Pahrump</b>    | <b>NV</b> | <b>89048</b> | <b>208-757-0391</b> | <b>02/13 - Current 6 yrs.</b> |

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☒  
If yes, complete the following:

| Box Number or Type of Depository | Location | City and State | Authorized Users |
|----------------------------------|----------|----------------|------------------|
|                                  |          |                |                  |
|                                  |          |                |                  |
|                                  |          |                |                  |

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

|            |            |                                |                      |           |
|------------|------------|--------------------------------|----------------------|-----------|
| Liquor     | Lawyer     | Race horse/race dog owner      | Securities dealer    | Insurance |
| Doctor     | Contractor | Real estate broker or salesman | Barber/Cosmetologist | Gaming    |
| Accountant | Pilot      | Sports promoter                | Trainer or manager   | Educator  |

Yes ☒ No ☐

If yes, state type, where and years held

Pharmacy License, NEVADA - 18338 - 2012-2016 (Revoked) - 2019 (Reinstated)  
Pharmacy License, IDAHO - PG751 - 2012-2015 (Expired)

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 ☐

Explanation Attached

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☒ No ☐

Explanation Attached

If yes to the above, state where, when and for what reason: Prescription Fraud and Insurance Fraud. Pharmacist License Revoked in 2016 in Nevada. I Authorized Refills for myself and got my license revoked with 2 other technicians. Wyoming, 2019 Denied License RPH Due to Not having 1 year Recent Pharmacy Activity.

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 ☐

Explanation Attached

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 ☐

Troy Cunniff - Father - Advanced Isotopes of Nevada, Quantum Isotopes in IDAHO



Date of photograph 07/25/19

Applicant's initial TC

STATE OF

Nevada

SS.

COUNTY OF

NyeMary Ann MorrisJustin Curnutt

being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

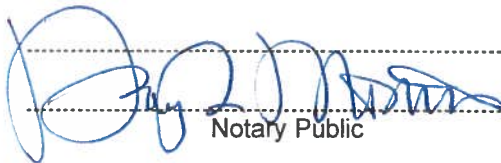


Original Signature of Applicant

Subscribed and Sworn to before me this

25

day of

July 2019


Notary Public




(seal)

Applicant's initial

I have Attached Addition Documents and Board of NV Pharmacy Proceedings. Also Attached is an Explanation of all yes Answers.

Applicant's initial



Page 10



To whom this may concern:

In explanation to the 'yes' answers on both the 'Personal History Record for Pharmacy' as well as the 'Application For Nevada Pharmacy License'. Much of the information is repetitive in nature and in the saving of time and paper it is all lumped into the same document. Many pages of board hearings are attached and explained further on.

Application for Nevada Pharmacy License:

Question 2, page 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, Justin Curnutt applied for a Pharmacy Intern License in the state of Wyoming during the years of 2017 to 2018. The Nevada Board of Pharmacy had granted Justin the ability to work as an intern in Nevada and had to complete one year as part of his stipulations for his license revocation. He could not find adequate work in the state of Nevada and therefore sought to find work elsewhere. The Wyoming State Board of Pharmacy did not grant Justin Curnutt the Pharmacy Technician License he requested and felt that until the Nevada Board of Pharmacy granted him his license back that they did not want to pursue any further actions and therefore denied his license altogether.

Question 3, page 2: 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, Justin Curnutt had his Pharmacist License revoked for prescription fraud and insurance fraud. He has paid a severe penalty of 3+ years fiduciary penalties of not working as a pharmacist. He is working diligently to make amends on all accounts of his mistakes through fulfilling his stipulations and keeping above reproach in all aspects of pharmacy. Attached are all the documents provided from the board hearings. I have also laid out the sections and pages relevant in order to save the board time scouring them.

We have attached the 5 board hearings that Justin Curnutt appeared at in the process of getting his pharmacist license back. January 2016 (meeting 1) was the initial hearing the report starts on page 8 and continues through page 12. In the January 2017 (meeting 2) hearing the report starts on page 11 and goes through to page 12. In April 2017 (meeting 3) hearing the report starts on page 6 and goes through to page 7. In April 2018 (meeting 4) hearing the report starts and ends on page 13. In December 2018 (meeting 5) hearing the report starts on page 10 and goes through to page 11.

Personal History Record for Pharmacy for the application of Justin Curnutt:

Question 13, page 8: Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever?

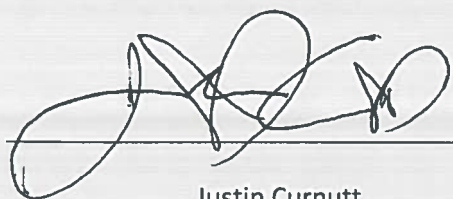
Yes, Justin Curnutt has sat before the Nevada State Board of Pharmacy multiple times throughout the years of 2016-2018.

Question 14, page 8: Have you ever been denied a personal license, permit, certification or registration for a privileged, occupational or professional activity?

Yes, Justin Curnutt was denied his Pharmacist License multiple times while on the path of correction. He attempted to make amends and comply with the stipulations to best of his ability before each board hearing he appeared at. He was also denied a pharmacy technician license in the state of Wyoming as described above.

Question 16, page 8: 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, Justin Curnutt was the focus of attention multiple times at Nevada Board of Pharmacy hearings. He had his license revoked in January 2016 for insurance fraud and prescription fraud. He sat before the board multiple times since in various attempts at getting his license reinstated. Much of the information is repetitive in nature and has been discussed previously.

A handwritten signature in black ink, appearing to be 'Justin Curnutt', written over a horizontal line.

Justin Curnutt

07/25/19

07/25/19 / Date



NEVADA STATE BOARD OF PHARMACY  
**OFFICE OF THE GENERAL COUNSEL**  
 WRITER'S DIRECT DIAL: (775) 850-1110 • E-MAIL: PEDWARDS@PHARMACY.NV.GOV • FAX: (775) 850-1111

December 20, 2018

Justin Curnutt  
 Postal Dr.  
 Pahrump, NV 89048

**RE: Reinstatement of Pharmacist Registration with Terms and Conditions of Probation**

Dear Mr. Curnutt:

On December 5, 2018, the Nevada State Board of Pharmacy (Board) heard your request for reinstatement of your Nevada Pharmacist Registration No. 18338. The Board granted your request with the following terms and conditions.

1. Registration No. 18338 is now active and on probation for not less than twenty four (24) months.
2. During the probationary period, you:
  - a. May be employed and work on a full time basis, but you may not work more than forty (40) hours per week;
  - b. You may not work as a pharmacist in charge or managing pharmacist in any Nevada-licensed pharmacy;
  - c. You must inform all current and future employers of this disciplinary action (*BOP v. Curnutt*, Case No. 15-051-RPH-S), including the facts and circumstances of the case, *i.e.*, that the Board revoked your pharmacist license as a result of your conviction in this matter.
  - d. You will not violate, attempt to violate, assist or abet anyone in the violation of or conspire to violate any of the provisions of Nevada Revised Statutes (NRS) Chapter 453, 454, 585 or 639, or any other state or federal law or regulation relating to drugs, the possession, manufacture or distribution of drugs or the practice of pharmacy.

3. Before renewing your registration, which is due for renewal by October 31, 2019, you shall complete thirty (30) continuing education units (CEUs), in addition to the twenty four (24) CEUs you are required to complete as an ordinary requirement for renewal. (54 CEUs total.) Two of those additional thirty CEUs shall be on the topic of professional ethics.

4. Any violation of the terms of the Board's Order, as explained above, may result in the immediate suspension of your intern pharmacist license.

These conditions are not negotiable. A hearing before the Board would be required to amend them. You may contact me, David Wuest, the Board's Executive Secretary, or Dr. Yen Long, the Board's Deputy Executive Secretary, if you have questions. A copy of the recording from the hearing in this matter is available upon request.

Best regards,



S. Paul Edwards  
General Counsel  
Nevada State Board of Pharmacy

Cc: David Wuest, R.Ph., Executive Secretary, Nevada State Board of Pharmacy; Yen Long, Pharm.D., Deputy Executive Director, Nevada State Board of Pharmacy



# 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](mailto:pharmacy@pharmacy.nv.gov) • Website: [bop.nv.gov](http://bop.nv.gov)

## MINUTES

~~January 13-14, 2016~~

## BOARD MEETING

Hilton Garden Inn  
 7830 S Las Vegas Boulevard  
 Las Vegas

### Board Members Present:

|              |                  |               |                 |
|--------------|------------------|---------------|-----------------|
| Leo Basch    | Cheryl Blomstrom | Kevin Desmond | Tallie Pederson |
| Jason Penrod | Kirk Wentworth   | Darla Zarley  |                 |

### Board Staff Present:

|                      |             |              |                 |
|----------------------|-------------|--------------|-----------------|
| Larry Pinson         | Dave Wuest  | Paul Edwards | Shirley Hunting |
| Ken Scheuber         | Luis Curras | Dena McClish | Raylene Palmer  |
| Kristopher Mangosing |             |              |                 |

Mr. Pinson introduced Darla Zarley, Pharm D. as Governor Sandoval's newest appointment to the Nevada State Board of Pharmacy for a three year term. Ms. Zarley is an accomplished pharmacist and educator. She currently holds the position of Director of Experiential Education/Associate Professor of Pharmacy Practice at Roseman University in Henderson, Nevada

Mr. Pinson also announced that Leo Basch and Kirk Wentworth were reappointed to serve another term on the Board

President Basch informed the Board that Valerie Jensen was present at the meeting as required by the Board Order.

1. Public Comments- January 13, 2016 9:00 A.M.

There was no public comment.

2. Approval of October 14-15, 2015, Minutes

Darla Zarley recused from participation in this matter as she was not present at the October 2015 meeting.

Board Action:

Motion: Kirk Wentworth moved to approve the Stipulation and Order as presented regarding the Second through Fifth Causes of Action.

Second: Kevin Desmond

Action: Passed Unanimously

Regarding the one unresolved Cause of Action No.1. Mr. Stilling disputed that Mr. Meyers was responsible for not verifying and dispensing a prescription for simvastatin 20 mg. tablets rather than Zoloft 200 mg. tablets as prescribed.

Mr. Stilling moved to have Exhibits WG1 and WG2 entered into the record. President Basch accepted the Exhibits into the record.

Mr. Stilling explained that Exhibit WG1 was documentation of Case #14-076 and Exhibit WG2 was the minutes regarding the same case, which Mr. Stilling argued was controlling. Mr. Penrod opined that Case #14-076 was distinguishable from the current case.

The Board heard additional arguments and determined that Mr. Meyers was responsible for the actions of personnel under his supervision as the pharmacist on duty.

Board Action:

Motion: Jason Penrod moved to find that the allegations in the Notice of Intended Action have been proven and to find Lucas Meyers guilty of the First Cause of Action.

Second: Kirk Wentworth

Action: Passed Unanimously

Mr. Edwards offered penalty recommendations for the Board's consideration.

Board Action:

Motion: Cheryl Blomstrom moved that Lucas Meyers pay a fine of \$250.00 and complete two one-hour CE on the topics of pharmacy record keeping (1 CE) and proper error prevention techniques.

Second: Kevin Desmond

Action: Passed Unanimously

E. Justin Curnutt, R.Ph

(15-051-RPH-S)



F. Isabel Romero, PT  
G. Lori Brandon, PT

(15-051-PT-A-S)  
(15-051-PT-B-S)

Darla Zarley disclosed that Mr. Curnutt was a former student, but stated that this would not conflict with her participation in this matter.

Justin Curnutt, pharmacist, Isabel Romero, pharmaceutical technician, and Lori Brandon, pharmacy technician, appeared and were sworn by President Basch prior to answering questions or offering testimony.

Patricia Marr was present as counsel representing Lori Brandon. Dave Krawczyk was present as counsel representing Justin Curnutt. Isabel Romero appeared without counsel.

Mr. Edwards stated that in June 2015, Board Staff received notice from a Smith's representative stating that Ms. Romero had been terminated from her employment as a pharmaceutical technician. Ms. Romero was terminated for falsifying a prescription for a dangerous drug (oral contraceptives) for herself. Ms. Romero falsified the prescription by patterning the counterfeit request after a previous legitimate prescription from her physician.

Mr. Edwards added that Ms. Romero scanned in the falsified prescription at Ms. Brandon's computer terminal under Ms. Brandon's credentials. Ms. Brandon observed this and reported her to Mr. Curnutt, the pharmacist on duty at the time. He explained that Ms. Romero did cancel the prescription at Mr. Curnutt's direction and Smith's did not dispense any medication pursuant to that authorization.

Mr. Edwards stated that during an interview with a Board Investigator, and in a subsequent written statement, Ms. Romero admitted to the foregoing allegations and went on to say that Mr. Curnutt told her all she needed to do was ask him for a prescription and he would have written one for her as he routinely did for himself and for Ms. Brandon.

Mr. Edwards moved to have stipulated facts regarding Mr. Curnutt and Ms. Brandon entered into the record. President Basch accepted the stipulated facts into the record.

Mr. Curnutt admitted that evidence exists to establish a factual basis for the violations alleged in the Accusation that Mr. Curnutt created, processed and filled multiple fraudulent prescriptions for himself and for Ms. Brandon.

Ms. Brandon admitted that evidence exists to establish a factual basis for the violations alleged in the Accusation that Ms. Brandon created and processed multiple fraudulent prescriptions for herself and for Mr. Curnutt.

Board Action:

Motion: Jason Penrod moved to find that the allegations in the Notice of Intended Action have been proven and to find Isabel Romero guilty of the First Cause of Action.

Second: Tallie Pederson

Action: Passed Unanimously

Board Action:

Motion: Jason Penrod moved to find that the allegations in the Notice of Intended Action have been proven and to find Justin Curnutt guilty of the Second Cause of Action.

Second: Tallie Pederson

Action: Passed Unanimously

Board Action:

Motion: Jason Penrod moved to find that the allegations in the Notice of Intended Action have been proven and to find Justin Curnutt guilty of the Third Cause of Action.

Second: Tallie Pederson

Action: Passed Unanimously

Board Action:

Motion: Jason Penrod moved to find that the allegations in the Notice of Intended Action have been proven and to find Justin Curnutt guilty of the Fourth Cause of Action.

Second: Tallie Pederson

Action: Passed Unanimously

Board Action:

Motion: Jason Penrod moved to find that the allegations in the Notice of Intended Action have been proven and to find Lori Brandon guilty of the Fifth Cause of Action.

Second: Tallie Pederson

Action: Passed Unanimously

Board Action:



Motion: Jason Penrod moved to find that the allegations in the Notice of Intended Action have been proven and to find Lori Brandon guilty of the Sixth Cause of Action.

Second: Tallie Pederson

Action: Passed Unanimously

Mr. Edwards stated that Ms. Romero's termination, interviews and statement initiated the investigation into Mr. Curnutt and Ms. Brandon, but based on her violation Board Staff recommends revocation of her pharmaceutical technician registration.

Ms. Romero stated that she accepts what she did was wrong and will accept the consequences of her action.

Board Action:

Motion: Tallie Pederson moved to revoke Isabel Romero's pharmaceutical technician registration for creating and attempting to process a fraudulent prescription.

Second: Cheryl Blomstrom

Action: Passed Unanimously

Mr. Krawczyk implored the Board to avoid revocation of Mr. Curnutt's pharmacist license. Mr. Krawczyk moved to have Exhibits 1-4 entered into the record. President Basch accepted the exhibits into the record.

Mr. Krawczyk explained that Exhibits 1-4 included a letter suggesting alternative disciplinary action such as mandatory CE, working under another pharmacist's supervision and surrender of his recently acquired pharmacy license.

Mr. Edwards stated that Board Staff recommends revocation of Mr. Curnutt's pharmacist license. He explained that Mr. Curnutt's activity was not a single lapse in judgement but a strong, well established pattern.

Board Action:

Motion: Jason Penrod moved to revoke Justin Curnutt's pharmacist license for creating multiple fraudulent prescriptions.

Second: Cheryl Blomstrom

Action: Passed Unanimously

Board Action:

Motion: Jason Penrod moved to revoke Justin Curnutt's pharmacist license for filling and dispensing multiple fraudulent prescriptions.

Second: Cheryl Blomstrom

Action: Passed Unanimously

Board Action:

Motion: Jason Penrod moved to revoke Justin Curnutt's pharmacist license for processing multiple fraudulent prescriptions.

Second: Cheryl Blomstrom

Action: Passed Unanimously

Ms. Marr requested the Board consider not revoking Ms. Brandon's pharmaceutical technician's registration. She stated that Ms. Brandon is apologetic for her mistakes and has learned a lot from this experience.

Mr. Edwards stated Board Staff recommends revocation of Ms. Brandon's pharmaceutical technician registration.

Board Action:

Motion: Tallie Pederson moved to revoke Lori Brandon's pharmaceutical technician registration for creating multiple fraudulent prescriptions.

Second: Darla Zarley

Action: Passed Unanimously

Board Action:

Motion: Tallie Pederson moved to revoke Lori Brandon's pharmaceutical technician registration for processing multiple fraudulent prescriptions.

Second: Darla Zarley

Action: Passed Unanimously

H. Vital Care Health Services

(15-055-MP-N)

Nancy Fannin, Area manager of Rotech Health , appeared and was sworn by President Basch prior to answering questions or offering testimony.



# NEVADA STATE BOARD OF PHARMACY

431 W. Plumb Lane • Reno, NV 89509

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

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

## MINUTES

January 11, 2017

### BOARD MEETING

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

#### Board Members Present:

|                |               |              |                 |
|----------------|---------------|--------------|-----------------|
| Leo Basch      | Kevin Desmond | Jason Penrod | Robert Sullivan |
| Kirk Wentworth | Darla Zarley  |              |                 |

#### Board Members Absent:

Tallie Pederson

#### Board Staff Present:

|                |                      |              |                 |
|----------------|----------------------|--------------|-----------------|
| Larry Pinson   | Dave Wuest           | Paul Edwards | Shirley Hunting |
| Ray Seidlinger | Ken Scheuber         | Dena McClish | Joe Dodge       |
| Brett Kandt    | Kristopher Mangosing |              |                 |

1. Public Comment January 11, 2017 9:00 AM

There was no public comment.

2. Approval of December 7, 2016, Minutes

#### Board Action:

Motion: Kevin Desmond moved to approve the Minutes as presented.

Second: Darla Zarley

Action: Passed unanimously

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

Mr. Mulkey stated that he would provide Board Staff with a Letter of Authorization allowing him to speak on behalf of the company.

Mr. Edwards explained that in 2013, Board Staff received notification from Vitalcare that they would no longer be performing MDEG services and would only be providing warehouse services. At that time, Board Staff closed Vitalcare's MDEG License.

While inspecting a pharmacy in Caliente, Board Inspectors observed Vitalcare performing MDEG services. The inspection showed that Vitalcare performed MDEG services for three years while unlicensed.

Mr. Edwards stated that Vitalcare received a Cite and Fine for \$5000.00, which they have paid. He added that Vitalcare is appearing before the Board to reapply for Vitalcare's Nevada MDEG License.

Mr. Mulkey answered questions to the Board's satisfaction regarding the events leading up to the unlicensed activity.

Board Action:

Motion: Jason Penrod moved to approve Vitalcare – Caliente's Application for Nevada MDEG License pending a positive inspection.

Second: Darla Zarley

Action: Passed unanimously

7. Request for Reinstatement of Pharmacist License – Appearance:

Justin Curnutt

Darla Zarley disclosed that Justin Curnutt was a former student, but stated that she would be able to participate in this matter fairly and without bias.

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

Mr. Edwards explained that the Board heard Mr. Curnutt's case during the January 2016 board meeting. He stated that Mr. Curnutt committed prescription fraud and insurance fraud by creating, filling and dispensing multiple fraudulent prescriptions for himself and another staff member. Those fraudulent prescriptions were then billed to an insurance provider.

Mr. Curnutt agreed to Mr. Edwards' summary of the facts. He requested reinstatement of his pharmacist license and described his activities during the last year.

Mr. Curnutt explained that he is active with the Boy Scouts of America and his church community. He also opened a health food store and taught courses on various aspects of maintaining a healthy lifestyle.

Board discussion ensued regarding Mr. Curnutt's status on the OIG Blacklist. Mr. Pinson explained that if he is on that list he would not be allowed be employed by any entity that bills Medicare or Medicaid.

The Board questioned Mr. Curnutt regarding unaccounted for medications that were confiscated. Mr. Curnutt could not provide an explanation for the medications.

The Board discussed the possibility of having a mentor report on Mr. Curnutt's activities as well as other corrective action.

Board Action:

Motion: Kirk Wentworth moved to reinstate Justin Curnutt's Nevada Pharmacist License pending Mr. Curnutt meets with Board Staff to explain the circumstances surrounding all unaccounted for medications that remain at issue in his case. Board Staff is authorized to review and approve Mr. Curnutt's explanation. If Board Staff accepts the explanation Justin Curnutt's license will be reinstated, this will take place no sooner than February 5, 2017, and be put on a probationary status for a period of no less than two years from the reinstatement date. During the probationary period Mr. Curnutt may not work more than forty hours per week. He may not work as a pharmacist in charge or pharmacy manager of any Nevada pharmacy. He may not work alone and must work at all times under the direct supervision of a Nevada licensed pharmacist. He must engage a peer mentor who must be a Nevada licensed physician or pharmacist, and is subject to Board Staff approval. The mentor must submit quarterly written status reports to the Board's Executive Secretary explaining his or her perception and opinion of his work status, the activities in which he is engaged as part of his personal and professional recovery, his level of compliance with the terms of his probation and any other matters that the mentor deems pertinent. Mr. Curnutt shall inform all current and potential future employers of this disciplinary action. Any violation of the terms of the Board's Order may result in the immediate suspension of his pharmacist license.

Second: Jason Penrod

Action: Passed unanimously

8. General Counsel Report for Possible Discussion:

Attorney General Opinion No. 2016-10: Pharmacy Board; Controlled Substances; Veterinarians

Mr. Edwards stated that during a past meeting the Board approved Board Staff to request an Attorney General Opinion regarding licensing veterinarians for dispensing medication. He explained that Attorney General Opinion stated that veterinarians do need to follow the dispensing regulations like any other dispensing practitioner.





# NEVADA STATE BOARD OF PHARMACY

431 W. Plumb Lane • Reno, NV 89509

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

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

## MINUTES

April 12 & 13, 2017

## BOARD MEETING

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

### Board Members Present:

|                |               |              |                 |
|----------------|---------------|--------------|-----------------|
| Leo Basch      | Kevin Desmond | Jason Penrod | Robert Sullivan |
| Kirk Wentworth | Darla Zarley  |              |                 |

### Board Members Absent:

Tallie Pederson

### Board Staff Present:

|                |                      |              |                 |
|----------------|----------------------|--------------|-----------------|
| Larry Pinson   | Dave Wuest           | Paul Edwards | Shirley Hunting |
| Ray Seidlinger | Ken Scheuber         | Dena McClish | Joe Dodge       |
| Sophia Long    | Kristopher Mangosing |              |                 |

### 1. Public Comment April 12, 2017 9:00 AM

There was no public comment.

### 2. Approval of March 1, 2017, Minutes

### Board Action:

Motion: Jason Penrod moved to approve the March 1, 2017 Meeting Minutes as presented.

Second: Darla Zarley

Action: Passed unanimously.

Mr. Pinson explained that Board Staff received an application for Nevada Pharmacist License from Mr Kim. Shortly after receiving the application, an email from Jonathan Chan was sent to Board Staff. In the email, Mr. Chan stated that Mr. Kim contacted him to ask if he could be a reference on his application. Mr. Chan later discovered that Mr. Kim forged his signature and credentials on the referral portion of the application. Mr. Chan expressed concern that Mr. Kim used his name fraudulently.

The Board questioned Mr. Kim regarding why he forged Mr. Chan's signature on the application.

Mr. Kim explained that he thought he had Mr. Chan's permission and stated that he was in a hurry to send in his application. Mr. Kim apologized to the Board for his mistake and requested that they not use this occurrence as a reflection of his character.

The Board discussed the severity of lying on an application and forging Mr. Chan's signature.

Board Action:

Motion: Jason Penrod moved to deny Choon Kim's Application for Nevada Pharmacist by Reciprocity. Board Staff shall forward the results of this appearance to NABP and Massachusetts' and Hawaii's Pharmacy Boards.

Second: Darla Zarley

Action: Passed unanimously.

B. Young Ju Woo, R.Ph

Young Ju Woo appeared and was sworn by President Basch prior to answering questions or offering testimony.

Mr. Pinson explained that Ms. Woo has a pending action in California involving a technician diverting hydrocodone at the pharmacy where she was the managing pharmacist.

Ms. Woo explained that her hearing on this matter is scheduled for May 23, 2017.

The Board offered Ms. Woo the option to table her application until her case in California is resolved.

The Board tabled Ms. Woo's application for Nevada Pharmacist at her request.

7. Request for Reinstatement of Pharmacist License – Appearance:

Justin Curnutt

Darla Zarley disclosed that Mr. Curnutt was a former student, but stated that she would be able to participate in this matter fairly and without bias.

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

President Basch stated that Mr. Curnutt appeared before the Board during the January 2017 board meeting. He explained that at that time the Board moved to reinstate Mr. Curnutt's Nevada Pharmacist License pending he comply with a number of restrictions, including to meet with Board Staff to explain the circumstances surrounding all unaccounted for medications.

Mr. Curnutt stated that he has met with Board Staff twice to review the case.

Ken Scheuber, Investigator for the Nevada State Board of Pharmacy, appeared and was sworn by President Basch prior to answering questions or offering testimony.

Mr. Scheuber explained after meeting with Mr. Curnutt there are discrepancies regarding two prescriptions.

The Board questioned Mr. Curnutt regarding the two prescriptions in question.

Mr. Curnutt apologized to the Board for his mistake, but was not able to recall the circumstances surrounding the two prescriptions.

The Board expressed concern regarding Mr. Curnutt's lack of personal accountability regarding the case.

Board discussion ensued regarding the restrictions on Mr. Curnutt's Nevada Pharmacist License, status on the OIG Blacklist, and the possibility of having Mr. Curnutt complete a college level ethics course.

Board Action:

Motion: Kirk Wentworth moved to deny Justin Curnutt's Request for Reinstatement of Pharmacist License.

Kirk Wentworth withdrew his motion.

The Board discussed having Mr. Curnutt serve as a Pharmacy Intern.

Board Action:

Motion: Jason Penrod moved to approve Justin Curnutt's Application for Nevada Pharmacy Intern pending he finds employment at a pharmacy, completes a Board Staff approved college level ethics course, and complies with all the restrictions placed on his license during the January 2017 board meeting.

Second: Robert Sullivan

Action: Passed unanimously





# NEVADA STATE BOARD OF PHARMACY

431 W. Plumb Lane • Reno, NV 89509

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

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

## MINUTES

April 11 & 12, 2018

## BOARD MEETING

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

### Board Members Present:

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

### Board Members Absent:

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

Jason Penrod was absent on April 12, 2018.

### Board Staff Present:

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

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

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

There was no public comment.

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

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

Action: Passed unanimously

7. Request for Reinstatement of Revoked Pharmacist License:

Justin Curnutt

(15-051-RPH-S)

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

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

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

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

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

8. Request for Pharmaceutical Technician in Training License:

Chelsea R. Flores

Ms. Flores was not present.

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

Board Action:

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

Second: Darla Zarley

Action: Passed unanimously

9. Application for Physician Assistant Prescribe - Appearance:

Sami N. Akhchin

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



# NEVADA STATE BOARD OF PHARMACY

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

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

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

## MINUTES

December 5 & 6, 2018

## BOARD MEETING

Hyatt Place  
1790 E Plumb Ln  
Reno, Nevada

### Board Members Present:

Leo Basch                      Kevin Desmond              Jade Jacobo              Melissa Shake  
Robert Sullivan

### Board Members Absent:

Wayne Mitchell              Jason Penrod

### Board Staff Present:

Dave Wuest                      Paul Edwards                      Shirley Hunting                      Brett Kandt  
Yenh Long                      Joe Depczynski                      Kenneth Scheuber                      Kristopher Mangosing  
Sarah Bradley

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.

Mr. Wuest introduced and congratulated Jade Jacobo as Governor Sandoval's newest appointment to the Nevada State Board of Pharmacy for a three-year term.

### 1. Public Comment December 5, 2018 9:00 AM

There was no public comment.

### 2. Approval of October 10-11, 2018, Minutes

Ms. Jacobo recused from participation in this matter due to her absence at the October 2018 Board Meeting.

Motion: Kevin Desmond moved to approve Arnold Dental Supply Company, Inc.'s Application for Nevada Wholesaler License pending a positive inspection.

Second: Melissa Shake

Action: Passed unanimously

9. Request for Renewal of Out-of-State Pharmacy License - Appearance

Theracom – Frisco, TX

Melissa Shake recused from participation due to her employment with Walgreens. Walgreens is part owner of Theracom.

Jack McGuire, managing pharmacist, and Nelly Strom, attorney representing Theracom, appeared and were sworn by President Basch prior to answering questions or offering testimony.

Mr. Wuest stated that Theracom had disclosed past discipline on their license renewal.

Ms. Strom stated that Theracom was disciplined in two states for failing to notify the Board of Pharmacy of a change in managing pharmacist within the required timeframe.

Mr. McGuire described his past discipline. He explained that he had failed to disclose DUI and DWI charges and arrests on his pharmacist applications in other states. He explained that he voluntarily entered into Kentucky's PRN-PRN program and completed the contract in 2011.

Ms. Strom and Mr. McGuire answered questions to the Board's satisfaction.

Board Action:

Motion: Jade Jacobo moved to approve Theracom's Request for Renewal of Out-of-State Pharmacy License.

Second: Kevin Desmond

Action: Passed unanimously

10. Request for Reinstatement of Pharmacist Registration - Appearance

Justin Curnutt

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

Mr. Edwards provided a brief summary of the case where Mr. Curnutt was disciplined by the Board in January 2016 for prescription and insurance fraud. He explained that Mr. Curnutt's pharmacist license was revoked and was granted a pharmacist intern license with conditions.

Mr. Curnutt agreed with Mr. Edwards' summary of his past discipline.

Mr. Curnutt answered questions to the Board's satisfaction regarding his current employment and what changes he has made to prevent future issues.

Board discussion ensued regarding reinstating Mr. Curnutt's pharmacist registration with conditions.

Board Action:

Motion: Kevin Desmond moved to reinstate Justin Curnutt's Pharmacist Registration with conditions. Mr. Curnutt's Pharmacist Registration shall be on probation for no less than two years. Mr. Curnutt shall not work more than 40 hours per week. Mr. Curnutt shall not be the managing pharmacist. Mr. Curnutt must inform all current and future employers of his disciplinary action. Mr. Curnutt shall complete an additional 30 CEU for the 2019 renewal. At least 2 of the 30 CEU shall be on the topic of ethics. Mr. Curnutt shall not violate, attempt to violate, assist or abet anyone in the violation of or conspire to violate any state or federal law.

Second: Melissa Shake

Action: Passed unanimously

11. Requests for Renewal of Pharmacist Registration - Appearance

A. Gregory G. Gaiser

Mr. Gaiser was not present.

B. Lan T. Tran-Nguyen

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

Mr. Kandt explained that Ms. Tran-Nguyen disclosed past discipline in another state on her Nevada pharmacist renewal application.

Mr. Kandt summarized the facts of the case where Ms. Nguyen surrendered her California pharmacist license for unprofessional conduct involving the sale of pseudoephedrine.

The Board questioned Ms. Nguyen regarding her discipline and her employment history since she surrendered her California pharmacist license.

**8**

**8A**

# 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: Ash W Pharmacy

Physical Address: 171 E. Main ST

Mailing Address: PO BOX 997

City: Duchesne State: UT Zip Code: 84021

Telephone: 435-738-3784 Fax: 435-738-3785

Toll Free Number: (844) 908-3784 (Required per NAC 639.708)

E-mail: Wade.poulson@gmail.com Website: \_\_\_\_\_

Managing Pharmacist: Wade Reid Poulson License Number: 58600805-1701

### TYPE OF PHARMACY

AND

### SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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



The board has a legal right to require an appearance at a scheduled board meeting. If an appearance is **required**, your company will be notified in writing two (2) weeks prior to the meeting.

If you check off-site cognitive services on the application, Nevada Administrative Code 639.4916 requires "A pharmacist who is employed by an off-site pharmaceutical service provide to provide remote chart order processing services to a hospital or correctional institution pursuant to NAC 639.4915 must (a) Be licensed to practice in Nevada." Provide name and Nevada pharmacist license number. This does not have to be the managing pharmacist.

A license is usually issued and mailed within 15 days from the board meeting date, if approved.

This license is renewed in October of even numbered years, no matter when the license is issued. Fees are not pro-rated.

Please access the applicable laws on the website under "Nevada Statutes & Regulations" tab.

If you have any questions, contact the licensing specialist in the Reno office at (775) 850-1440 or by email at [pharmacy@pharmacy.nv.gov](mailto:pharmacy@pharmacy.nv.gov).

## 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.

Wade Poulson

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

Wade Poulson

Print Name of Authorized Person

2-28-19  
Date

Page 2

Board Use Only

Date Processed: \_\_\_\_\_

Amount: 500.00

## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

**OWNERSHIP IS A PUBLICLY TRADED CORPORATION**

State of Incorporation: \_\_\_\_\_

Parent Company if any: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

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

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

Contact Person: \_\_\_\_\_

If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: \_\_\_\_\_

Registration number issued: \_\_\_\_\_

Stock Exchange: \_\_\_\_\_

**Hours of Operation for the pharmacy:**

Monday thru Friday \_\_\_\_\_am \_\_\_\_\_pm

Saturday \_\_\_\_\_am \_\_\_\_\_pm

Sunday \_\_\_\_\_am \_\_\_\_\_pm

24 Hours \_\_\_\_\_

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

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

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

List of officers and directors.

## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

**OWNERSHIP IS A PARTNERSHIP**General X Limited \_\_\_\_\_Partnership Name: A4W Pharmacy LLCMailing Address: PO BOX 997City: Duchesne State: UT Zip Code: 84021Telephone Number: 435-738-3784 Fax Number: 435-738-3785

Contact Person: \_\_\_\_\_

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>Wade Poulson</u> | <u>G</u>      | <u>50%</u>        |
| <u>Alan Poulson</u> | <u>G</u>      | <u>50%</u>        |

List names of 4 largest partners and percentage of ownership:

Name: Wade Poulson %: 50Name: Alan Poulson %: 50

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

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

List any physician shareholders and percentage of ownership.

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

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

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

**Hours of Operation for the pharmacy:**Monday thru Friday 8:30 am 6:00 pmSaturday 12:00 <sup>pm</sup> am 2:00 pmSunday / am / pm

24 Hours \_\_\_\_\_

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

## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

**OWNERSHIP IS A SOLE OWNER.** All information relates to the person listed as the owner.

Owner's Name: \_\_\_\_\_

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

Current Business Address: \_\_\_\_\_

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

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

List any physician shareholders and percentage of ownership.

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

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

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

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

**Hours of Operation for the pharmacy:**

Monday thru Friday \_\_\_\_\_am \_\_\_\_\_pm

Saturday \_\_\_\_\_am \_\_\_\_\_pm

Sunday \_\_\_\_\_am \_\_\_\_\_pm

24 Hours \_\_\_\_\_

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

STATEMENT OF RESPONSIBILITY  
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Wade Poulson

Responsible Person of A&W 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.

Wade R Poulson

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

Wade R Poulson

Print Name of Authorized Person

2-15-19

Date



# AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Utah )  
Duchesne ) ss.  
COUNTY )

I, Wade Paulson, 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 owner/PIC for A&W 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, Wade Paulson, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Wade Paulson Wade Paulson  
Name

SUBSCRIBED AND SWORN TO  
before me, a notary public this  
29 day of February, 2019.  
Cassandra Jo Remund  
NOTARY PUBLIC



STATE OF UTAH  
DEPARTMENT OF COMMERCE

**DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING**

**ACTIVE LICENSE**



EFFECTIVE DATE: 02/06/2014  
EXPIRATION DATE: 09/30/2019  
ISSUED TO:  
A&W Pharmacy  
171 E Main St  
PO BOX 997  
Duchesne UT 84021

REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)

8932016-1703 Pharmacy - Class A  
8932016-8913 Dispensing Controlled Substance License

*Wanda R. Coulton*

SIGNATURE OF HOLDER



| DEA REGISTRATION<br>NUMBER | THIS REGISTRATION<br>EXPIRES | FEE<br>PAID |
|----------------------------|------------------------------|-------------|
| FA4549791                  | 06-30-2020                   | \$731       |

| SCHEDULES          | BUSINESS ACTIVITY | ISSUE DATE |
|--------------------|-------------------|------------|
| 2,2N,<br>3,3N,4,5, | RETAIL PHARMACY   | 05-01-2017 |

|   |  |  |
|---|--|--|
| A&W PHARMACY<br>171 EAST MAIN STREET<br>DUCHESNE, UT 84021-0000 |  |  |
|---|--|--|

**CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE**  
UNITED STATES DEPARTMENT OF JUSTICE  
DRUG ENFORCEMENT ADMINISTRATION  
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

**THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.**

**CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE**  
UNITED STATES DEPARTMENT OF JUSTICE  
DRUG ENFORCEMENT ADMINISTRATION  
WASHINGTON D.C. 20537

| DEA REGISTRATION<br>NUMBER | THIS REGISTRATION<br>EXPIRES | FEE<br>PAID |
|----------------------------|------------------------------|-------------|
| FA4549791                  | 06-30-2020                   | \$731       |

| SCHEDULES          | BUSINESS ACTIVITY | ISSUE DATE |
|--------------------|-------------------|------------|
| 2,2N,<br>3,3N,4,5, | RETAIL PHARMACY   | 05-01-2017 |

|   |
|---|
| A&W PHARMACY<br>171 EAST MAIN STREET<br>DUCHESNE, UT 84021-0000 |
|---|

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

**THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.**



## Pharmacy Board

---

**From:** Wade Poulson <wade.poulson@gmail.com>  
**Sent:** Friday, March 08, 2019 12:08 PM  
**To:** Pharmacy Board; Sharilee McIntyre  
**Subject:** Nevada  
**Attachments:** Nevada.xls

Dear Nevada Board of Pharmacy and Utah Board of Pharmacy

A review of my records has revealed that we, A&W Pharmacy, 171 E Main St, Duchesne, Utah, 84021, shipped medication to patients in Nevada. I do not know if Nevada requires us to have a separate licensure for a Utah licensed pharmacy and couldn't tell from the website. Regardless, we have a policy to not ship outside of Utah without meeting other state's requirements and will not ship to Nevada until we know. If Nevada does require an out of state license we are very sorry and want to assure you it won't happen again. We are in the process of seeking to obtain licenses in other states.

I have attached a report.

Sincerely,  
Wade Poulson, Pharmacist in Charge

STATE OF UTAH  
DEPARTMENT OF COMMERCE  
DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING  
ACTIVE LICENSE

EFFECTIVE DATE: 06/12/2008  
EXPIRATION DATE: 09/30/2019  
ISSUED TO: Wade Reid Poulson



REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)

5860805-1701 Pharmacist  
5860805-8911 Pharmacist Controlled Substance

*Wade R Poulson*

SIGNATURE OF HOLDER

## A&amp;W PHARMACY LLC

[Update this Business](#)**Entity Number:** 8704321-0160**Company Type:** LLC - Domestic**Address:** 171 E Main St Duchesne, UT 84021**State of Origin:****Registered Agent:** ALAN POULSON**Registered Agent Address:**

1322 N SCOTCH PINE DR PO BOX 997

DUCHESNE, UT 84021

[View Management Team](#)

Status: Active

[Purchase Certificate of Existence](#)**Status:** Active  as of 07/26/2018**Renew By:** 06/30/2019**Status Description:** Current

The "Current" status represents that a renewal has been filed, within the most recent renewal period, with the Division of Corporations and Commercial Code.

**Employment Verification:** Not Registered with Verify Utah

History

[View Filed Documents](#)**Registration Date:** 06/11/2013**Last Renewed:** 07/26/2018

Additional Information

**NAICS Code:** 4461 **NAICS Title:** 4461-Health and Personal Care Stores

Doing Business As

A&amp;W COMPOUNDING

FREEDOM WEAPON SYSTEMS

A&amp;W PHARMACEUTICALS

&lt;&lt; Back to Search Results

Search by

Business Name

Number

Executive Name

Search Hints

Business Name:



GARY R. HERBERT  
Governor

SPENCER J. COX  
Lieutenant Governor

# State of Utah Department of Commerce

## Division of Occupational and Professional Licensing

FRANCINE A. GIANI  
Executive Director

MARK B. STEINAGEL  
Division Director

455



**NEVADA STATE BOARD OF PHARMACY**  
**431 W PLUMB LN**  
**RENO NV 89509**

## VERIFICATION OF UTAH LICENSURE

### Licensee Information

**Name of the Licensee:** A&W Pharmacy

**Classification of License Issued:** Pharmacy - Class A

**License Number:** 8932016-1703

**Original Date of Licensure:** 02/06/2014

**Expiration Date:** 09/30/2019

**Current Status:** Active

**Obtained By:** Application

### No Disciplinary Action

Signature:  Date: May 9, 2019

Ashley Price  
License Tech.

To expedite the verification process, the above is the standard format used by the Utah Division of Occupational and Professional Licensing. If other information is needed, it must be obtained from the above named individual or the institution, which initially generated the information.



**8B**

**NEVADA STATE BOARD OF PHARMACY**  
 985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521  
**APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE**

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

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

Application must be printed legibly or typed

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

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

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

Pharmacy Name: RGH Enterprises, Inc. dba Edgepark Medical Supplies

Physical Address: 1810 Summit Commerce Park, Suite 200, Twinsburg, OH 44087

Mailing Address: 7200 Cardinal Place

City: Dublin State: OH Zip Code: 43017

Telephone: 330-963-6998 ext. 3668 Fax: 614-495-5697

Toll Free Number: 800-321-0591 (Required per NAC 639.708)

E-mail: Licensure@cardinalhealth.com Website: www.edgepark.com

Managing Pharmacist: Anna T. Keller License Number: 03326690

**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

William S. Crates

Print Name of Authorized Person

Date

07/11/2019

Page 2

Board Use Only

Date Processed: \_\_\_\_\_

Amount: 500.00



## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

**OWNERSHIP IS A PUBLICLY TRADED CORPORATION**

State of Incorporation: Ohio  
 Parent Company if any: AssuraMed Group, Inc.  
 Corporation Name: RGH Enterprises, Inc.  
 Mailing Address: 1810 Summit Commerce Park  
 City: Twinsburg State: OH Zip: 44087  
 Telephone: 330-963-6998 ext. 3476 Fax: 330-405-5674  
 Contact Person: Cynthia Rhodes

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: 04/09/1990  
 Registration number issued: 770802  
 Stock Exchange: NYSE under CAH

**Hours of Operation for the pharmacy:**

|                    |                  |                  |          |                  |                  |
|--------------------|------------------|------------------|----------|------------------|------------------|
| Monday thru Friday | <u>9:00</u> am   | <u>5:30</u> pm   | Saturday | <u>Closed</u> am | <u>      </u> pm |
| Sunday             | <u>Closed</u> am | <u>      </u> pm | 24 Hours | <u>N/A</u>       |                  |

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

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

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

List of officers and directors.



**STATE OF  
OHIO**  
BOARD OF PHARMACY

**COPY**<sup>460</sup>

*Original was mailed  
directly to state*

## **VERIFICATION OF LICENSURE**

BUSINESS NAME: EDGE PARK MEDICAL SUPPLIES & INDEPENDENCE MEDICAL

DBA: Edgepark Medical Supplies; Independence Medical

LOCATION: 1810 SUMMIT COMMERCE PARK  
TWINSBURG, OH 44087

LICENSE NUMBER: 022388500

TYPE OF LICENSE: Terminal - Pharmacy - Category 2

ORIGINAL LICENSURE DATE: April 9, 2014

EXPIRATION DATE: March 31, 2021

CURRENT LICENSE STATUS: Active

CURRENT LICENSE SUB STATUS:

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

DATE OF VERIFICATION: 7/9/2019

---

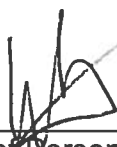
Karrie Southard  
Director of Licensing  
State of Ohio Board of Pharmacy

STATEMENT OF RESPONSIBILITY  
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, William S. Crates  
Responsible Person of RGH Enterprises, Inc. dba Edgepark Medical Supplies  
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

William S. Crates

Print Name of Authorized Person

07/11/2019

Date

# AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Ohio )  
 ) ss.  
Franklin COUNTY )

I, William S. Crates, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the VP, Quality Management for RGH Enterprises, Inc. (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of- State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

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

FURTHER AFFIANT SAYETH NOT.

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

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

[Signature]  
 NOTARY PUBLIC





June 18, 2019

Dave Wuest, Executive Secretary  
Nevada State Board of Pharmacy  
985 Damonte Ranch Pkwy, Ste. 206  
Reno, NV 89521

RE: Explanation of Disciplinary History  
RGH Enterprises, Inc. dba Edgepark Medical Supplies  
1810 Summit Commerce Park  
Twinsburg, OH 44087

Dear Mr. Wuest:

This letter is provided in conjunction with our affirmative response to question 3 on our application for our Out-of-State Pharmacy License. We have a few matters with corresponding derivative action to disclose.

In March 2015, the RGH pharmacy located in Twinsburg, OH, was issued a citation and fined \$500 by the Maine Board of Pharmacy, for failure to timely report a change in the facility's pharmacist-in-charge. This failure to report within the seven-day time frame was due to the unavailability of the corporate official authorized to sign the application. RGH paid the fine to the Maine State Board of Pharmacy; additionally, RGH has undertaken a process to ensure regulatory notifications occur in a timely manner.

In April 2016, the Hawaii Board of Pharmacy took derivative action against the Twinsburg, OH, facility based on the action described above. RGH entered a Settlement Agreement with Hawaii and agreed to pay a \$250 fine; the matter was closed on May 6, 2016.

Furthermore, Cardinal Health's distribution center in Valencia, California, entered into a settlement agreement with the California Board of Pharmacy. As a condition of that settlement, effective April 3, 2019, the California Wholesale license for our Valencia, CA distribution center will be on probation for a period of two years (through April 2, 2021). This probation in no way affects the continued ability of our Valencia distribution center to service our customers in a timely and efficient manner.

Probation was a result of a settlement agreement between our Valencia distribution center and the California Board of Pharmacy regarding sales that distribution center made to a customer between 2012 and 2014 and the failure to receive a pharmacist's signature on several deliveries in that same time frame.

Additionally, on March 11, 2019, Cardinal Health's Wheeling, West Virginia, distribution center entered into a settlement agreement with the Ohio Board of Pharmacy regarding the security and storage of drugs while those drugs were being distributed to the customer. This issue involved Ohio Board of Pharmacy inspectors manipulating our totes in such a way as to be able to retrieve

a bottle out of a strapped/sealed tote. This occurred on several occasions all while the totes were in the custody of our delivery drivers or pharmacies. An inspector also witnessed a delivery vehicle door that was not locked and secured appropriately. Cardinal Health agreed to pay a monetary penalty of \$5,000.

As previously reported, on May 15, 2012, Cardinal Health entered into a settlement agreement with the U.S. Drug Enforcement Administration (“DEA”) regarding Cardinal Health’s registration to distribute controlled substances from our Lakeland, Florida facility. On February 3, 2012, DEA served an Order to Show Cause and Immediate Suspension of Registration (the “Order”) on Cardinal Health’s Lakeland, Florida distribution center. In the Order, DEA alleged that the Lakeland facility “failed to maintain effective controls against the diversion of controlled substances” and “failed to detect and report suspicious orders of oxycodone by its pharmacy customers.” In particular, DEA identified four retail pharmacies located in Florida that were serviced by the Lakeland facility and alleged that “[n]otwithstanding the large quantities of controlled substances ordered by Cardinal’s top retail pharmacy customers Cardinal failed to conduct meaningful due diligence to ensure that the controlled substances were not diverted....” Importantly, these allegations did not involve any diversion of controlled substances from Cardinal’s facility.

Under the settlement agreement, the Lakeland facility’s DEA registration was suspended for two years from the date of the settlement agreement. On May 21, 2014, the suspension was lifted and the DEA reinstated Lakeland’s registration. On December 23, 2016, Cardinal Health reached a nationwide settlement with the federal government, resolving the outstanding civil penalty portion of this May 15, 2012 administrative settlement with the DEA. Under this civil settlement, Cardinal Health has agreed to pay \$44 million to the Department of Justice (DOJ) to resolve this matter. The DOJ, including the DEA and the United States Attorneys’ Offices for the Middle District of Florida, the Southern District of New York, the District of Maryland, and the Western District of Washington and all other districts across the country have also agreed to take no further administrative or civil action on these and related matters. In addition, Cardinal Health has reached an agreement with the State of West Virginia regarding the company’s distribution of controlled substances in that state between 2007 and 2012. While Cardinal Health denies the allegations, it agreed to pay West Virginia \$20 million to resolve issues and release the company from further actions.

In 2014, the Boards of Pharmacy in both California and Georgia took derivative action based upon the DEA settlement. The Georgia Board fined the Lakeland facility \$500 in administrative fees, and the California Board fined the facility \$1,505 in investigative fees. Both fees were paid to the respective Boards.

We make every effort to meet our customers’ legitimate demands for controlled substances. However, we have also demonstrated a deep commitment to helping fight prescription drug abuse. If you have any questions about this issue, please contact Martha Russell, Assistant General Counsel, Regulatory, at 614-757-6654.

Sincerely,



William Crates  
VP, QRA Management

UNITED STATES OF AMERICA  
STATE OF OHIO  
OFFICE OF THE SECRETARY OF STATE

*I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show RGH ENTERPRISES, INC., an Ohio corporation, Charter No. 770802, having its principal location in Hudson, County of Summit, was incorporated on April 9, 1990 and is currently in GOOD STANDING upon the records of this office.*



*Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio  
this 18th day of June, A.D. 2019.*

Ohio Secretary of State

Validation Number: 201916902010



1810 Summit Commerce Park  
Twinsburg, Ohio 44087

| Officer Name           | Title                             | Company               |
|------------------------|-----------------------------------|-----------------------|
| William Stanton Crates | Vice President, QRA Management    | RGH Enterprises, Inc. |
| Wayne R. Robinson      | Vice President, Tax and Secretary | RGH Enterprises, Inc. |
| Travis Eugene Leonard  | Sr. Vice President and Treasurer  | RGH Enterprises, Inc. |
| Stephen Michael Mason  | President                         | RGH Enterprises, Inc. |

Copyright © 2010 Cardinal Health. All Rights Reserved.

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



| DEA REGISTRATION<br>NUMBER | THIS REGISTRATION<br>EXPIRES | FEE<br>PAID |
|----------------------------|------------------------------|-------------|
| FE6349864                  | 08-31-2019                   | \$731       |

| SCHEDULES   | BUSINESS ACTIVITY | DATE ISSUED |
|-------------|-------------------|-------------|
| 2,2N,4<br>5 | RETAIL PHARMACY   | 09-26-2016  |

EDGE PARK MEDICAL SUPPLIES & INDEPENDENCE MEDICAL  
1810 SUMMIT COMMERCE PARK  
TWINSBURG, OH 44087

**CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE**  
UNITED STATES DEPARTMENT OF JUSTICE  
DRUG ENFORCEMENT ADMINISTRATION  
WASHINGTON, D.C. 20537

Sections 304 and 1008 (21 U.S.C. 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (05/04)

| DEA REGISTRATION<br>NUMBER | THIS REGISTRATION<br>EXPIRES | FEE<br>PAID |
|----------------------------|------------------------------|-------------|
| FE6349864                  | 08-31-2019                   | \$731       |

| SCHEDULES   | BUSINESS ACTIVITY | DATE ISSUED |
|-------------|-------------------|-------------|
| 2,2N,4<br>5 | RETAIL PHARMACY   | 09-26-2016  |

EDGE PARK MEDICAL SUPPLIES & INDEPENDENCE MEDICAL  
1810 SUMMIT COMMERCE PARK  
TWINSBURG, OH 44087

**CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE**  
UNITED STATES DEPARTMENT OF JUSTICE  
DRUG ENFORCEMENT ADMINISTRATION  
WASHINGTON, D.C. 20537

Sections 304 and 1008 (21 U.S.C. 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, BUSINESS ACTIVITY, OR VALID AFTER THE EXPIRATION DATE.

**8C**

# 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: Westmoreland Pharmacy, Inc.

Physical Address: 1945 State St. STE 100

Mailing Address: 1945 State St. STE 100

City: New Albany State: IN Zip Code: 47150

Telephone: 812-944-6500 Fax: 812-944-6900

Toll Free Number: 1-866-944-6505 (Required per NAC 639.708)

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

Managing Pharmacist: Anthony Westmoreland License Number: 26017456A

### 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.

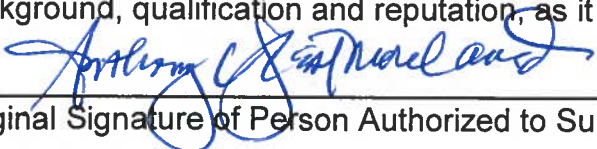
Within the last five (5) years:

- 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

Anthony Westmoreland

Print Name of Authorized Person

03/28/2019

Date

Page 2

Board Use Only

Date Processed: \_\_\_\_\_

Amount: 500.00

## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

**OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION**State of Incorporation: Indiana

Parent Company if any: \_\_\_\_\_

Mailing Address: 1945 State St. STE 100City: New Albany State: IN Zip: 47150Telephone: 812-944-6500 Fax: 812-944-6900

Contact Person: \_\_\_\_\_

For any corporation non publicly traded, disclose the following:

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

a) Anthony Westmoreland 12307 Hummingbird Way Sellersburg, IN 47172  
Name Addressb) \_\_\_\_\_  
Name Addressc) \_\_\_\_\_  
Name Addressd) \_\_\_\_\_  
Name Address2) Provide the number of shares issued by the corporation. 1003) What was the price paid per share? \$14) What date did the corporation actually receive the cash assets? 08/26/2005

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

List any physician shareholders and percentage of ownership.

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

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

**Hours of Operation for the pharmacy:**Monday thru Friday 8:30 am 7:00 pm Saturday 8:30 am 2:00 pmSunday n/a am n/a pm 24 Hours n/a

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

STATEMENT OF RESPONSIBILITY  
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA


I, Anthony Westmoreland

Responsible Person of Westmoreland Pharmacy, Inc.

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

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

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



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

Anthony Westmoreland

Print Name of Authorized Person

03/28/2019

Date

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

STATE OF Indiana )  
 ) ss.  
Floyd COUNTY )

I, Anthony Westmoreland, 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 owner/president for Westmoreland Pharmacy, Inc. (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out-of-State Pharmacy License.

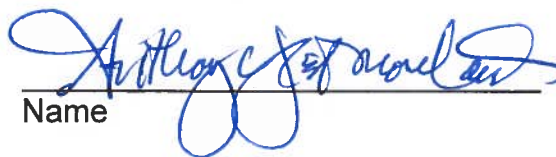
3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

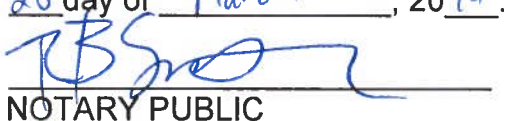
4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

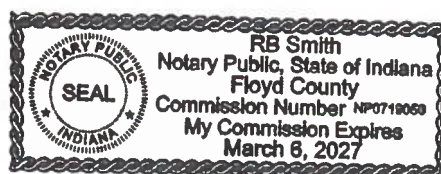
5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

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

  
 Name

SUBSCRIBED AND SWORN TO  
 before me, a notary public this  
28 day of March, 2019.  
  
 NOTARY PUBLIC



Your order has been submitted and all fees have been applied to your credit card. If you ordered a card, please allow 5 - 10 business days to receive your order in the mail.

If you selected **Free Certificate Printout** click **Print Receipt** at the bottom of the page. This page serves as your certificate and can be used to satisfy any legal posting requirements.

#### Official License Record

---



#### State of Indiana

*Official License Record*

**Full Name:** Anthony L Westmoreland  
**License Number:** 26017456A  
**License Type:** Pharmacist  
**License Status:** Active  
**Issue Date:** 10/23/1991  
**Expiration Date:** 6/30/2020

#### Order Information

|                        |                           |
|------------------------|---------------------------|
| <b>Date Submitted:</b> | 1 June 2018               |
| <b>Applicant Name:</b> | Anthony L Westmoreland    |
| <b>License Number:</b> | 26017456A                 |
| <b>Agency:</b>         | HPB                       |
| <b>Process:</b>        | Duplicate License process |

#### Payment Information

---

**Authorization Code:**  
**Received Date:**  
**Transaction #:**  
**Credit Card Number:**  
**Fee Amount:** \$0.00  
**Service Fee:** \$2.50  
**Instant Fee:** \$0.00  
**Total Fee:** \$0.00





**WESTMORELAND**  
PHARMACY + COMPOUNDING

1945 State Street • New Albany, IN 47150 • Ph: 812.944.6500 Fax: 812.944.6900

---

List of Officers and Directors:

Anthony Westmoreland, Owner/ President



**WESTMORELAND**  
PHARMACY + COMPOUNDING

1945 State Street • New Albany, IN 47150 • Ph: 812.944.6500 Fax: 812.944.6900

---

Westmoreland Pharmacy, Inc. Stock Register:

On August 26, 2005 100 shares of Westmoreland Pharmacy stock were created and sold to Anthony Westmoreland for one dollar per share.



**Indiana  
Professional  
Licensing  
Agency**

402 West Washington Street, Room W072  
Indianapolis, Indiana 46204  
Phone: (317) 234-3031  
Website: PLA.IN.gov

Michael R. Pence, Governor

Nicholas W. Rhoad, Executive Director

DATE: 09-04-2014

TO: Consumer Protection Division, Attorney General's Office

FROM: Deborah Frye, Compliance, IPLA

SUBJECT: Westmoreland Pharmacy 60005924A 2125 State St. New Albany, IN 47150

---

The Assistant Director of the Indiana Board of Pharmacy by a pharmacist regarding the compounding Domperidone for human use. The pharmacist was presented with a prescription for oral Domperidone by a patient, he informed them that the product was not available in the US. The patient said that she had been getting it in the hospital and it was compounded by Westmoreland Pharmacy in New Albany. The other question posed by the pharmacist was whether a pharmacy could compound a product and sell it to another pharmacy to be dispensed. Compounded prescriptions are written for a specific patient by a physician and dispensed directly to that patient. The FDA considers this a product that should not be compounded for use in the United States. We would like this information brought before the Indiana Board of Pharmacy for their consideration.



STATE OF INDIANA  
**OFFICE OF THE INDIANA ATTORNEY GENERAL**

CONSUMER PROTECTION DIVISION

302 W. WASHINGTON STREET, 5TH FLOOR • INDIANAPOLIS, IN 46204-2770

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

PHONE: 317.232.6330

FAX: 317.233.4393

**GREG ZOELLER**

INDIANA ATTORNEY GENERAL

September 17, 2014

Westmoreland Pharmacy  
 2125 State Street  
 New Albany, IN 47150

**Re: File No. 14-CP-60146**  
**Pharmacy**

**Indiana Professional Licensing Agency vs. Westmoreland**

Dear Westmoreland Pharmacy:

Enclosed is a copy of a complaint received by the Licensing Enforcement & Homeowner Protection Unit ("Unit"). Indiana law requires the Unit to investigate complaints against licensed professionals and deceptive acts in connection with real estate transactions. The Unit also investigates complaints concerning the unlicensed practice of professions regulated under Title 25.

You may provide a written response within **twenty (20) days** of the date of this letter. You may submit your response via e-mail or fax

Please include the following information in your response:

1. The file number shown above;
2. My name, Audrea Racine
3. Your explanation of what happened;

If your written response is not received within the above-mentioned time period, the investigation will continue without the benefit of your input.

You will be advised of the final disposition of the investigation once it is completed. If you have any further questions, do not hesitate to contact me.

Sincerely,

*Audrea Racine*

Audrea Racine

Case Analyst

[audrea.racine@atg.in.gov](mailto:audrea.racine@atg.in.gov)



Office of the Indiana Attorney General

Indianapolis, IN 46204

October 6, 2014

Re: File No. 14-CP-60146

Dear Ms. Racine,

I am writing in response to the attached complaint your office sent to me on September 17, 2014 regarding Domperidone.

On or around the beginning of this year, 2014, our pharmacy was contacted by the local hospital – Floyd Memorial Hospital and Health Services in New Albany, IN. The pharmacy stated that they had been getting Domperidone oral capsules compounded for in-patient use by a local compounding pharmacy in New Albany. But apparently that pharmacy could no longer supply it. The hospital uses Domperidone for particularly resistant cases of gastroparesis as prescribed by attending Gastroenterologists. The Hospital asked if we could begin supplying the Domperidone to them. Our pharmacy responded that we would have to try and source the chemical first and let them know. We contacted CBS Chemical in Phoenix, AZ and they agreed to provide the product to us.

Once we received the chemical, our pharmacy began supplying Domperidone 10mg capsules to the hospital for in-patient use. Also, we began to see prescriptions for patients once they left the hospital. We filled these prescriptions for home use.

Your letter came with great concern. We immediately researched and understood the validity of the complaint. The fact that this drug requires an IND in the U.S. in order to be dispensed became apparent to us. Our pharmacy takes great pride in complying with rules and regulations. We have previously been accredited by the Pharmacy Compounding Accreditation Board. We realized the significance of our actions. Thus, immediately we did the following:

1. Ceased and desisted in dispensing further Rx's for Domperidone in any form.



2. Contacted patients and Providers to notify them we would no longer be able to provide Domperidone.
3. Quarantined all Domperidone chemical and readied for reverse distribution.
4. Updated our pharmacy SOP to include a section "Determining drugs that are legal to compound".
5. Advising all staff of the events and making it mandatory to sign off on the new SOP section.

As I stated earlier, we take these matters seriously. We hope our actions, in response, have been a good faith effort to correct our deficiency. Please let us know what additional steps, if any, we need to take to resolve this situation.

Sincerely,

A handwritten signature in black ink that reads "Anthony L. Westmoreland". The signature is fluid and cursive, with the first name "Anthony" and last name "Westmoreland" clearly legible.

Anthony L. Westmoreland, RPh

Westmoreland Pharmacy Inc.

BEFORE THE INDIANA  
BOARD OF PHARMACY  
CAUSE NUMBER: 2015 IBP 0053

IN THE MATTER OF THE INDIANA  
PHARMACY LICENSE OF  
  
WESTMORELAND PHARMACY, INC.  
LICENSE NO.: 60005924A

)  
)  
)  
)  
)



HEARING NOTICE

Comes now the INDIANA BOARD OF PHARMACY ("Board") pursuant to Ind. Code § 4-21.5-3-20 and issues the following Hearing Notice:

1. This notice is being provided to Westmoreland Pharmacy, Inc. ("Respondent"), 2125 State Street, New Albany, Indiana 47150.
2. This notice is being provided to counsel for State of Indiana, N. Renee Gallagher, Deputy Attorney General, Office of the Attorney General, Indiana Government Center South, 5th floor, Indianapolis, Indiana 46204, telephone number (317) 234-7114.
3. The official cause number of this action is: 2015 IBP 0053.
4. This hearing is to address the issues raised in the Complaint, which is attached hereto as **Exhibit A**.
5. A hearing regarding this matter will be held on **February 8, 2016, at 1:30 p.m.**, Eastern Standard Time, in the Indiana Government Center South, Room W064, located at 402 West Washington Street, Indianapolis, Indiana 46204.
6. The Board is empowered to hold this disciplinary hearing pursuant to the authority of Ind. Code § 25-1-9 and Ind. Code § 4-21.5 *et seq.*
7. The Board will be presiding as administrative law judge in this matter. Theodore Cotterill, Director of the Board, may be contacted to obtain information concerning

# **CERTIFICATE OF SERVICE**

I certify that a copy of the "Hearing Notice" has been duly served upon:

Westmoreland Pharmacy, Inc.  
2125 State Street  
New Albany, Indiana 47150  
**Service by U.S. Mail**

N. Renee Gallagher  
Deputy Attorney General  
Office of the Attorney General  
Indiana Government Center South  
402 West Washington Street, 5<sup>th</sup> Floor  
Indianapolis, Indiana 46204  
**Service by E-mail**

January 25, 2016

Date



Theodore C. Cotterill, Director  
Indiana Board of Pharmacy

Indiana Board of Pharmacy  
Indiana Government Center South  
402 West Washington St., Room W072  
Indianapolis, Indiana 46204  
Phone: 317-234-2067  
Fax: 317-233-4236  
Email: [pla4@pla.in.gov](mailto:pla4@pla.in.gov)

## **Explanation of Service Methods**

**Personal Services:** by delivering a true copy of the aforesaid document(s) personally.

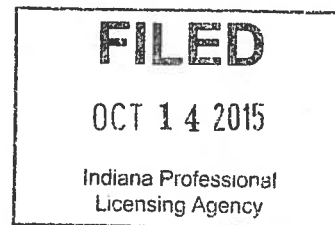
**Service by U.S. Mail:** by serving a true copy of the aforesaid document(s) by First Class U.S. Mail, postage prepaid.

**Service by Email:** by sending a true copy of the aforesaid document(s) to the individual's electronic mail address.



BEFORE THE INDIANA BOARD OF PHARMACY  
CAUSE NO: 2015 IBP 0053

IN THE MATTER OF THE INDIANA )  
PHARMACY LICENSE OF )  
 )  
WESTMORELAND PHARMACY, INC. )  
 )  
LICENSE NUMBER 60005924A (ACTIVE) )  
(CLOSED DOOR III) )




---

ADMINISTRATIVE COMPLAINT

---

This complaint is brought against the pharmacy license of Westmoreland Pharmacy, Inc. ("Respondent"), by the Office of the Attorney General, by counsel, Deputy Attorney General Stephanie E. Sluss, on behalf of the State of Indiana ("Petitioner") and pursuant to Ind. Code § 25-1-7-7, Ind. Code § 25-1-5-3, Ind. Code ch. 25-26, the Administrative Orders and Procedures Act, Ind. Code art. 4-21.5 and Ind. Code ch. 25-1-9 and in support alleges and states:

FACTS

1. Respondent is a licensed closed door pharmacy in the State of Indiana having been issued license number 60005924A on or about December 20, 2005. Said license is currently active.
2. Respondent's address of record with the Indiana Professional Licensing Agency is 2125 State Street, New Albany, IN 47150.
3. On or around the beginning of 2014, Respondent began compounding drug products containing Domperidone.
4. Domperidone is a drug used to increase milk production in breastfeeding women, which is not an approved use, and to treat certain gastric disorders.

5. Domperidone is not approved for use in any country for breastfeeding women and only in the United States for use in treating certain gastric disorders under special conditions which are outlined by the FDA.

6. Domperidone was removed from the market by the Food and Drug Administration ("FDA") in 1998 due to serious adverse effects, including irregular heartbeat, stopping of the heart, or sudden death. These dangers could convey to nursing babies of breastfeeding women.

---

7. In June 2004, the FDA issued a "Talk Paper" warning breastfeeding women not to use Domperidone and issued warning letters to pharmacies that compounded products containing Domperidone and firms that supplied Domperidone for use in compounding.

8. Since June 2004, the FDA has issued several warning letters to pharmacies and firms regarding compounding, supplying or distributing Domperidone.

9. The FDA also issued an "Import Alert" alerting FDA field personnel to watch for imports of Domperidone and to detain and refuse admission as appropriate.

10. In March 2012, the FDA issued another "Import Alert" advising that Domperidone was being imported as a bulk active pharmaceutical ingredient for compounding, and in a finished dosage form. The FDA warned that the importation of Domperidone presents a "public health risk" and violates the FDCA.

11. Domperidone can only be obtained in the United States through the FDA's Expanded Access to Investigational Drugs Program ("IND"), and then only for patients 12 years of age and older with certain gastric disorders.

12. Prior to prescribing or dispensing Domperidone, a health care practitioner must submit an application to the FDA to become a Sponsor-Investigator as part of the IND and the

IND must be in effect prior to the importation, interstate shipment, and administration of Domperidone.

13. To obtain Domperidone, the FDA has authorized only specific suppliers to provide the drug.

14. A health care practitioner who is a Sponsor-Investigator can obtain Domperidone for their patients through either direct import to their office for dispensing from one of the approved manufacturers, or by direct shipment to the patient by the approved pharmacy supplier.

---

15. Respondent received Domperidone from CBS Chemical in Phoenix, AZ, an unauthorized distributor of Domperidone.

16. Respondent used this bulk product to compound Domperidone for patients with certain gastric disorders and without INDs in place.

17. Respondent supplied a local hospital with Domperidone drug products and also filled prescriptions for individuals to use the drug at home.

18. Respondent indicated that it has ceased compounding Domperidone after receiving a consumer complaint in September of 2014 and conducting independent research on the drug.

### COUNT I

19. Paragraphs 1 (one) through 18 (eighteen) are incorporated by reference herein.

20. Respondent violated Ind. Code § 25-1-9-4(a)(4)(A) in that Respondent has continued to practice although it has become unfit to practice due to professional incompetence as evidenced by, which includes but is not limited to, Respondent compounding Domperidone and supplying it to a hospital and individuals.

**COUNT II**

21. Paragraphs 1 (one) through 18 (eighteen) are incorporated by reference herein.
22. Respondent violated Ind. Code § 25-1-9-4(a)(4)(B) in that Respondent has continued to practice although it has become unfit to practice due to failure to keep abreast of current professional theory or practice as evidenced by, which includes but is not limited to, Respondent compounding Domperidone and supplying it to a hospital and individuals.

---

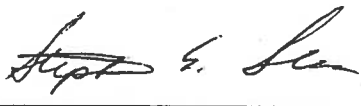
**WHEREFORE**, Petitioner demands an order against the Respondent that:

1. Imposes the appropriate disciplinary sanction;
2. Directs Respondent to immediately pay all of the cost incurred in the prosecution of this case;
3. Directs Respondent to pay a fee of Five Dollars (\$5.00) to be deposited into the Health Records and Personal Identifying Information Protection Trust Fund pursuant to Ind. Code § 4-6-14-10(b); and
4. Provide any other relief the Board deems just and proper within the premises.

Respectfully submitted,

Gregory F. Zoeller  
Attorney General of Indiana  
Atty. No. 1958-98

By:

  
Stephanie E. Sluss  
Deputy Attorney General  
Attorney No. 26920-49



**California State Board of Pharmacy**  
1625 North Market Boulevard, Suite N219, Sacramento, CA 95834  
Phone (916) 574-7900  
Fax (916) 574-8618  
www.pharmacy.ca.gov

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY  
DEPARTMENT OF CONSUMER AFFAIRS  
GOVERNOR EDMUND G. BROWN JR.

January 19, 2017

**CERTIFIED MAIL**

WESTMORELAND PHARMACY & COMPOUN  
ATTN: ANTHONY WESTMORELAND  
1945 STATE ST.  
NEW ALBANY, IN 47150

**RE: CI 2016 71933**  
**WESTMORELAND PHARMACY & COMPOUNDING**  
**Unlicensed**

After thorough and careful consideration of the explanation and information you provided at the office conference, the committee determined that the information presented had been previously considered and was not new information. The committee decided to affirm the above-referenced Citation and Fine, CI 2016 71933 as originally issued.

This decision is the final administrative order regarding the Citation. Since you did not timely request a hearing to contest the Citation pursuant to California Code of Regulations, title 16, section 1775.4, subdivision (a), the administrative appeals process has concluded.

Failure to pay any imposed fine(s) within 30 days of the date of this letter may result in disciplinary action being taken. The timely payment of the imposed fine(s) shall not constitute an admission of the violation(s) charged in the Citation.

If any fine(s) are not timely paid, then the full amount of the unpaid fine(s) shall be added to the fee for the renewal of your license. Your license shall not then be renewed without full payment of the renewal fee and the assessed fine(s).

Please contact Associate Enforcement Analyst Jennifer Sevilla at (916) 574-7925, if you have any questions.

Sincerely

A handwritten signature in black ink, appearing to read "Virginia Herold".

Virginia Herold  
Executive Officer  
Board of Pharmacy

**DECLARATION OF SERVICE BY CERTIFIED MAIL****RE: WESTMORELAND PHARMACY & COMPOUNDING Unlicensed****Citation CI 2016 71933**

I declare:

I am employed in the County of Sacramento, California. I am over 18 years of age and not a party to the within entitled cause. My business address is 1625 North Market Boulevard, Suite N219, Sacramento, California 95834-1924.

On January 19, 2017, I served the attached:

Decision letter from office conference.

in said cause, by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid by Certified Mail, in the United States mail at Sacramento, California, addresses as follows:

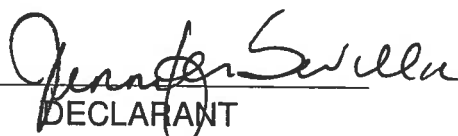
NAMECERTIFIED MAIL NO

WESTMORELAND PHARMACY & COMPOUNDING  
ATTN: ANTHONY WESTMORELAND  
1945 STATE ST.  
NEW ALBANY, IN 47150

7016 1370 0000 5640 5975

I declare under penalty of perjury that the forgoing is true and correct.

Executed on January 19, 2017, at Sacramento, California.

  
\_\_\_\_\_  
DECLARANT  
Jennifer Sevilla  
Associate Enforcement Analyst



PLEASE SEE ATTACHMENT.

2. Respondent will ensure compounding staff undergo ten (10) hours of continuing education in the areas of FDA Regulations within one (1) year of the date of the Board's Final Order accepting this Agreement and provide proof of completion to the Board.

3. ~~Within thirty (30) days of the date of this Order, Respondent shall, pursuant to~~  
I.C. § 4-6-14-10(b), pay a fee of Five Dollars (\$5.00) to be deposited into the Health Records and Personal Identifying Information Protection Trust Fund. This fee shall be paid by check or money order made payable to the State of Indiana and submitted to the following address:

Indiana Office of the Attorney General  
Attn: Teresa Henson  
302 W. Washington Street, 5<sup>th</sup> Floor  
Indianapolis, IN 46204

4. A violation of this Final Order, any non-compliance with the statutes or regulations regarding the practice of pharmacy may result in an Order to Show Cause as may be issued by the Board, or a new cause of action pursuant to Ind. Code § 25-1-9-4, and or all of which could lead to additional sanctions.

**SO ORDERED**, this \_\_\_\_\_ day of February, 2017.

INDIANA BOARD OF PHARMACY

\_\_\_\_\_  
Steve Anderson, R. Ph, Vice President  
Indiana Board of Pharmacy



## CERTIFICATE OF SERVICE

I certify that a copy of the "Final Order Accepting Proposed Settlement Agreement" has been duly served upon:

Westmoreland Pharmacy, Inc.  
c/o Anthony Westmoreland  
2125 State Street  
New Albany, IN 47150  
**Service by US Mail**

Amelia A. Hilliker  
Deputy Attorney General  
302 West Washington Street, 5<sup>th</sup> Floor  
Indianapolis, IN 46204  
Amelia.Hilliker@atg.in.gov  
**Service by E-Mail**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Litigation Specialist

UNSUBSIDIZED  
SIGN UP TODAY AT PNC REMITTANCE ADVANTAGE [HTTPS://KAD](https://kad)  
1 MEDICARE'S PAYMENT-THIS MAY INCLUDE THE SEQUESTRAT  
2 AMOUNT NON-COVERED IS BASED ON MEDICARE'S EOB OR F

\_\_\_\_\_  
Telephone: 317-234-2067  
Email: [pla4@pla.in.gov](mailto:pla4@pla.in.gov)

### Explanation of Service Methods

Personal Service: by delivering a true copy of the aforesaid document(s) personally.

Service by U.S. Mail: by serving a true copy of the aforesaid document(s) by First Class U.S. Mail, postage prepaid.

Service by Email: by sending a true copy of the aforesaid document(s) to the individual's electronic mail address.



*filed 1-9-18  
to BOP  
AK*

January 9, 2018

Dear Board of Pharmacy,

Pursuant to the attached Letter of Reprimand that our pharmacy received, please find the REQUIRED 10 HOURS OF CONTINUING EDUCATION PERFORMED BY COMPOUNDING STAFF.

We have 3 compounding staff members that performed the CE:

Anthony Westmoreland PIC

Tahnee Miller RPh Compounding Pharmacist

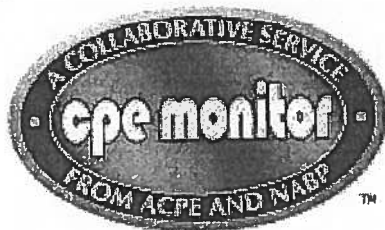
Randy Bryan Smith CPhT Compounding Technician

If there are any further questions, please feel free to contact me directly at 502-298-9085.

Sincerely,

Anthony Westmoreland RPh

Owner, Westmoreland Pharmacy



# CPE Monitor Activity Transcript

Participant Name: Tahnee Lynne Miller — *RPh Compounding Pharmacist*  
 NABP e-Profile ID: 278939  
 CPE Activity Date Range: 11/01/2017 - 01/08/2018  
 Total CPE Hours Earned: 37.0

Recorded CPE activity for the period of 11/01/2017 to 01/08/2018. Please allow 60 days for the CPE Provider to process your CPE and submit it through the CPE Monitor System. If it has been more than 60 days since you submitted the necessary information for CPE credit, please contact the CPE Provider.

| Activity Date | ACPE UAN               | Title   | Provider                    | Format | Topic Designators       | Contact Hours (CEU) | Live Hours | Home Hours | Activity Type     |
|---------------|------------------------|---|-----------------------------|--------|-------------------------|---------------------|------------|------------|-------------------|
| 01/08/2018    | 0422-0000-17-236-H07-P | Compounding: Managing Sterile Compounding   | Therapeutic Research Center | Home   | Compounding             | 1.0 (0.1)           | 0.0        | 1.0        | Knowledge-based   |
| 01/08/2018    | 0422-0000-17-321-H07-P | Compounding: Sterile Compounding Aseptic Technique  | Therapeutic Research Center | Home   | Compounding             | 1.0 (0.1)           | 0.0        | 1.0        | Knowledge-based   |
| 01/08/2018    | 0422-0000-17-325-H07-P | Compounding: Understanding Requirements for Sterile Compounding                             | Therapeutic Research Center | Home   | Compounding             | 1.0 (0.1)           | 0.0        | 1.0        | Knowledge-based   |
| 01/08/2018    | 0422-0000-17-327-H07-P | Compounding: Maintaining a Controlled Environment for Sterile Compounding                   | Therapeutic Research Center | Home   | Compounding             | 1.0 (0.1)           | 0.0        | 1.0        | Knowledge-based   |
| 01/08/2018    | 0422-0000-17-331-H07-P | Compounding: Complex Nonsterile Compounding: Topical Dosage Forms                           | Therapeutic Research Center | Home   | Compounding             | 1.0 (0.1)           | 0.0        | 1.0        | Knowledge-based   |
| 01/08/2018    | 0422-0000-17-332-H07-P | Compounding: Corrective Action and Preventative Action (CAPA) Plans for Sterile Compounding | Therapeutic Research Center | Home   | Compounding             | 1.0 (0.1)           | 0.0        | 1.0        | Knowledge-based   |
| 01/08/2018    | 0422-0000-16-314-H04-P | Compounding: Sterile Compounding and USP Chapter <797>                                      | Therapeutic Research Center | Home   | General Pharmacy Topics | 1.0 (0.1)           | 0.0        | 1.0        | Application-based |
| 12/21/2017    | 0422-0000-17-710-H01-P | Emerging Developments in Drug Therapy and Implementation into Patient Care: October 2017    | Therapeutic Research Center | Home   | Drug Therapy Related    | 1.0 (0.1)           | 0.0        | 1.0        | Knowledge-based   |
| 12/21/2017    | 0422-0000-17-001-H01-P | Emerging Developments in Drug Therapy and Implementation into Patient Care: January 2017    | Therapeutic Research Center | Home   | Drug Therapy Related    | 1.0 (0.1)           | 0.0        | 1.0        | Knowledge-based   |
| 12/21/2017    | 0422-0000-17-002-H01-P | Emerging Developments in Drug Therapy and Implementation into Patient Care: February 2017   | Therapeutic Research Center | Home   | Drug Therapy Related    | 1.0 (0.1)           | 0.0        | 1.0        | Knowledge-based   |
| 12/21/2017    | 0422-0000-17-003-H01-P | Emerging Developments in Drug Therapy and Implementation into Patient Care: March 2017      | Therapeutic Research Center | Home   | Drug Therapy Related    | 1.0 (0.1)           | 0.0        | 1.0        | Knowledge-based   |
| 12/21/2017    | 0422-0000-17-004-H01-P | Emerging Developments in Drug Therapy and Implementation into Patient Care: April 2017      | Therapeutic Research Center | Home   | Drug Therapy Related    | 1.0 (0.1)           | 0.0        | 1.0        | Knowledge-based   |

This statement contains information provided to NABP from the Accreditation Council for Pharmacy Education (ACPE). The CPE provider is responsible for the accuracy of the CPE course data on the statement; however, NABP affirms that the participation information has been matched to the corresponding e-Profile data within its systems. Requests for changes to CPE course data must be directed to the ACPE-accredited provider that offered the course. CPE documentation requirements are determined by each Board of Pharmacy; please check with your licensing board about these requirements. CPE information has been made available to licensees' respective board(s) of pharmacy for use at the boards' discretion.



# CPE Monitor Activity Transcript

**Participant Name:** Randy Bryan Smith — *CPH T COMPOUNDING LAB*  
**NABP e-Profile ID:** 487505  
**CPE Activity Date Range:** 10/03/2013 - 12/29/2017  
**Total CPE Hours Earned:** 23.5

Recorded CPE activity for the period of 10/03/2013 to 12/29/2017. Please allow 60 days for the CPE Provider to process your CPE and submit it through the CPE Monitor System. If it has been more than 60 days since you submitted the necessary information for CPE credit, please contact the CPE Provider.

| Activity Date | ACPE UAN               | Title   | Provider                               | Format | Topic Designators       | Contact Hours (CEU) | Live Hours | Home Hours | Activity Type     |
|---------------|------------------------|---|--|--------|-------------------------|---------------------|------------|------------|-------------------|
| 12/29/2017    | 0798-0000-16-090-H04-T | The Compounding Side of Hormone Therapy for Men and Women                                   | PharmCon, Inc.                         | Home   | General Pharmacy Topics | 1.0 (0.1)           | 0.0        | 1.0        | Knowledge-based   |
| 12/26/2017    | 0798-0000-15-122-H03-T | Compounded Medicines: New Laws, New Responsibilities, New Questions                         | PharmCon, Inc.                         | Home   | Law                     | 1.0 (0.1)           | 0.0        | 1.0        | Knowledge-based   |
| 12/22/2017    | 0798-0000-16-137-H04-T | Decoding the Drug Quality and Security Act Pertinent to Sterile and Non-Sterile Compounding | PharmCon, Inc.                         | Home   | General Pharmacy Topics | 2.0 (0.2)           | 0.0        | 2.0        | Knowledge-based   |
| 12/21/2017    | 0401-0000-16-504-H03-T | DSN Quick Credit: Applying law to pharmaceutical compounding                                | Drug Store News                        | Home   | Law                     | 0.25 (0.025)        | 0.0        | 0.25       | Knowledge-based   |
| 12/21/2017    | 0798-0000-17-116-H04-T | USP 800 Compliance  | PharmCon, Inc.                         | Home   | General Pharmacy Topics | 2.0 (0.2)           | 0.0        | 2.0        | Knowledge-based   |
| 12/20/2017    | 0280-0000-16-082-H03-P | Sterile Compounding Update: Laws, Regulations & Standards                                   | American Health Resources              | Home   | Law                     | 1.25 (0.125)        | 0.0        | 1.25       | Knowledge-based   |
| 10/03/2013    | 0201-0000-11-039-L01-T | Aseptic Technique Compounding   | American College of Apothecaries, Inc. | Live   | Drug Therapy Related    | 13.0 (1.3)          | 13.0       | 0.0        | Application-based |
| 10/03/2013    | 0201-0000-11-041-H01-T | Aseptic Technique Home Study  | American College of Apothecaries, Inc. | Home   | Drug Therapy Related    | 3.0 (0.3)           | 0.0        | 3.0        | Knowledge-based   |

This statement contains information provided to NABP from the Accreditation Council for Pharmacy Education (ACPE). The CPE provider is responsible for the accuracy of the CPE course data on the statement; however, NABP affirms that the participation information has been matched to the corresponding e-Profile data within its systems. Requests for changes to CPE course data must be directed to the ACPE-accredited provider that offered the course. CPE documentation requirements are determined by each Board of Pharmacy; please check with your licensing board about these requirements. CPE information has been made available to licensees' respective board(s) of pharmacy for use at the boards' discretion.



# CPE Monitor Activity Transcript

**Participant Name:** Anthony Lee Westmoreland - RPh P.I.C.  
**NABP e-Profile ID:** 390818  
**CPE Activity Date Range:** 12/01/2017 - 01/01/2018  
**Total CPE Hours Earned:** 15.0

Recorded CPE activity for the period of 12/01/2017 to 01/01/2018. Please allow 60 days for the CPE Provider to process your CPE and submit it through the CPE Monitor System. If it has been more than 60 days since you submitted the necessary information for CPE credit, please contact the CPE Provider.

| Activity Date | ACPE UAN               | Title   | Provider                    | Format | Topic Designators       | Contact Hours (CEU) | Live Hours | Home Hours | Activity Type     |
|---------------|------------------------|---|-----------------------------|--------|-------------------------|---------------------|------------|------------|-------------------|
| 12/26/2017    | 0422-0000-17-246-H05-P | Controlled Substances: Preventing Diversion and Promoting Patient Safety with Opioids               | Therapeutic Research Center | Home   | Patient Safety          | 2.0 (0.2)           | 0.0        | 2.0        | Knowledge-based   |
| 12/26/2017    | 0422-0000-16-215-H01-P | The Balancing Act with Controlled Substances: Ensuring Access for Patients with Valid Prescriptions | Therapeutic Research Center | Home   | Drug Therapy Related    | 2.0 (0.2)           | 0.0        | 2.0        | Knowledge-based   |
| 12/25/2017    | 0422-0000-17-325-H07-P | Compounding: Understanding Requirements for Sterile Compounding                                     | Therapeutic Research Center | Home   | Compounding             | 1.0 (0.1)           | 0.0        | 1.0        | Knowledge-based   |
| 12/25/2017    | 0422-0000-17-236-H07-P | Compounding: Managing Sterile Compounding   | Therapeutic Research Center | Home   | Compounding             | 1.0 (0.1)           | 0.0        | 1.0        | Knowledge-based   |
| 12/25/2017    | 0422-0000-17-309-H04-P | USP-800 How to Handle Hazardous Meds in the Healthcare Setting                                      | Therapeutic Research Center | Home   | General Pharmacy Topics | 1.0 (0.1)           | 0.0        | 1.0        | Knowledge-based   |
| 12/25/2017    | 0422-0000-17-321-H07-P | Compounding: Sterile Compounding Aseptic Technique  | Therapeutic Research Center | Home   | Compounding             | 1.0 (0.1)           | 0.0        | 1.0        | Knowledge-based   |
| 12/25/2017    | 0422-0000-17-331-H07-P | Compounding: Complex Nonsterile Compounding: Topical Dosage Forms                                   | Therapeutic Research Center | Home   | Compounding             | 1.0 (0.1)           | 0.0        | 1.0        | Knowledge-based   |
| 12/25/2017    | 0422-0000-17-327-H07-P | Compounding: Maintaining a Controlled Environment for Sterile Compounding                           | Therapeutic Research Center | Home   | Compounding             | 1.0 (0.1)           | 0.0        | 1.0        | Knowledge-based   |
| 12/25/2017    | 0422-0000-17-326-H07-P | Compounding: Complex Nonsterile Compounding Oral Dosage Forms                                       | Therapeutic Research Center | Home   | Compounding             | 1.0 (0.1)           | 0.0        | 1.0        | Knowledge-based   |
| 12/16/2017    | 0422-0000-17-311-H04-P | Nonsterile Compounding of Common Topical and Oral Liquid Preparations                               | Therapeutic Research Center | Home   | General Pharmacy Topics | 1.0 (0.1)           | 0.0        | 1.0        | Application-based |
| 12/16/2017    | 0422-0000-17-320-H07-P | Compounding: An Overview of Complex Nonsterile Compounding  | Therapeutic Research Center | Home   | Compounding             | 1.0 (0.1)           | 0.0        | 1.0        | Knowledge-based   |
| 12/14/2017    | 0422-0000-16-307-H03-P | A Review of the Federal Pharmacy Law  | Therapeutic Research Center | Home   | Law                     | 1.0 (0.1)           | 0.0        | 1.0        | Application-based |
| 12/06/2017    | 0422-0000-17-308-H03-P | A Review of DEA Requirements  | Therapeutic Research Center | Home   | Law                     | 1.0 (0.1)           | 0.0        | 1.0        | Knowledge-based   |

This statement contains information provided to NABP from the Accreditation Council for Pharmacy Education (ACPE). The CPE provider is responsible for the accuracy of the CPE course data on the statement; however, NABP affirms that the participation information has been matched to the corresponding e-Profile data within its systems. Requests for changes to CPE course data must be directed to the ACPE-accredited provider that offered the course. CPE documentation requirements are determined by each Board of Pharmacy; please check with your licensing board about these requirements. CPE information has been made available to licensees' respective board(s) of pharmacy for use at the boards' discretion.

BEFORE THE INDIANA BOARD OF PHARMACY  
CAUSE NO: 2015 IBP 0053

IN THE MATTER OF THE INDIANA )  
PHARMACY LICENSE OF )

WESTMORELAND PHARMACY, INC. )  
LICENSE NUMBER 60005924A )



PROPOSED SETTLEMENT AGREEMENT

The State of Indiana ("Petitioner"), by Amelia A. Hilliker, Deputy Attorney General, and Westmoreland Pharmacy, Inc. ("Respondent"), hereby execute this Settlement Agreement ("Agreement") to a disposition of the Administrative Complaint filed in this cause with the Indiana Board of Pharmacy ("Board"). This Agreement is subject to the review of the Board pursuant to Ind. Code § 25-1-9 *et seq.* and the Administrative Orders and Procedures Act, Ind. Code § 4-21.5-3 *et seq.*

STIPULATED FACTS

1. Respondent is a licensed closed door pharmacy in the State of Indiana having been issued license number 60005924A on or about December 20, 2005.
2. Respondent's address of record with the Indiana Professional Licensing Agency is 2125 State Street, New Albany, IN 47150.
3. On or around the beginning of 2014, Respondent began compounding drug products containing Domperidone.
4. Domperidone is approved for use in the United States in treating certain gastric disorders under special conditions which are outlined by the FDA.
5. Domperidone was removed from the market by the Food and Drug Administration ("FDA") in 1998 due to serious adverse effects, including irregular heartbeat, stopping of the heart, or sudden death.

6. Domperidone can only be obtained in the United States through the FDA's Expanded Access to Investigational Drugs Program ("IND"), and then only for patients 12 years of age and older with certain gastric disorders.

7. Prior to prescribing or dispensing Domperidone, a health care practitioner must submit an application to the FDA to become a Sponsor-Investigator as part of the IND and the IND must be in effect prior to the importation, interstate shipment, and administration of Domperidone.

8. To obtain Domperidone, the FDA has authorized only specific suppliers to provide the drug.

9. A health care practitioner who is a Sponsor-Investigator can obtain Domperidone for their patients through either direct import to their office for dispensing from one of the approved manufacturers, or by direct shipment to the patient by the approved pharmacy supplier.

10. Respondent compounded drug products containing Domperidone pursuant to a valid prescription for individual patients who did not have an IND in place.

11. Respondent conducted the activities described in Paragraph 10 above, without knowledge or belief that its actions were in violation of federal or state law. Respondent acted in reliance on materials widely distributed by a national trade association representing compounding pharmacies.

12. Respondent ceased compounding Domperidone after receiving a consumer complaint from the Office of the Indiana Attorney General in September of 2014 and conducting independent research on the drug.

#### STIPULATED CONCLUSIONS OF LAW

The parties further stipulate:

1. By the conduct described above, to wit violating the FDCA, 21 U.S.C. § 353a and 355, and 856 IAC 1-20-1(5), Respondent violated Ind. Code § 25-1-9-4(a)(3).

2. By Respondent's conduct in compounding drug products containing Domperidone for patients without a valid IND in place, Respondent violated Ind. Code § 25-1-9-4(a)(4)(B).

#### **AGREED DISPOSITION**

The parties agree to the following disposition:

1. The Board has jurisdiction over Respondent and the subject matter in this disciplinary action.
2. The parties execute this Agreement voluntarily.
3. Both parties voluntarily waive their rights to a public hearing on the Complaint and all other proceedings in this action to which either party may be entitled by law, including judicial review and appeal.
4. Petitioner agrees that the terms of this Agreement will resolve any and all pending claims or allegations relating to disciplinary action against the Respondent's Indiana pharmacy license.
5. Respondent agrees that they will receive the attached **LETTER OF REPRIMAND**, which will be included as a permanent part of Respondent's file located at the Indiana Professional Licensing Agency. (See Letter of Reprimand attached hereto as Exhibit "A".)
6. Respondent will ensure compounding staff undergo ten (10) hours of continuing education in the areas of FDA Regulations within one (1) year of the date of the Board's Final Order accepting this Agreement and provide proof of completion to the Board.

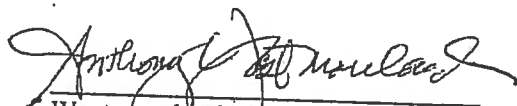


7. Within thirty (30) days of the date of the Board's Final Order accepting this Agreement, Respondent shall, pursuant to I.C. § 4-6-14-10 (b), pay a fee of Five Dollars (\$5.00) to be deposited into the Health Records and Personal Identifying Information Protection Trust Fund. This fee shall be paid by check or money order made payable to the State of Indiana, and submitted to the following address:

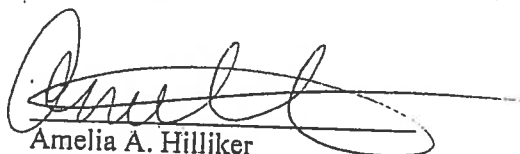
Indiana Office of the Attorney General  
Attn: Teresa Henson  
302 West Washington Street, 5<sup>th</sup> Floor  
Indianapolis, IN 46204.

8. Respondent has carefully read and examined this Agreement and fully understands its terms and that, subject to a final order issued by the Board, this Agreement is a final disposition of all matters and not subject to further review.

9. Respondent further understands that a violation of the Final Order accepting this Agreement, any non-compliance with the statutes or regulations regarding the practice of pharmacy, or any violation of the Settlement Agreement may result in the State requesting an emergency suspension of the Respondent's license, an Order to Show Cause as may be issued by the Board, or a new cause of action pursuant to I.C. § 25-1-9-4, any or all of which could lead to additional sanctions, up to and including a revocation of Respondent's license.

  
Westmoreland Pharmacy, Inc.

4-3-17  
Date

  
Amelia A. Hilliker  
Deputy Attorney General

4-4-2017  
Date

March 28, 2017

Westmoreland Pharmacy, Inc.  
2125 State Street  
New Albany, IN 47150

**Re: In the matter of the license of Westmoreland Pharmacy, LLC  
Before the Indiana Board of Pharmacy**

To Whom it May Concern:

This letter of reprimand issued in accordance with the Findings of Fact and Order issued by the Indiana Board of Pharmacy resolving the administrative complaint against your pharmacy license filed by the Office of the Attorney General, Division of Consumer Protection on October 14, 2015.

The purpose of this reprimand is to stress the important responsibility that you have by reason of possession of a pharmacy license in the State of Indiana.

The Settlement Agreement, Findings of Fact, and Final Order are attached and incorporated herein as part of this reprimand.

It is your responsibility to conduct your practice as a pharmacy in accordance with the statutes, regulations, and standards of the profession.

Sincerely,

INDIANA BOARD OF PHARMACY

By: \_\_\_\_\_  
Steve Anderson, R.Ph., President

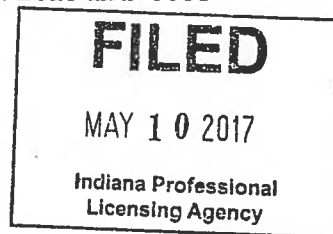
**EXHIBIT "A"**

BEFORE THE INDIANA  
BOARD OF PHARMACY  
CAUSE NO: 2015 IBP 0053

IN THE MATTER OF THE INDIANA  
PHARMACY LICENSE OF

WESTMORELAND PHARMACY, INC.  
LICENSE NUMBER 60005924A

)  
)  
)  
)  
)



**FINAL ORDER ACCEPTING PROPOSED SETTLEMENT AGREEMENT**

The State of Indiana ("Petitioner"), by Amelia A. Hilliker, and Westmoreland Pharmacy, Inc. ("Respondent"), signed a "Settlement Agreement" ("Agreement"), filed on April 4, 2017, which purports to resolve all issues involved in the action by the Petitioner and the Indiana Board of Pharmacy ("Board") regarding the Respondent's license, and which Agreement has been submitted to the Board for approval.

The Board after reviewing the Agreement at the April 10, 2017, meeting held in Room W064 of the Indiana Government Center South, 402 West Washington Street, Indianapolis, Indiana 46204, now finds it has been entered into fairly and without fraud, duress, or undue influence, and is fair and equitable between the parties. The Board hereby incorporates the Agreement which is attached hereto and incorporated herein as **Exhibit A**, into this Final Order.

**WHEREFORE**, the Board hereby accepts and approves the Findings of Facts, Conclusions of Law, and Agreed Disposition presented by the parties and issues this Final Order, by a vote of 6-0:

1. Respondent's Indiana pharmacy license shall be issued **LETTER OF REPRIMAND**, which will be included as a permanent part of Respondent's file located at the Indiana Professional Licensing Agency.

2. Respondent will ensure compounding staff undergo ten (10) hours of continuing education in the areas of FDA Regulations within one (1) year of the date of the Board's Final Order accepting this Agreement and provide proof of completion to the Board.

3. Within thirty (30) days of the date of this Order, Respondent shall, pursuant to I.C. § 4-6-14-10(b), pay a fee of Five Dollars (\$5.00) to be deposited into the Health Records and Personal Identifying Information Protection Trust Fund. This fee shall be paid by check or money order made payable to the State of Indiana and submitted to the following address:

Indiana Office of the Attorney General  
Attn: Teresa Henson  
302 W. Washington Street, 5<sup>th</sup> Floor  
Indianapolis, IN 46204

4. A violation of this Final Order, any non-compliance with the statutes or regulations regarding the practice of pharmacy may result in an Order to Show Cause as may be issued by the Board, or a new cause of action pursuant to Ind. Code § 25-1-9-4, and or all of which could lead to additional sanctions.

**SO ORDERED**, this 10<sup>th</sup> day of May, 2017.

INDIANA BOARD OF PHARMACY

*for* Maurice Bennett  
Steve Anderson, R. Ph, Vice President  
Indiana Board of Pharmacy

### CERTIFICATE OF SERVICE

I certify that a copy of the "Final Order Accepting Proposed Settlement Agreement" has been duly served upon:

Westmoreland Pharmacy, Inc.  
c/o Anthony Westmoreland  
1945 State Street  
New Albany, IN 47150  
**Service by US Mail**

Amelia A. Hilliker  
Deputy Attorney General  
302 West Washington Street, 5<sup>th</sup> Floor  
Indianapolis, IN 46204  
Amelia.Hilliker@atg.in.gov  
**Service by E-Mail**

5-10-17  
Date

Donna Moran  
Donna Moran, Litigation Specialist

Indiana Board of Pharmacy  
Indiana Government Center South  
302 West Washington Street, Room W072  
Indianapolis, IN 46204  
Telephone: 317-234-2067  
Email: [pla4@pla.in.gov](mailto:pla4@pla.in.gov)

**Explanation of Service Methods**

**Personal Service:** by delivering a true copy of the aforesaid document(s) personally.

**Service by U.S. Mail:** by serving a true copy of the aforesaid document(s) by First Class U.S. Mail, postage prepaid.

**Service by Email:** by sending a true copy of the aforesaid document(s) to the individual's electronic mail address.

Professional Licensing Agency  
402 West Washington Street  
Room W072  
Indianapolis, IN 46204



Eric J. Holcomb  
Governor of Indiana  
Deborah J. Frye  
PLA Executive Director

May 9, 2017

Westmoreland Pharmacy, Inc.  
2125 State Street  
New Albany, IN 47150

**Re: In the matter of the license of Westmoreland Pharmacy, LLC  
Before the Indiana Board of Pharmacy**

To Whom it May Concern:

This letter of reprimand issued in accordance with the Findings of Fact and Order issued by the Indiana Board of Pharmacy resolving the administrative complaint against your pharmacy license filed by the Office of the Attorney General, Division of Consumer Protection on October 14, 2015.

The purpose of this reprimand is to stress the important responsibility that you have by reason of possession of a pharmacy license in the State of Indiana.

The Settlement Agreement, Findings of Fact, and Final Order are attached and incorporated herein as part of this reprimand.

It is your responsibility to conduct your practice as a pharmacy in accordance with the statutes, regulations, and standards of the profession.

Sincerely,

INDIANA BOARD OF PHARMACY

By:

*Maureen Bennett*  
for Steve Anderson, R.Ph., President

**EXHIBIT "A"**



**WESTMORELAND**  
PHARMACY • COMPOUNDING

*mailed to  
KBP  
2/6/18*

State of Illinois

Board of Pharmacy

February 6, 2018

RE: No. 2017-01360

This is the written answer to the above-referenced complaint against our pharmacy, Westmoreland Pharmacy at 1945 State St, New Albany IN 47150.

Count 1, Paragraphs 1-9

We admit this allegation.

Count 2, Paragraph 10

We admit this allegation.

Please contact me directly at 502-298-9085 if there are any further questions. Sincerely,

Anthony L. Westmoreland RPh

PIC, Westmoreland Pharmacy

Illinois License 054.016721,320.009596

**INDIVIDUAL ACKNOWLEDGMENT**

State/Commonwealth of Indiana } ss.  
 County of Elkhart

On this the 6<sup>th</sup> day of February, 2018, before me,  
Laura Wheatley Day Month Year

Laura Wheatley Name of Notary Public, the undersigned Notary Public,  
 personally appeared Anthony L. Westmoreland Name(s) of Signer(s)

☐ personally known to me – OR –

☒ proved to me on the basis of satisfactory evidence

to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged to me that he/she/they executed the same for the purposes therein stated.



WITNESS my hand and official seal.

Laura Wheatley  
 Signature of Notary Public

Place Notary Seal/Stamp Above

Any Other Required Information  
 (Printed Name of Notary, Expiration Date, etc.)

INFORMATION IN AREAS 1-4 REQUIRED IN ARIZONA. OPTIONAL IN OTHER STATES.

Description of Any Attached Document

- 1 Title or Type of Document: St. of Illinois Board of Pharmacy  
 2 Document Date: February 6, 2018 3 Number of Pages: 1  
 4 Signer(s) Other Than Named Above: N/A



**STATE OF 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,            | ) | No. 2017-01360 |
| Complainant,                         | ) |                |
| v.                                   | ) |                |
| WESTMORELAND PHARMACY INC,           | ) |                |
| License No. 054.016721, 320.009596,  | ) |                |
| Respondent.                          | ) |                |

CLERK OF THE COURT  
18 JAN 22 PM 1:36

ILL. DEPT. OF FINANCIAL AND PROFESSIONAL REGULATION

**NOTICE OF PRELIMINARY HEARING**

TO: WESTMORELAND PHARMACY INC  
ANTHONY WESTMORELAND  
1945 STATE ST  
NEW ALBANY, IN 47150-4919

PLEASE TAKE NOTICE that on March 19th, 2018, at 1:00 p.m., you are directed to appear before the Administrative Law Judge of the Division of Professional Regulation of the Department of Financial and Professional Regulation of the State of Illinois, located at 100 West Randolph Street, Suite 9-300, Chicago Illinois 60601, at which time a hearing date will be set. You are requested to then and there present any and all routine motions you may wish to have heard regarding the charges contained in the attached Complaint. Any motions presented on the above date should be served on the Adjudicative Services Unit of the Department of Financial and Professional Regulation, Division of Professional Regulation, 100 West Randolph Street, Suite 9-300, Chicago Illinois 60601 at least three (3) business days in advance of the scheduled hearing.

Your appearance on the scheduled date and time is mandatory and your failure to so appear may result in the selection of a hearing date in your absence, unless a continuance has been secured in advance. Your appearance may be made personally or through counsel.

It is required that you file a written ANSWER UNDER OATH AND UNDER PENALTY OF PERJURY to the attached Complaint under oath with the Department of Professional Regulation within (20) days of the date this Notice was mailed. The answer should address each numbered paragraph of the Complaint. The answer shall be signed under oath and your signature must be verified by a notary public who affixes the notary seal to the document. For each paragraph, the Answer should either:

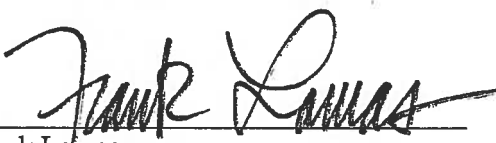
- a) admit the allegation in the paragraph
- b) deny the allegation in the paragraph, or
- c) state under oath that you have insufficient information with which to admit or deny the allegation in the paragraph

PLEASE BE ADVISED that the failure to file a verified Answer may subject you to being held in default. If you are held in default, the Board will assume the allegation to be true and will issue a recommendation based upon those facts without a hearing being held. These proceedings are held pursuant to the jurisdiction granted to the Department to investigate complaints and to bring this action pursuant to 20 Ill. Comp. Stat. 2105-15(a)(5) and 225 Ill. Comp. Stat. 60/36 (2006 as amended).

RULES OF PRACTICE IN ADMINISTRATIVE HEARINGS IN THE DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION AND BEFORE COMMITTEES OR BOARDS OF SAID DEPARTMENT AS WELL AS PRACTICE ACTS AND RULES MAY BE FOUND AT <http://www.idfpr.com/dpr/default.asp>.

PLEASE BE ADVISED THAT YOU WILL HAVE TO SHOW A STATE ISSUED PHOTO IDENTIFICATION AND GO THROUGH A METAL DETECTOR IN ORDER TO GAIN ACCESS TO THE BUILDING.

**DEPARTMENT OF FINANCIAL AND  
PROFESSIONAL REGULATION OF THE  
STATE OF ILLINOIS, DIVISION OF  
PROFESSIONAL REGULATION**

By:   
Frank Lamas  
Chief of Health-Related Prosecutions

Brandon Thom/ck  
Attorney, Health Related Prosecutions  
IDFPR Division of Professional Regulation  
100 W. Randolph St., Suite 9-300  
Chicago, IL 60601  
(312) 814-1693  
Brandon.Thom@illinois.gov  
Enf. ID: 2017-01360  
Respondents: WESTMORELAND PHARMACY, 054.016721, 320.009596

STATE OF ILLINOIS        )  
                                       )  
 COUNTY OF COOK         )        SS: 2017-01360

**UNDER PENALTY OF PERJURY**, as provided by law, Section 1-109 of the Illinois Code of Civil Procedure, the undersigned certifies that I caused the attached Notice Preliminary Hearing and Complaint to be deposited in the United States mailbox located at 100 West Randolph Street, Chicago, Illinois 60601, and by mailing same by certified mail at 100 West Randolph Street, Chicago, Illinois, 60601, with proper postage prepaid to the parties at the addresses listed above, prior to 5:00 p.m. on the 22 day of January, 2018.

Crista Huenda  
 AFFIANT

Cert. Mail No: 7017 1070 0000 9339 4494

**STATE OF 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,            | ) | No. 2017-01360 |
| v.                                   | ) |                |
| WESTMORELAND PHARMACY INC,           | ) |                |
| License No. 054.016721, 320.009596,  | ) |                |
| Respondent.                          | ) |                |

**COMPLAINT**

NOW COMES THE DIVISION OF PROFESSIONAL REGULATION of the DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION of the State of Illinois ("Department"), by its Chief of Health-Related Prosecutions, Frank Lamas, and as its Complaint against WESTMORELAND PHARMACY, INC, Respondent, complains as follows:

**COUNT I  
UNLICENSED PRACTICE**

1. The Department has the legal power and duty to investigate the conduct of licensees and take disciplinary action in administration and enforcement of the Illinois Pharmacy Practice Act, 225 ILCS 85/1 et seq., and the Rules adopted by the Department in furtherance of the Act, 68 Ill. Admin. Code § 1330.10 et seq.
2. WESTMORELAND PHARMACY, INC (hereinafter "Respondent Pharmacy") is the holder of a Pharmacy license in the State of Illinois, License Number 054.016721.
3. Respondent Pharmacy is the holder of a Controlled Substance License, License Number 320.009596, in the State of Illinois issued by the Department.
4. On or about March 31, 2016, Respondent's pharmacy license expired.
5. On or about March 31, 2016, Respondent's Controlled Substance license expired.
6. Respondent Pharmacy practiced with a non-renewed pharmacy license from April 1, 2016 to September 4, 2016.

7. Respondent Pharmacy practiced with a non-renewed Controlled Substance license from April 1, 2016 to September 4, 2016.
8. Between April 1, 2016, and September 4, 2016, Respondent Pharmacy dispensed prescriptions to Illinois Residents.
9. Respondent Pharmacy has engaged in the unlicensed practice of Pharmacy and unlicensed dispensing of controlled substances in the State of Illinois.
10. The foregoing acts or omissions are in violation of 225 ILCS 85/5.5(a), 225 ILCS 85/12(f), 225 ILCS 85/30(a)(2), 225 ILCS 85/30(a)(4), 225 ILCS 85/30(a)(7), 720 ILCS 570/302, 720 ILCS 570/304(a)(5), 702 ILCS 570/312, 68 Ill. Admin. Code 1330.30, and 68 Ill. Admin. Code 1330.40.
11. The foregoing acts, omissions, and violations are grounds for discipline pursuant to 225 ILCS 85/30 (a)(2), 225 ILCS 85/30 (a)(4), 225 ILCS 85/30 (a)(7), and 720 ILCS 570/304(a)(5).

WHEREFORE, based on the foregoing allegations, the Department of Financial and Professional Regulation of the State of Illinois, Division of Professional Regulation, by Frank Lamas, its Chief of Health-Related Prosecutions, prays that the Pharmacy license of WESTMORELAND PHARMACY, INC, License No. 054.016721, be suspended, revoked, or otherwise disciplined and that Respondent be fined an amount not to exceed \$10,000 per violation in accordance with the Illinois Pharmacy Practice Act; and that the Illinois Controlled Substance License of WESTMORELAND PHARMACY, INC, License No. 320.009596, be suspended, revoked, or otherwise disciplined and that Respondent be fined an amount not to exceed \$10,000 per violation in accordance with the Illinois Controlled Substances Act.

## **COUNT II**

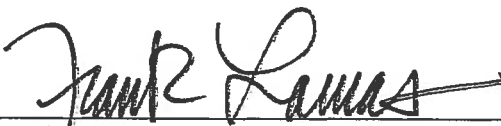
### **UNPROFESSIONAL CONDUCT**

- 1-9. The Department repeats and realleges paragraphs 1 through 9 of Count I as paragraphs 1 through 9 of this Count as if the same were fully stated herein.
10. Respondent Non-Resident Pharmacy engaged in unprofessional conduct by dispensing medications to Illinois Residents when it had not renewed its Illinois pharmacy license.

11. The foregoing acts or omissions are in violation of 225 ILCS 85/5.5(a), 225 ILCS 85/30 (a)(2), 225 ILCS 85/30 (a)(4), 225 ILCS 85/30 (a)(7), and 68 Ill. Admin. Code 1330.30.
12. The foregoing acts, omissions, and violations are grounds for discipline pursuant to 225 ILCS 85/5.5(a), 225 ILCS 85/30 (a)(2), 225 ILCS 85/30 (a)(4), and 225 ILCS 85/30 (a)(7).

WHEREFORE, based on the foregoing allegations, the Department of Financial and Professional Regulation of the State of Illinois, Division of Professional Regulation, by Frank Lamas, its Chief of Health-Related Prosecutions, prays that the Pharmacy license of WESTMORELAND PHARMACY, INC, License No. 054.016721, be suspended, revoked, or otherwise disciplined and that Respondent be fined an amount not to exceed \$10,000 per violation in accordance with the Illinois Pharmacy Practice Act.

DEPARTMENT OF FINANCIAL AND  
PROFESSIONAL REGULATION of the State of Illinois  
DIVISION OF PROFESSIONAL REGULATION

By:   
Frank Lamas  
Chief of Health-Related Prosecutions

Brandon Thom  
Attorney, Health Related Prosecutions  
IDFPR Division of Professional Regulation  
100 W. Randolph St., Suite 9-300  
Chicago, IL 60601  
(312) 814-1693  
Brandon.Thom@illinois.gov  
Enf. ID: 2017-01360  
Respondents: WESTMORELAND PHARMACY, 054.016721, 320.009596

**9**

**NEVADA STATE BOARD OF PHARMACY**  
 985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521  
**APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE**

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

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

Application must be printed legibly or typed

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

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

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

Pharmacy Name: PharmaCorr, LLC

Physical Address: 7400 Plaza Mayor Blvd. Ste. 100

Mailing Address: (same)

City: OKlahoma City State: OK Zip Code: 73149

Telephone: 405-670-1400 Fax: 405-670-0353

Toll Free Number: 888-321-7774 (Required per NAC 639.708)

E-mail: Dawn.Mustaine@corizonhealth.com Website: —

Managing Pharmacist: Dawn Mustain License Number: 14038 (Oklahoma)

**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

**OWNERSHIP IS A NON PUBLICY TRADED CORPORATION**

State of Incorporation: Delaware

Parent Company if any: Corizon, LLC

Mailing Address: 7400 Plaza Mayor Blvd., Ste 100

City: Oklahoma City State: OK Zip: 73149

Telephone: 405-670-1400 Fax: 405-670-0353

Contact Person: Al Turorlin

For any corporation non publicly traded, disclose the following:

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

a) Corizon, LLC (owns 100% of PharmaCorr, LLC)

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

| Name | Address |
|------|---------|
|------|---------|

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

| Name | Address |
|------|---------|
|------|---------|

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

| Name | Address |
|------|---------|
|------|---------|

- 2) Provide the number of shares issued by the corporation. 0

- 3) What was the price paid per share?

- 4) What date did the corporation actually receive the cash assets? \_\_\_\_\_

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

List any physician shareholders and percentage of ownership.

Name: None %:           

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

**Hours of Operation for the pharmacy:**

Monday thru Friday 12 am 11:59 pm

Saturday 8 am 5 pm

Sunday 9:30 am 11:59 pm

24 Hours 1

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

## 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

Al Turvlin

Print Name of Authorized Person

July 11, 2019  
Date

Page 2

Board Use Only

Date Processed: \_\_\_\_\_

Amount: 500.00


**OKLAHOMA**

405-521-3815 • Fax 405-521-3758

**State Board of Pharmacy**

2920 N Lincoln Blvd Ste A, Oklahoma City, OK 73105

**PHARMACY**
**#1-8304**
**RETAIL**
**EXPIRES OCT 31, 2019**

PHARMACORR LLC  
7400 PLAZA MAYOR BLVD STE 100  
OKLAHOMA CITY, OK 73149

**Permits**

Training Area

Drug Supplier

**2019**

Amount: \$0.00

Receipt: 12804794

Date: 10/25/2018

This License is not transferable.

License must be conspicuously displayed in the location to which it is issued.

Duplicate

---

**Important Information**

- **Change of Location:** This license is not transferable for a change of location. A new license is required.
- **Change of Name:** This license is not transferable for a change of name. A new license is required.
- **Change of Owner:** This license is not transferable for a change of owner. A new license is required when the ownership changes by 20% or more.
- **Forms & Applications, Current Announcements and Laws & Rules are available at the Board's website:** [www.pharmacy.ok.gov](http://www.pharmacy.ok.gov)
- **Board Contact:**

 Email: [pharmacy@pharmacy.ok.gov](mailto:pharmacy@pharmacy.ok.gov)

Phone: 405-521-3815

Fax: 405-531-3758

**All changes in any information required for the licensure must be reported to the Board within ten (10) days.**

**It is your responsibility to keep this license current.**

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

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

**LICENSE VERIFICATION**

Name: PharmaCorr, LLC  
 Address: 7400 Phza Major Blvd, Ste 100  
 City: Oklahoma City State: OK Zip: 73149  
 I hereby authorize the Oklahoma Board of Pharmacy to furnish to the Nevada State Board of Pharmacy, the information requested below.  
 Signature of Applicant [Signature]

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

| License Number | License Status | Date License Issued | Date License Expires |
|----------------|----------------|---------------------|----------------------|
| <u>1-8304</u>  | <u>ACTIVE</u>  | <u>10/15/2018</u>   | <u>10/31/2019</u>    |

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


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

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

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

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

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

| Signature of State Official | Title                   | State     | Date             | State Seal  |
|-----------------------------|-------------------------|-----------|------------------|---|
| <u>[Signature]</u>          | <u>Admin. Assistant</u> | <u>OK</u> | <u>6/21/2019</u> |  |

| <b>PHARMACORR, LLC</b> |  |  |
|------------------------|--|--|
| <b>NAME</b>            | <b>TITLE</b>   | <b>ADDRESS</b>   |
| Steve Rector           | Chief Executive Officer  | 103 Powell Court, Brentwood, TN<br>37027<br>615-660-6869<br><a href="mailto:Steve.Rector@corizonhealth.com">Steve.Rector@corizonhealth.com</a> |
| Al Turovlin            | Interim President  | 103 Powell Court, Brentwood, TN<br>37027<br>919-521-0690<br><a href="mailto:Al.Turovlin@corizonhealth.com">Al.Turovlin@corizonhealth.com</a>   |
| Shalin Shah            | Executive Vice President, Chief<br>Financial Officer & Treasurer | 103 Powell Court, Brentwood, TN<br>37027<br>615-660-6913<br><a href="mailto:Shalin.Shah@corizonhealth.com">Shalin.Shah@corizonhealth.com</a>   |
| J. Scott King          | Executive Vice President & Chief<br>Legal Officer & Secretary    | 103 Powell Court, Brentwood, TN<br>37027<br>615-376-1323<br><a href="mailto:Scott.King@corizonhealth.com">Scott.King@corizonhealth.com</a>     |
| Peter Lee              | Vice President of Clinical Pharmacy<br>Services                  | 103 Powell Court, Brentwood, TN<br>37027<br>405-670-1400 x8267<br><a href="mailto:Peter.Lee@corizonhealth.com">Peter.Lee@corizonhealth.com</a> |
| Corizon,<br>LLC**      | Chief Manager & Sole Member                                      | 103 Powell Court, Brentwood, TN<br>37027<br>(800) 729-0069   |

\*\* Corizon, LLC owns 100% of PharmaCorr, LLC.

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PHARMACORR, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTY-FIRST DAY OF MAY, A.D. 2019.

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



2586948 8300

SR# 20195033915

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202934417

Date: 05-31-19

STATEMENT OF RESPONSIBILITY  
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Al Turvlin

Responsible Person of Pharma Corr, 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

Al Turvlin

Print Name of Authorized Person

July 11, 2016  
Date



# AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Oklahoma )  
 ) ss.  
Oklahoma COUNTY )

I, Al Turovlin, 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 Pharma Corr, 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.

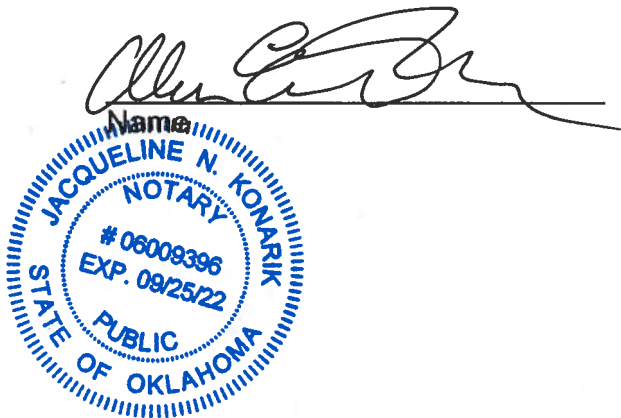
5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

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

SUBSCRIBED AND SWORN TO  
 before me, a notary public this  
11<sup>th</sup> day of July, 20 19.

Jacqueline N. Konarik  
 NOTARY PUBLIC





**10**

**NEVADA STATE BOARD OF PHARMACY**  
 985 Damonte Ranch Pkwy, Suite 206 – Reno, NV 89521 – (775) 850-1440  
**APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY LICENSE**

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

Application must be printed legibly or typed

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

☒ New OUTSOURCING FACILITY

☒ Ownership Change (Provide current license number if making changes:) OUT WH02253

☐ 503a OR ☐ 503b Apply as retail pharmacy only.

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

☐ Publicly Traded Corporation – Pages 1-3 & 4

☒ Partnership - Pages 1-3 & 6

LLC

☐ 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: SterRx, LLC

Physical Address: 141 Idaho Avenue

City: Plattsburgh State: New York Zip Code: 12903

Telephone: 1-518-324-7879 Fax: n/a

Toll Free Number: 1-844-319-7799 (Required per NAC 639.708)

E-mail: terry.wiley@sterrx.com Website: www.sterrx.com

Supervising Pharmacist: Sue E. Martin Nevada License #: pending

**SERVICES PROVIDED**

Yes/No

☐ ☐ Parenteral

☐ ☒ Sterile Compounding

☐ ☐ Non Sterile Compounding

☐ ☐ Mail Service Sterile Compounding

☐ ☐ Other Services: \_\_\_\_\_

All boxes must be checked for the application to be complete

An appearance will be required at a board meeting before the license will be issued.

Board Use Only Date Processed: \_\_\_\_\_

Amount: 500.00

**APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY****Page 2**FEI Number (From FDA application): Federal Tax ID: 61-1718460Please provide the name of the facility as registered with the FDA and the registration number:  
SterRx, LLC      FDA Establishment: 301-084-0309Please 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: Sue E. Martin Nevada License Number: pendingA Nevada business license is not required, however if the OUTSOURCING FACILITY has a Nevada business license please provide the number: N/AThis page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, cite fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

**APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY - Page 3**

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized OUTSOURCING FACILITY may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable. The facility must be registered with the FDA as an outsourcing facility (503B) to obtain an outsourcing facility from the Board of Pharmacy.

Federal and State law require a licensed pharmacist to supervise the compounding taking place in a registered outsourcing facility. This supervising pharmacist must be licensed by the Nevada Board of Pharmacy.

Does your outsourcing facility wholesale compounded medication for resale? Yes ☐ No ☒

The Law prohibits the resale of compounded medication. By signing this application you are attesting that your medications will be labeled with the statement "Not for Resale" and that the outsourcing facilities products will not be resold.



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

Jerry C. Webb

Print Name of Authorized Person

6/24/2015

Date

## OWNERSHIP IS A PARTNERSHIP

General \_\_\_\_\_

Limited LLCPartnership Name: SterRx, LLC

**Mailing Address:** 141 Idaho Avenue

City: Plattsburgh State: New York Zip Code: 12903

Telephone Number: 1-518-324-7879 Fax Number: n/a

**Contact Person:** Jerry Webb, Executive Vice President

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: Sagent Pharmaceuticals, Inc. %: 63.6

Name: Next Generation Trust Services fbo Terry Wiley %: 8.5

Name: Carl Martin %: 5.6

Name: Kent Smeltz %: 5.6

List any physician shareholders and percentage of ownership.

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

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

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

SterRx, LLC - Capitalization Table

Giving effect to purchase of common units of Gary and Tana Hanley by Sagent Pharmaceuticals

| Unitholder                                       | Pre-Closing       |                          |                   |       | % FD |
|--|-------------------|--------------------------|-------------------|-------|------|
|  | Common Units      | Series A Preferred Units | Total             |       |      |
| Carl Martin                                      | 0                 | 882,353                  | 882,353           | 5.6%  |      |
| Kent Smeltz                                      | 0                 | 882,353                  | 882,353           | 5.6%  |      |
| Sagent Pharmaceuticals, Inc.                     | 0                 | 3,921,569                | 3,921,569         | 25.0% |      |
| Gary Hanley & Tana Hanley                        | 6,058,250         | 0                        | 6,058,250         | 38.6% |      |
| Timothy J. Miller                                | 100,000           | 0                        | 100,000           | 0.6%  |      |
| Justin L. Miller                                 | 7,500             | 0                        | 7,500             | 0.0%  |      |
| Charles M. Kaulfuss ift Sandra Hawkins           | 25,000            | 0                        | 25,000            | 0.1%  |      |
| Sandra Hawkins ift Charles M. Kaulfuss           | 694,375           | 0                        | 694,375           | 4.4%  |      |
| Next Generation Trust Services fbo Terry Wiley   | 1,339,763         | 0                        | 1,339,763         | 8.5%  |      |
| Denis G. LaVigne & Dawn LaVigne                  | 170,700           | 0                        | 170,700           | 1.1%  |      |
| James McKee III                                  | 475,000           | 0                        | 475,000           | 3.0%  |      |
| Next Generation Trust Services fbo Mary M. McKee | 475,000           | 0                        | 475,000           | 3.0%  |      |
| Jeff LaBombard                                   | 500,000           | 0                        | 500,000           | 3.2%  |      |
| Winslow Moore and Vera Delorme                   | 154,412           | 0                        | 154,412           | 1.0%  |      |
| <b>TOTAL</b>                                     | <b>10,000,000</b> | <b>5,686,275</b>         | <b>15,686,275</b> |       |      |

| Common Units      | Post-Closing             |                   |       | % FD |
|-------------------|--------------------------|-------------------|-------|------|
|                   | Series A Preferred Units | Total             |       |      |
| 0                 | 882,353                  | 882,353           | 5.6%  |      |
| 0                 | 882,353                  | 882,353           | 5.6%  |      |
| 6,058,250         | 3,921,569                | 9,979,819         | 63.6% |      |
| 0                 | 0                        | 0                 | 0.0%  |      |
| 100,000           | 0                        | 100,000           | 0.6%  |      |
| 7,500             | 0                        | 7,500             | 0.0%  |      |
| 25,000            | 0                        | 25,000            | 0.1%  |      |
| 694,375           | 0                        | 694,375           | 4.4%  |      |
| 1,339,763         | 0                        | 1,339,763         | 8.5%  |      |
| 170,700           | 0                        | 170,700           | 1.1%  |      |
| 475,000           | 0                        | 475,000           | 3.0%  |      |
| 475,000           | 0                        | 475,000           | 3.0%  |      |
| 500,000           | 0                        | 500,000           | 3.2%  |      |
| 154,411           | 0                        | 154,412           | 1.0%  |      |
| <b>10,000,000</b> | <b>5,686,275</b>         | <b>15,686,275</b> |       |      |

\*Note: percentages do not add to precisely 100.0% due to rounding



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, 2<sup>nd</sup> 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.



## 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 \*

---

06/20/2019

**Type :** OUTSOURCE FACILITY

**Legal Name :** STERRX, LLC

**Trade Name :**

**Street Address :**

141 IDAHO AVENUE

PLATTSBURGH, NY 12903-0000

**Registration No :** 034102

**Date First Registered :** 03/14/16

**Registration Begins :** 03/01/19

**Registered through :** 02/28/22

**Supervisor :** [035182](#) MARTIN SUE

**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.





| DEA REGISTRATION<br>NUMBER | THIS REGISTRATION<br>EXPIRES | FEE<br>PAID |
|----------------------------|------------------------------|-------------|
| RS0547591                  | 02-29-2020                   | \$3047      |

| SCHEDULES       | BUSINESS ACTIVITY | ISSUE DATE |
|-----------------|-------------------|------------|
| 2,<br>3,3N,4,L1 | MANUFACTURER      | 12-31-2018 |

STERRX LLC  
141 IDAHO AVENUE  
PLATTSBURGH, NY 12903-3987

**CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE**  
UNITED STATES DEPARTMENT OF JUSTICE  
DRUG ENFORCEMENT ADMINISTRATION  
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

**THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.**

**CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE**  
UNITED STATES DEPARTMENT OF JUSTICE  
DRUG ENFORCEMENT ADMINISTRATION  
WASHINGTON D.C. 20537

| DEA REGISTRATION<br>NUMBER | THIS REGISTRATION<br>EXPIRES | FEE<br>PAID |
|----------------------------|------------------------------|-------------|
| RS0547591                  | 02-29-2020                   | \$3047      |

| SCHEDULES       | BUSINESS ACTIVITY | ISSUE DATE |
|-----------------|-------------------|------------|
| 2,<br>3,3N,4,L1 | MANUFACTURER      | 12-31-2018 |

STERRX LLC  
141 IDAHO AVENUE  
PLATTSBURGH, NY 12903-3987

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

**THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.**

Form DEA-223 (9/2016)

THE UNIVERSITY OF THE STATE OF NEW YORK  
EDUCATION DEPARTMENT

NEW YORK STATE BOARD OF PHARMACY

NAME OF SUPERVISOR  
SUE MARTIN



2019-22

THIS IS TO CERTIFY

STERRX, LLC  
141 IDAHO AVENUE  
PLATTSBURGH, NY 12903

is duly recorded as a

REGISTERED OUTSOURCING FACILITY

in conformity with the provisions of section 6808 of the Education Law

THIS CERTIFICATE IS EFFECTIVE ON THE FIRST DAY OF MARCH, 2019.  
THIS CERTIFICATE EXPIRES ON THE TWENTY-EIGHTH DAY OF FEBRUARY, 2022.

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

034102



*Kimberly A. Leonard*  
EXECUTIVE SECRETARY  
STATE BOARD OF PHARMACY

State of New York  
Department of State } ss:

I hereby certify, that STERRX, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 08/15/2013, and that the Limited Liability Company is existing so far as shown by the records of the Department.



\*\*\*

*WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 10th day of June two  
thousand and nineteen.*

Whitney Clark  
Deputy Secretary of State

**11**

**11A**

# 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 MP00066)

☐ 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: AA Medical

Physical Address: 4135 N Rancho Drive Las Vegas NV 89130  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 220 W Germantown Pike Suite 250

City: Phoenixville State: PA Zip Code: 19462

Telephone: 702-368-4477 Fax: 702-368-3543

E-mail: licensing@adapthealth.com Website: N/A

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

Mon: 8a to 5p Tue: 8a to 5p Wed: 8a to 5p Thu: 8a to 5p  
Fri: 8a to 5p Sat: closed to Sun: closed to Holidays: closed to

### MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Billie Smith (current MDEG administrator for the Las Vegas location)

### 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: Durable Medical Equipment

\*\*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: on call services Telephone: 702-368-4477

# 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:

|                     |                     |  |
|---------------------|---------------------|--|
| Medicare 0428260001 | Medicaid 1669449930 |  |
|                     |                     |  |
|                     |                     |  |
|                     |                     |  |

- 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: _____      |
| <input type="checkbox"/> Physician's Assistant            | Name: _____      |
| <input type="checkbox"/> Physical Therapist               | Name: _____      |
| <input type="checkbox"/> Occupational Therapist           | Name: _____      |
| <input type="checkbox"/> Registered Nurse                 | Name: _____      |
| <input type="checkbox"/> Respiratory Therapist            | Name: _____      |

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

# APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner, shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to questions 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized MDEG provider or wholesaler may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

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

Diane Siegel

8/2/19

Print Name of Authorized Person

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: Medstar Surgical & Breathing Equipment Inc %: 100

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

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

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

Partnership Name: American Ancillaries IncMailing Address: 220 W Germantown Pike Suite 250City: Phoenixville State: PA Zip Code: 19462Telephone Number: 410-409-8741 Fax Number: 484-244-5488Contact Person: Diane Siegel**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*.

| ENTITY NAME                                   | President       | Address  | City           | State |
|---|-----------------|--|----------------|-------|
| AdaptHealth - Missouri LLC                    | Yehoshua Parnes | 1400 SE Walton Blvd, Suite 30                  | Bentonville    | AR    |
| Aircare Home Respiratory LLC                  | Yehoshua Parnes | 13311 Garden Grove Blvd, Ste D                 | Garden Grove   | CA    |
| Americoast Maryland LLC                       | Yehoshua Parnes | 9321 Philadelphia Road, Suite K-L              | Rosedale       | MD    |
| Associated Healthcare Systems, Inc.           | Yehoshua Parnes | 34 Riley Ave, Suite 3                          | Plattsburgh    | NY    |
| Bennett Medical Services LLC                  | Yehoshua Parnes | 2600 Mill Street, Suite 600                    | Reno           | NV    |
| Braden Partners, L.P.                         | Yehoshua Parnes | 3101 Sillect Ave, Suite 106                    | Bakersfield    | CA    |
| Clearview Medical Incorporated                | Yehoshua Parnes | 2503 Gravel Drive                              | Fort Worth     | TX    |
| First Choice Home Medical Equipment, LLC      | Yehoshua Parnes | 259 Quigley Blvd, Suite 1                      | New Castle     | DE    |
| Gould's Discount Medical LLC                  | Yehoshua Parnes | 3901 Dutchman's Lane, Suite 100                | Louisville     | KY    |
| Home Medical Express Inc.                     | Yehoshua Parnes | 621 IL Route 83, Suite 101                     | Bensenville    | IL    |
| Home MediService LLC                          | Yehoshua Parnes | 540 S Union Ave                                | Havre de Grace | MD    |
| Hometown Home Health LLC                      | Yehoshua Parnes | 65 Salem Church Road                           | Jasper         | GA    |
| Med Star Surgical & Breathing Equipment, Inc. | Yehoshua Parnes | 99 Powerhouse Rd, Suite 205                    | Roslyn Heights | NY    |
| Med Way Medical, Inc                          | Yehoshua Parnes | 1837 South 4130 West, Units A&B                | Salt Lake City | UT    |
| Med-Equip, Inc                                | Yehoshua Parnes | 7018 Ashland Avenue, Ashland Center Two, Bay 6 | Folcroft       | PA    |
| Ocean Home Health of PA Inc                   | Yehoshua Parnes | 122 Mill Road, Suite A160                      | Phoenixville   | PA    |
| Ocean Home Health Supply LLC                  | Yehoshua Parnes | 1000 Airport Road, Suite 101                   | Lakewood       | NJ    |
| Ogles Oxygen LLC                              | Yehoshua Parnes | 430 Woodruff Road, Suite 350                   | Greenville     | SC    |
| Olean General Healthcare Systems, LLC         | Yehoshua Parnes | 8056 Transit Road                              | Olean          | NY    |
| Orbit Medical Of Portland, Inc.               | Yehoshua Parnes | 920 West Heritage Park Blvd. Suite 200-E       | Layton         | UT    |
| Palmetto Oxygen LLC                           | Yehoshua Parnes | 104 Corporate Blvd, Ste 402                    | West Columbia  | SC    |
| Roberts Home Medical LLC                      | Yehoshua Parnes | 20465 Seneca Meadows Parkway                   | Germantown     | MD    |
| Royal HomeStar, LLC                           | Yehoshua Parnes | 2710 Emrick Boulevard                          | Bethlehem      | PA    |
| Royal Medical Supply, Inc.                    | Yehoshua Parnes | 1951 Old Cuthbert Road, Suite 413              | Cherry Hill    | NJ    |
| Sleep Therapy LLC                             | Yehoshua Parnes | 2157 Troop Drive, Suite 100                    | Sartell        | MN    |
| Sleepeasy Therapeutics, Inc.                  | Yehoshua Parnes | 3003 32nd Ave S, Ste 7C                        | Fargo          | ND    |
| Sound Oxygen Service Inc                      | Yehoshua Parnes | 8322 S 259th Street                            | Kent           | WA    |
| Total Respiratory LLC                         | Yehoshua Parnes | 4211 Medical Parkway, Ste B                    | Austin         | TX    |
| TriCounty Medical Equipment and Supply, LLC   | Yehoshua Parnes | 122 Mill Road Suite A130                       | Phoenixville   | PA    |
| Verus Healthcare LLC                          | Yehoshua Parnes | 1569 Mallory Lane, Building 100                | Brentwood      | TN    |

# PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

✓ Date 08/01/2019

## GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for In State MDEG License

AA Medical 4135 N Rancho Drive, Las Vegas, NV 89130

Name and Address of Establishment for Which License Is Requested

AA Medical

If applicable, Name Under Which It Is Now Operated

### 1. PERSONAL INFORMATION:

Parnes

Yehoshua

Last Name First Name Middle Name

N/A

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

iean Court, Lakewood, NJ 080701

Present Residence Address-Street or RFD City State/Zip

220 W Germantown Pike, Suite 250

Dates 8/16/17 to present

Plymouth Meeting

PA 19462

Present Business Address City State/Zip

President

Dates 8/16/17 to present

Occupation Phone: Residence

New York, Kings County, New York

Business 775-329-0799

Date of Birth Place of Birth (City, County, State)

41

Male

Age Social Security Number Sex

Green

Brown

Caucasian

180

Healthy

6'3"

Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics None

Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

### 2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial

Page 1

## MARITAL INFORMATION-Continued

## A. Current Marriage

Spouse's full name (Maiden) Shaiky Carlbach Parnes Date                      City, County and State                       
 S.S. No.                     

Date of Birth                      Place of Birth                     

Resident address Sean Court, Lakewood, NJ 08701  
 Street City State Zip

Telephone: Residence                      Business                     

Spouse's employer Chemed Health Occupation APN

Address of employer 1771 Madison Ave, Lakewood NJ 08701  
 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:

|                      | Birth Date         | Birth Place                          | Residence Address |
|----------------------|--------------------|--------------------------------------|-------------------|
| Abraham Parnes 1     | Jerusalem, Israel, | Sean Court, Lakewood NJ 08701        |                   |
| Ahuba Parnes         | Lakewood NJ,       | Sean Court Lakewood, NJ 08701        |                   |
| Eli Parnes, 3        | Lakewood NJ,       | Sean Court, Lakewood NJ 08701        |                   |
| Jack Parnes          | Lakewood NJ, 1     | Sean Court, Lakewood NJ 08701        |                   |
| Shashona Parnes, 3   | Lakewood NJ,       | Sean Court, Lakewood NJ 08701        |                   |
| <u>Miriam Parnes</u> | <u>Lakewood NJ</u> | <u>Sean Court, Lakewood NJ 08701</u> |                   |

## B. Child Support Information:

Please mark the appropriate response:

- ☒ I am not subject to a court order for the support of child.
- ☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- ☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial

**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           |            |   |            |
| David Parnes     |            | E 29th Street, Brooklyn, NY 11210 - Professor |            |
| Mother           |            |   |            |
| Janet Parnes     |            | E 29th Street Brooklyn NY 11210 - Lab Manager |            |
| Father-in-Law    |            |   |            |
| Jonah Carlebach  |            | Liberty Drive, Lakewood NJ 08901-Sales        |            |
| Mother-in-Law    |            |   |            |
| Rachel Carelbach |            | Liberty Drive, Lakewood, NJ 08907- Teacher    |            |

**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         |
|-----------------------------|------------|---------------|--------------------|
| Aaron Parnes                |            | Brooklyn, NY  | self-employed      |
| Spouse                      |            |               |                    |
| Nechama Weiss               | unknown    |               | N/A                |
| Eli Parnes                  |            | Baltimore MD  | Teacher            |
| Spouse                      |            |               |                    |
| Bracha Leah Cohen           | unknown    |               | Teacher            |
| Shiffrah Garfunkle (Parnes) |            | Lakewood NJ   | Speech Therapist   |
| Spouse                      |            |               |                    |
| Yitzchock Garfunkle         | unknown    |               | Student            |
| Avigauil Fischler           |            | Baltimore, MD | Physical Therapist |
| Spouse                      |            |               |                    |
| Shmuel Fischler             | unknown    |               | Social Worker      |

**4. EDUCATION:**

|                | Name of School           | Location  | Dates Attended | Graduate  |
|----------------|--------------------------|---|----------------|---|
| Grammar School | Mirr Yeshiva Elementary  | 1791 Ocean Parkway Brooklyn NY 11223            | 1982-1991      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| High School    | Mirr Yeshiva High School | 1791 Ocean Parkway Brooklyn NY 11223            | 1991-1995      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| College        | Touro College            | 6th Avenue and West 23rd St, New York, NY 10010 | 1998-2000      | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| University     | Talmudic Law School -BMG | Lakewood NJ 08701                               | 1999-2003      | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Other          |                          |   |                | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

Type of degree obtained, if any \_\_\_\_\_

College or university where obtained \_\_\_\_\_

Applicant's initial \_\_\_\_\_

**5 MILITARY INFORMATION:**

- A. Have you ever served in any armed forces? Yes ☐ No ☒

Branch.....Date of entry-active service.....

Date of separation.....Type of discharge.....

Rating at separation.....Serial number.....

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

- B. Have you registered for the draft? Yes ☐ No ☒

County.....State.....Date registered.....

**6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)**

- A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

| Date of Arrest | Age | Charge | Location-City and State | Deposition/Date | Arresting Agency |
|----------------|-----|--------|-------------------------|-----------------|------------------|
|                |     |        |                         |                 |                  |
|                |     |        |                         |                 |                  |
|                |     |        |                         |                 |                  |

- B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.
- C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒
- D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒
- E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒
- F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒ If yes, when?.....city, county and state.....
- G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒ If yes when?.....city, county and state.....
- H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒ If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

| Name | Relationship | Charge | Location | Date |
|------|--------------|--------|----------|------|
|      |              |        |          |      |
|      |              |        |          |      |
|      |              |        |          |      |

Applicant's initial  Page 4

**ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued**

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?  
 Yes ☐ No ☒ (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

| Plaintiff/Defendant or<br>Claimant/Respondent | Date Filed | Court and Case<br>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<br>Lawsuit/Arbitration/Bankruptcy |
|----------------|----------------|--|
|                |                |  |
|                |                |  |
|                |                |  |
|                |                |  |

**7. RESIDENCES:**

List all residences you have had for the last 25 years:

| Month and Year<br>(From-To) | Street and Number            | City | State or County |
|-----------------------------|------------------------------|------|-----------------|
| 2003-2006                   | 51 Lopsley Lane, Lakewood NJ |      |                 |
| 2006-Present                | Sean Court, Lakewood NJ      |      |                 |
|                             |                              |      |                 |
|                             |                              |      |                 |
|                             |                              |      |                 |
|                             |                              |      |                 |
|                             |                              |      |                 |
|                             |                              |      |                 |
|                             |                              |      |                 |
|                             |                              |      |                 |

Applicant's initial

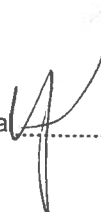
**8. EMPLOYMENT:**

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

|                                      |  |  |
|--------------------------------------|--|--|
| Month and Year<br>11/2004            | Name/Mailing Address of Employer/Business<br>Caring Distribution 5722 18th Ave Brooklyn New York   | Reason for Leaving<br>Better Opportunity |
| Title<br>Sales Manager               | Description of Duties<br>Manage sales activities   | Name of Supervisor<br>John Carlebach     |
| Month and Year<br>1/2005 - Present   | Name/Mailing Address of Employer/Business<br>Ocean Home Health Supply LLC 1000 Airport Rd Lakewood NJ 08901  | Reason for Leaving                       |
| Title<br>VP Operations/MFMT          | Description of Duties<br>Operations for Durable Medical Equipment Company  | Name of Supervisor<br>Luke McGee         |
| Month and Year<br>April 2017-Present | Name/Mailing Address of Employer/Business<br>Braden Partners, L.P. dba Pacific Pulmonary Services, 773 San Marin Drive, Suite 2230 Novato CA 94945 | Reason for Leaving                       |
| Title<br>President                   | Description of Duties<br>Providing vision, strategic leadership for company  | Name of Supervisor<br>Luke McGee         |
| Month and Year                       | Name/Mailing Address of Employer/Business  | Reason for Leaving                       |
| Title                                | Description of Duties  | Name of Supervisor                       |
| Month and Year                       | Name/Mailing Address of Employer/Business  | Reason for Leaving                       |
| Title                                | Description of Duties  | Name of Supervisor                       |
| Month and Year                       | Name/Mailing Address of Employer/Business  | Reason for Leaving                       |
| Title                                | Description of Duties  | Name of Supervisor                       |
| Month and Year                       | Name/Mailing Address of Employer/Business  | Reason for Leaving                       |
| Title                                | Description of Duties  | Name of Supervisor                       |
| Month and Year                       | Name/Mailing Address of Employer/Business  | Reason for Leaving                       |
| Title                                | Description of Duties  | Name of Supervisor                       |

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial





## 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 Eli Friedman                    | Home     | 1 Chelsea Ct, Lakewood NJ                        |       |     | :            | 10          |
| Employer Plains Capital LLC          | Business | 428 Clifton Ave #100 Lakewood NJ 08701           |       |     | 732-886-6202 |             |
| Name Danny Kagan                     | Home     | Sean Court, Lakewood NJ 08701                    |       |     |              | 5           |
| Employer                             | Business |  |       |     |              |             |
| Name Shmuel Peper                    | Home     | Newbury Ct Lakewood NJ 08701                     |       |     |              | 5           |
| Employer                             | Business |  |       |     |              |             |
| Name Moshe Shapira                   | Home     | Spruce St Lakewood NJ 08701                      |       |     |              | 10          |
| Employer                             | Business |  |       |     |              |             |
| Name Luke McGee                      | Home     | 1 Spruce Street, Philadelphia, PA 19102          |       |     |              |             |
| Employer Quadrant Capital Management | Business | 100 Passaic Avenue Suite 301 Fairfield, NJ 07004 |       |     |              |             |

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 |
|---|----------|----------------|------------------|
| Safe Deposit Box, Lakewood New Jersey - TD Bank |          |                | Michael Parnes   |

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

|            |            |                                |                      |           |
|------------|------------|--------------------------------|----------------------|-----------|
| Liquor     | Lawyer     | Race horse/race dog owner      | Securities dealer    | Insurance |
| Doctor     | Contractor | Real estate broker or salesman | Barber/Cosmetologist | Gaming    |
| Accountant | Pilot      | Sports promoter                | Trainer or manager   | Educator  |

Yes ☐ No ☒

If yes, state type, where and years held

12. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☒ No ☐  
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Ocean Home Health Supply LLC New Jersey - 1000 Airport Rd, Suite 101 Lakewood NJ 08701

QMES LLC Partners, Medical Equipment Business, NJ Division of Taxation

Braden Partners L.P. dba Pacific Pulmonary Services; Associated Healthcare Systems, Clearview Medical Incorporated, Orbit Medical Incorporated dba Tibro Medical-see attached list

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:

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

8/1/19

Applicant's initial

JP

STATE OF Pennsylvania

ss.

COUNTY OF Montgomery

I, Yehoshua Parnes, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

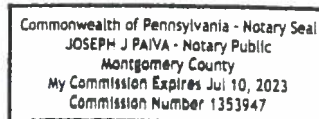
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

YR  
Original Signature of Applicant

Subscribed and Sworn to before me this 15<sup>th</sup> day of

August 2019

Joseph J. Parnes  
Notary Public



(seal)

Applicant's initial YR

## ADDITIONAL INFORMATION

[illegible]

Applicant's initial.

**11B**

## 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.

|   |  |                                      |  |
|---|--|--------------------------------------|--|
| <input type="checkbox"/> New MDEG   | <input checked="" type="checkbox"/> Ownership Change | <input type="checkbox"/> Name Change | <input type="checkbox"/> Location Change |
| (Please provide current license number if making changes: MP or MW <b>MP01396</b> ) |  |                                      |  |

|  |   |
|--|---|
| <input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4                 | <input checked="" type="checkbox"/> Partnership - Pages 1,2,3,6 |
| <input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b         | <input type="checkbox"/> Sole Owner – Pages 1,2,3,7             |
| Please check box for type of ownership and complete correct part of the application. |   |

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

MDEG Name: AA Medical

Physical Address: 9220 S Eastern Ave Suite 100 Drive Las Vegas NV 89123  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 220 W Germantown Pike Suite 250

City: Phoenixville State: PA Zip Code: 19462

Telephone: 702-368-2356 Fax: 702-368-3543

E-mail: licensing@adapthealth.com Website: N/A

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

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

### MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Karen Sanders (current MDEG administrator for the Las Vegas location)

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

|  |   |
|--|---|
| <input checked="" type="checkbox"/> Medical Gases**<br><input checked="" type="checkbox"/> Respiratory Equipment**<br><input type="checkbox"/> Life-sustaining equipment**<br><input type="checkbox"/> Diabetic Supplies | <input type="checkbox"/> Assistive Equipment<br><input type="checkbox"/> Parenteral and Enteral Equipment**<br><input type="checkbox"/> Orthotics and Prosthesis<br>Other: <u>Durable Medical Equipment</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: on call services Telephone: 702-368-2356

# 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:

Medicare 0428260002

Medicaid 1235687765

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: _____      |
| <input type="checkbox"/> Physician's Assistant            | Name: _____      |
| <input type="checkbox"/> Physical Therapist               | Name: _____      |
| <input type="checkbox"/> Occupational Therapist           | Name: _____      |
| <input type="checkbox"/> Registered Nurse                 | Name: _____      |
| <input type="checkbox"/> Respiratory Therapist            | Name: _____      |

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

# APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

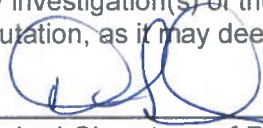
Within the last five (5) years:

- 1) Has the corporation, any owner, shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to questions 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized MDEG provider or wholesaler may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.



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

Diane Siegel

8/2/19

Print Name of Authorized Person

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: Medstar Surgical & Breathing Equipment Inc. %: 100

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

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

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

Partnership Name: American Ancillaries IncMailing Address: 220 W Germantown Pike Suite 250City: Phoenixville State: PA Zip Code: 19462Telephone Number: 410-409-8741 Fax Number: 484-244-5488Contact Person: Diane Siegel**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*.

| ENTITY NAME                                   | President       | Address  | City           | State |
|---|-----------------|--|----------------|-------|
| AdaptHealth - Missouri LLC                    | Yehoshua Parnes | 1400 SE Walton Blvd, Suite 30                  | Bentonville    | AR    |
| Aircare Home Respiratory LLC                  | Yehoshua Parnes | 13311 Garden Grove Blvd, Ste D                 | Garden Grove   | CA    |
| Americoast Maryland LLC                       | Yehoshua Parnes | 9321 Philadelphia Road, Suite K-L              | Rosedale       | MD    |
| Associated Healthcare Systems, Inc.           | Yehoshua Parnes | 34 Riley Ave, Suite 3                          | Plattsburgh    | NY    |
| Bennett Medical Services LLC                  | Yehoshua Parnes | 2600 Mill Street, Suite 600                    | Reno           | NV    |
| Braden Partners, L.P.                         | Yehoshua Parnes | 3101 Sillect Ave, Suite 106                    | Bakersfield    | CA    |
| Clearview Medical Incorporated                | Yehoshua Parnes | 2503 Gravel Drive                              | Fort Worth     | TX    |
| First Choice Home Medical Equipment, LLC      | Yehoshua Parnes | 259 Quigley Blvd, Suite 1                      | New Castle     | DE    |
| Gould's Discount Medical LLC                  | Yehoshua Parnes | 3901 Dutchman's Lane, Suite 100                | Louisville     | KY    |
| Home Medical Express Inc.                     | Yehoshua Parnes | 621 IL Route 83, Suite 101                     | Bensenville    | IL    |
| Home MediService LLC                          | Yehoshua Parnes | 540 S Union Ave                                | Havre de Grace | MD    |
| Hometown Home Health LLC                      | Yehoshua Parnes | 65 Salem Church Road                           | Jasper         | GA    |
| Med Star Surgical & Breathing Equipment, Inc. | Yehoshua Parnes | 99 Powerhouse Rd, Suite 205                    | Roslyn Heights | NY    |
| Med Way Medical, Inc                          | Yehoshua Parnes | 1837 South 4130 West, Units A&B                | Salt Lake City | UT    |
| Med-Equip, Inc                                | Yehoshua Parnes | 701B Ashland Avenue, Ashland Center Two, Bay 6 | Folcroft       | PA    |
| Ocean Home Health of PA Inc                   | Yehoshua Parnes | 122 Mill Road, Suite A160                      | Phoenixville   | PA    |
| Ocean Home Health Supply LLC                  | Yehoshua Parnes | 1000 Airport Road, Suite 101                   | Lakewood       | NJ    |
| Ogles Oxygen LLC                              | Yehoshua Parnes | 430 Woodruff Road, Suite 350                   | Greenville     | SC    |
| Olean General Healthcare Systems, LLC         | Yehoshua Parnes | 8056 Transit Road                              | Olean          | NY    |
| Orbit Medical Of Portland, Inc.               | Yehoshua Parnes | 920 West Heritage Park Blvd. Suite 200-E       | Layton         | UT    |
| Palmetto Oxygen LLC                           | Yehoshua Parnes | 104 Corporate Blvd, Ste 402                    | West Columbia  | SC    |
| Roberts Home Medical LLC                      | Yehoshua Parnes | 20465 Seneca Meadows Parkway                   | Germantown     | MD    |
| Royal HomeStar, LLC                           | Yehoshua Parnes | 2710 Emrick Boulevard                          | Bethlehem      | PA    |
| Royal Medical Supply, Inc.                    | Yehoshua Parnes | 1951 Old Cuthbert Road, Suite 413              | Cherry Hill    | NJ    |
| Sleep Therapy LLC                             | Yehoshua Parnes | 2157 Troop Drive, Suite 100                    | Sartell        | MN    |
| Sleepeasy Therapeutics, Inc.                  | Yehoshua Parnes | 3003 32nd Ave S, Ste 7C                        | Fargo          | ND    |
| Sound Oxygen Service Inc                      | Yehoshua Parnes | 8322 S 259th Street                            | Kent           | WA    |
| Total Respiratory LLC                         | Yehoshua Parnes | 4211 Medical Parkway, Ste B                    | Austin         | TX    |
| TriCounty Medical Equipment and Supply, LLC   | Yehoshua Parnes | 122 Mill Road Suite A130                       | Phoenixville   | PA    |
| Verus Healthcare LLC                          | Yehoshua Parnes | 1569 Mallory Lane, Building 100                | Brentwood      | TN    |

# PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 08/01/2019

## GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for In State MDEG License

AA Medical 9220 S Eastern Avenue, #100 Las Vegas, NV 89123

AA Medical Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

### 1. PERSONAL INFORMATION:

Parnes

Yehoshua

Last Name First Name Middle Name

N/A

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Sean Court, Lakewood, NJ 080701

Present Residence Address-Street or RFD City State/Zip

220 W Germantown Pike, Suite 250

Dates 8/16/17 to present

Plymouth Meeting

PA 19462

Present Business Address City State/Zip

President

Dates 8/16/17 to present

Occupation

Phone:

Residence

New York, Kings County, New York

Business 775-329-0799

Date of Birth Place of Birth (City, County, State)

41

Male

Age Social Security Number Sex

Green

Brown

Caucasian

180

Healthy

6'3"

Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics None

Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

### 2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial

Page 1

## MARITAL INFORMATION-Continued

## A. Current Marriage

Spouse's full name (Maiden) Shaidey Carlbach Parnes Date                      City, County and State S.S. No. 1

Date of Birth                      Place of Birth                     

Resident address Sean Court, Lakewood, NJ 08701

Street                      City                      State                      Zip                     

Telephone: Residence                      Business                     

Spouse's employer Chemed Health Occupation APN

Address of employer 1771 Madison Ave, Lakewood NJ 08701

Street                      City                      State                      Zip                     

## B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

| Name of Spouse | Date of Order<br>or Decree | Date of Place<br>of Marriage | Nature of<br>Action | City<br>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 |
|----------------------|--------------------|------------------------------------|-------------------|
| Abraham Parnes       | Jerusalem, Israel, | Sean Court, Lakewood NJ 08701      |                   |
| Ahuba Parnes         | Lakewood NJ,       | Sean Court Lakewood, NJ 08701      |                   |
| Eli Parnes,          | Lakewood NJ,       | Sean Court, Lakewood NJ 08701      |                   |
| Jack Parnes          | Lakewood NJ,       | Sean Court, Lakewood NJ 08701      |                   |
| Shashona Parnes,     | Lakewood NJ        | 1509 Sean Court, Lakewood NJ 08701 |                   |
| <u>Miriam Parnes</u> | <u>1</u>           | <u>Sean Ct Lakewood NJ 08701</u>   |                   |

## B. Child Support Information:

Please mark the appropriate response:

- ☒ I am not subject to a court order for the support of child.
- ☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- ☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial UP

**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           |            |   |            |
| David Parnes     |            | 7 E 29th Street, Brooklyn, NY 11210 - Professor |            |
| Mother           |            |   |            |
| Janet Parnes     |            | 7 E 29th Street Brooklyn NY 11210 - Lab Manager |            |
| Father-in-Law    |            |   |            |
| Jonah Carlebach  |            | Liberty Drive, Lakewood NJ 08901-Sales          |            |
| Mother-in-Law    |            |   |            |
| Rachel Carelbach |            | Liberty Drive, Lakewood, NJ 08907- Teacher      |            |

**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         |
|-----------------------------|------------|---------------|--------------------|
| Aaron Parnes                |            | Brooklyn, NY  | self-employed      |
| Spouse                      |            |               |                    |
| Nechama Weiss               | unknown    |               | N/A                |
| Eli Parnes                  |            | Baltimore MD  | Teacher            |
| Spouse                      |            |               |                    |
| Bracha Leah Cohen           | unknown    |               | Teacher            |
| Shiffrah Garfinkle (Parnes) |            | Lakewood NJ   | Speech Therapist   |
| Spouse                      |            |               |                    |
| Yitzchock Garfinkle         | unknown    |               | Student            |
| Avigauil Fischler           |            | Baltimore, MD | Physical Therapist |
| Spouse                      |            |               |                    |
| Shmuel Fischler             | unknown    |               | Social Worker      |

**4. EDUCATION:**

|                | Name of School             | Location  | Dates Attended | Graduate  |
|----------------|----------------------------|---|----------------|---|
| Grammar School | Mirrre Yeshiva Elementary  | 1791 Ocean Parkway Brooklyn NY 11223            | 1982-1991      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| High School    | Mirrre Yeshiva High School | 1791 Ocean Parkway Brooklyn NY 11223            | 1991-1995      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| College        | Touro College              | 6th Avenue and West 23rd St, New York, NY 10010 | 1998-2000      | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| University     | Talmudic Law School -BMG   | Lakewood NJ 08701                               | 1999-2003      | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Other          |                            |   |                | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

Type of degree obtained, if any \_\_\_\_\_

College or university where obtained \_\_\_\_\_

Applicant's initial UP

**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  Page 4

**ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued**

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?  
 Yes ☐ No ☒ (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

| Plaintiff/Defendant or<br>Claimant/Respondent | Date Filed | Court and Case<br>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<br>Lawsuit/Arbitration/Bankruptcy |
|----------------|----------------|--|
|                |                |  |
|                |                |  |
|                |                |  |
|                |                |  |

**7. RESIDENCES:**

List all residences you have had for the last 25 years:

| Month and Year<br>(From-To) | Street and Number            | City | State or County |
|-----------------------------|------------------------------|------|-----------------|
| 2003-2006                   | 51 Lopsley Lane, Lakewood NJ |      |                 |
| 2006-Present                | Sean Court, Lakewood NJ      |      |                 |
|                             |                              |      |                 |
|                             |                              |      |                 |
|                             |                              |      |                 |
|                             |                              |      |                 |
|                             |                              |      |                 |
|                             |                              |      |                 |
|                             |                              |      |                 |
|                             |                              |      |                 |

Applicant's initial

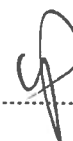
**8. EMPLOYMENT:**

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

|                                      |  |  |
|--------------------------------------|--|--|
| Month and Year<br>11/2004            | Name/Mailing Address of Employer/Business<br>Caring Distribution 5722 18th Ave Brooklyn New York   | Reason for Leaving<br>Better Opportunity |
| Title<br>Sales Manager               | Description of Duties<br>Manage sales activities   | Name of Supervisor<br>John Carlebach     |
| Month and Year<br>1/2005 - Present   | Name/Mailing Address of Employer/Business<br>Ocean Home Health Supply LLC 1000 Airport Rd Lakewood NJ 08901  | Reason for Leaving                       |
| Title<br>VP Operations/MFMT          | Description of Duties<br>Operations for Durable Medical Equipment Company  | Name of Supervisor<br>Luke McGee         |
| Month and Year<br>April 2017-Present | Name/Mailing Address of Employer/Business<br>Braden Partners, L.P. dba Pacific Pulmonary Services, 773 San Marin Drive, Suite 2230 Novato CA 94945 | Reason for Leaving                       |
| Title<br>President                   | Description of Duties<br>Providing vision, strategic leadership for company  | Name of Supervisor<br>Luke McGee         |
| Month and Year                       | Name/Mailing Address of Employer/Business  | Reason for Leaving                       |
| Title                                | Description of Duties  | Name of Supervisor                       |
| Month and Year                       | Name/Mailing Address of Employer/Business  | Reason for Leaving                       |
| Title                                | Description of Duties  | Name of Supervisor                       |
| Month and Year                       | Name/Mailing Address of Employer/Business  | Reason for Leaving                       |
| Title                                | Description of Duties  | Name of Supervisor                       |
| Month and Year                       | Name/Mailing Address of Employer/Business  | Reason for Leaving                       |
| Title                                | Description of Duties  | Name of Supervisor                       |
| Month and Year                       | Name/Mailing Address of Employer/Business  | Reason for Leaving                       |
| Title                                | Description of Duties  | Name of Supervisor                       |

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial.....



Page 6



## 9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

| Name of Where Employed               | Street   | City   | State | Zip | Telephone    | Years Known |
|--------------------------------------|----------|--|-------|-----|--------------|-------------|
| Name Eli Friedman                    | Home     | Chelsea Ct, Lakewood NJ                          |       |     | 7            | 10          |
| Employer Plains Capital LLC          | Business | 428 Clifton Ave #100 Lakewood NJ 08701           |       |     | 732-886-6202 |             |
| Name Danny Kagan                     | Home     | Sean Court, Lakewood NJ 08701                    |       |     |              | 5           |
| Employer                             | Business |  |       |     |              |             |
| Name Shmuel Peper                    | Home     | Newbury Ct Lakewood NJ 08701                     |       |     |              | 5           |
| Employer                             | Business |  |       |     |              |             |
| Name Moshe Shapira                   | Home     | Spruce St Lakewood NJ 08701                      |       |     |              | 10          |
| Employer                             | Business |  |       |     |              |             |
| Name Luke McGee                      | Home     | Spruce Street, Philadelphia, PA 19102            |       |     |              |             |
| Employer Quadrant Capital Management | Business | 100 Passaic Avenue Suite 301 Fairfield, NJ 07004 |       |     |              |             |

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 |
|---|----------|----------------|------------------|
| Safe Deposit Box, Lakewood New Jersey - TD Bank |          |                | Michael Parnes   |

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

|            |            |                                |                      |           |
|------------|------------|--------------------------------|----------------------|-----------|
| Liquor     | Lawyer     | Race horse/race dog owner      | Securities dealer    | Insurance |
| Doctor     | Contractor | Real estate broker or salesman | Barber/Cosmetologist | Gaming    |
| Accountant | Pilot      | Sports promoter                | Trainer or manager   | Educator  |

Yes ☐ No ☒

If yes, state type, where and years held

12. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☒ No ☐  
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Ocean Home Health Supply LLC New Jersey - 1000 Airport Rd, Suite 101 Lakewood NJ 08701

QMES LLC Partners, Medical Equipment Business, NJ Division of Taxation

Braden Partners L.P. dba Pacific Pulmonary Services; Associated Healthcare Systems, Clearview Medical Incorporated, Orbit Medical Incorporated dba Tibro Medical-see attached list

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:

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 8/1/19

Applicant's initial JP

STATE OF Pennsylvania

SS.

COUNTY OF Montgomery

I, yehoshua Parnes, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

Original Signature of Applicant

Subscribed and Sworn to before me this 1<sup>st</sup> day ofAugust 2019

Notary Public

Commonwealth of Pennsylvania - Notary Seal  
 JOSEPH J PARVA - Notary Public  
 Montgomery County  
 My Commission Expires Jul 10, 2023  
 Commission Number 1353947

(seal)

Applicant's initial

Page 9

49

**11C**

# 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.

|   |   |                                      |  |
|---|---|--------------------------------------|--|
| <input checked="" type="checkbox"/> New MDEG                              | <input type="checkbox"/> Ownership Change | <input type="checkbox"/> Name Change | <input type="checkbox"/> Location Change |
| (Please provide current license number if making changes: MP or MW _____) |   |                                      |  |

|  |  |
|--|--|
| <input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4                 | <input type="checkbox"/> Partnership - Pages 1,2,3,6           |
| <input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b         | <input checked="" type="checkbox"/> Sole Owner – Pages 1,2,3,7 |
| Please check box for type of ownership and complete correct part of the application. |  |

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

MDEG Name: All time Health care

Physical Address: 4660 S. Eastern Ave Ste # 100 LV NV 89119  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 4660 S. Eastern Ave Ste # 100

City: LV State: NV Zip Code: 89119

Telephone: 702-480-5617 Fax: \_\_\_\_\_

E-mail: alltimehealthcare@gmail.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: 9am to 5pm Sun: closed to Holidays: closed to

### MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Angelica Gutierrez

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

- |   |  |
|---|--|
| <input type="checkbox"/> Medical Gases**              | <input checked="" type="checkbox"/> Assistive Equipment      |
| <input type="checkbox"/> Respiratory Equipment**      | <input type="checkbox"/> Parenteral and Enteral Equipment**  |
| <input type="checkbox"/> Life-sustaining equipment**  | <input checked="" type="checkbox"/> Orthotics and Prosthesis |
| <input checked="" type="checkbox"/> Diabetic Supplies | Other: <u>Incontinence &amp; disposable supplies</u>         |

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

## 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>Medicare</u> | <u>in process</u> | _____ |
| <u>Medicaid</u> | <u>in process</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: _____ |
| <input type="checkbox"/> Advanced Practitioner of Nursing | Name: _____ |
| <input type="checkbox"/> Physician's Assistant            | Name: _____ |
| <input type="checkbox"/> Physical Therapist               | Name: _____ |
| <input type="checkbox"/> Occupational Therapist           | Name: _____ |
| <input type="checkbox"/> Registered Nurse                 | Name: _____ |
| <input type="checkbox"/> Respiratory Therapist            | Name: _____ |

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

**APPLICATION FOR NEVADA MDEG LICENSE**

This page must be submitted for all types of ownership.

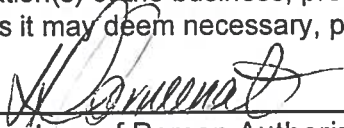
Within the last five (5) years:

- 1) Has the corporation, any owner, shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to questions 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized MDEG provider or wholesaler may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

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

Dailin Carmenate Arias  
Print Name of Authorized Person

3/27/19  
Date

Board Use Only

Received: \_\_\_\_\_

Amount: 500.00



**APPLICATION FOR NEVADA MDEG LICENSE**

**OWNERSHIP IS A SOLE OWNER.** All information relates to the person listed as the owner.

Owner's Name: Dailin Carmenate Rivas

Business Name: all time Healthcare

Current Business Address: 4660 S Eastern Ave Ste #100

City: W State: NV Zip: 89119

Telephone: 702-480-5617 Fax: \_\_\_\_\_

**SOLE OWNER****Include with the application for a sole owner**

Complete personal history record Must be original signature(s), no copies or stamps. Download the form from the website. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

# SECRETARY OF STATE



## NEVADA STATE BUSINESS LICENSE

**ALL TIME HEALTH CARE LLC**

Nevada Business Identification # NV20191240010

**Expiration Date: March 31, 2020**

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.

Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on March 27, 2019

*Barbara K. Cegavske*

Barbara K. Cegavske  
Secretary of State

***You may verify this license at [www.nvsos.gov](http://www.nvsos.gov) under the Nevada Business Search.***

License must be cancelled on or before its expiration date if business activity ceases.  
Failure to do so will result in late fees or penalties which by law cannot be waived.

## SECRETARY OF STATE



## LIMITED LIABILITY COMPANY CHARTER

I, Barbara K. Cegavske, the Nevada Secretary of State, do hereby certify that **ALL TIME HEALTH CARE LLC** did on March 27, 2019, file in this office the Articles of Organization for a Limited Liability Company, that said Articles of Organization is now on file and of record in the office of the Nevada Secretary of State, and further, that said Articles contain all the provisions required by the laws governing Limited Liability Companies in the State of Nevada.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on March 27, 2019.

*Barbara K. Cegavske*

Barbara K. Cegavske  
Secretary of State

Certified By: Electronic Filing  
Certificate Number: C20190327-1751

## APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date 3/22/19

Each MDEG shall employ an administrator at all times. The administrator must be:

1. A natural person.
2. Have a high school diploma or its equivalent.
3. Have: a) At least 1500 hours of verifiable work experience relating to the products provided be the medical products provider or medical products wholesaler or b) An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care.
4. Be employed be the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week and
5. Be approved by the board.
6. The administrator shall ensure that that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

A medical products provider or medical products wholesaler shall notify the staff of the Board of the cessation of employment of an administrator within 3 business days after the cessation of the employment. A medical products provider or medical products wholesaler shall notify the staff of the Board of the employment of a new administrator within 3 business dates after the beginning of the employment.

A medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator. The Board may summarily suspend the operation of a business or facility that operates without an administrator.

### GENERAL INSTRUCTIONS

Type or print an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner.

All applicants are advised that this application to be a MDEG administrator is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Durable Medical Equipment  
 Nature of MDEG  
Alltime Health care 4000 S. Eastern ave ste 100 W NV 89119  
 Name and Address of Business for Which MDEG Administrator Is Requested

.....  
 If applicable, Name Under Which It Is Now Operated

## 1. PERSONAL INFORMATION:

Gutierrez Angelica \_\_\_\_\_  
 Last Name First Name Middle Name

n/a  
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Spring Rain Rd Las Vegas NV 89142  
 Present Residence Address-Street or RFD City State/Zip

4660 S. Eastern Ave. Suite 100 Las Vegas NV 89119  
 Present Business Address City State/Zip

Administrator 4/1/19 - Present  
 Present Position with the MDEG Dates

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

Email address: All time health care 19 @ gmail . com

Las Vegas, USA, NV  
 Date of Birth Place of Birth (City, County, State)

22 --- F  
 Age Social Security Number Sex

Brown Brown 120 5'0  
 Color of Eyes Color of Hair Weight Height

Scars, tattoos or distinguishing marks and/or characteristics \_\_\_\_\_

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.

|                                     |  |                      |
|-------------------------------------|--|----------------------|
| Jan 2017-2019                       | Touro Health Center 874 American Pacific Dr NV. (3840) | 89104                |
| Month and Year                      | Name/ Address of Employer/Business                     | No of Employed Hours |
| Front office receptionist           |  | Tina Galendo         |
| Title                               | Description of Duties                                  | Name of Supervisor   |
| Jan 2017                            | 3115 S. Eastern Ave. LV NV                             | 89169                |
| September 2015-                     | Cima Medical Center                                    | 3840                 |
| Month and Year                      | Name/ Address of Employer/Business                     | No of Employed Hours |
| Front office receptionist           |  | Patricia Webb        |
| Title                               | Description of Duties                                  | Name of Supervisor   |
| March 2013 - Sep. 2015              | 3111 S. Maryland Pkwy LV NV                            | 89169                |
| March                               | Quick Care Las Vegas                                   | 3840                 |
| Month and Year                      | Name/ Address of Employer/Business                     | No of Employed Hours |
| Front office receptionist & Billing |  | Mario Targuillino    |
| 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:  
b)

State: \_\_\_\_\_

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.

.....  
.....  
.....  
.....  
.....

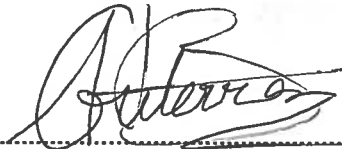
Date c



3/11/2019

I, Angelica Gutierrez, 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 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 3/27/19

## GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Durable Medical Equipment  
Alltime Healthcare 4660 S. Eastern ave ste 60 W NV 89119  
 Name and Address of Establishment for Which License Is Requested  
 If applicable, Name Under Which It Is Now Operated

### 1. PERSONAL INFORMATION:

Last Name Carmenate Rivas First Name Wailin Middle Name  
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise) n/a  
 Present Residence Address-Street or RFD Rosario Cir Las Vegas, NV 89121 -1  
2840 E. Flamingo Rd City Las Vegas State/Zip NV 89121  
 Present Business Address City State/Zip  
Owner Dates  
 Occupation Phone: Residence Business  
Las Tunas, Cuba  
 Date of Birth 33 Place of Birth (City, County, State)  
 Age 33 Social Security Number 172 Sex Female  
 Color of Eyes Black Color of Hair Brown Complexion 172 Build 5.3 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 11/17/2006 n/a

If naturalized, certificate No 11/17/2006 Date

Place Las Vegas, Nevada (If naturalized, document must be verified.)

### 2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial DCR

## MARITAL INFORMATION-Continued

A. **Current Marriage** 2/20/2005 Las Vegas, NV USA  
Date City, County and State  
 Spouse's full name (Maiden) Olhan Deivys Gutierrez -  
S.S. No.  
 Date of Birth 1 Cardenas, Matanzas Cuba  
Place of Birth  
 Resident address Rosario Cir Las Vegas NV 89121  
Street City State Zip  
 Telephone: Residence Business  
 Spouse's employer Self Employ Driver  
Occupation  
 Address of employer Amazon Delivery Las Vegas NV  
Street City State Zip

B. **Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

| Name of Spouse | Date of Order or Decree | Date of Place of Marriage | Nature of Action | City County and State |
|----------------|-------------------------|---------------------------|------------------|-----------------------|
|----------------|-------------------------|---------------------------|------------------|-----------------------|

N/A

List of names, current address and telephone numbers of previous spouses:

| Name | Street | City | State | Zip | Telephone |
|------|--------|------|-------|-----|-----------|
|------|--------|------|-------|-----|-----------|

## 3. FAMILY INFORMATION:

## A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

| Name                      | Birth Date | Birth Place | Residence Address           |
|---------------------------|------------|-------------|-----------------------------|
| <u>Milieth Gutierrez</u>  | <u>1</u>   | <u>USA</u>  | <u>Rosario Cir LV NV</u>    |
| <u>Keilyn Gutierrez</u>   | <u>1</u>   | <u>USA</u>  | <u>Rosario Cir LV NV</u>    |
| <u>Angelica Gutierrez</u> | <u>1</u>   | <u>USA</u>  | <u>Spring Rain Rd LV NV</u> |

## B. Child Support Information:

Please mark the appropriate response:

- ☒ I am not subject to a court order for the support of child.
- ☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- ☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial DCR

**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

Norberto Carmenato Sanchez - 6/1/11 Deceased.

Mother

Margarita Rivas Aceña - 1/1/11 Palora Ave LV NV 89111

Father-in-Law

Enrique Ramirez Pelegri - 1/1/11 Palora Ave LV NV 89169

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 |
|---------------|------------|---------|------------|
|---------------|------------|---------|------------|

Deyher Carmenato Rivas - 1/1/11 Palora Ave LV NV Packer.

Spouse

Yailin Torres Guerra - Same Address Unemploy.

Spouse

Spouse

Spouse

**4. EDUCATION:**

|                    | Name of School        | Location       | Dates Attended | Graduate  |
|--------------------|-----------------------|----------------|----------------|---|
| Grammar School     | El Dorado High School | Las Vegas, NV  | 1999/2003      | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| High School        | Valley High School    | Las Vegas NV   |                | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| College University | Las Vegas College     | Las Vegas, USA | 2003/2005      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Other              |                       |                |                | Yes <input type="checkbox"/> No <input type="checkbox"/>            |

Type of degree obtained, if any Bookkeeping

College or university where obtained Las Vegas College

Applicant's initial DCR

**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.....Page 4

## ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?  
 Yes ☐ No ☒ (Other than divorces)  
 If yes, give details below. List all cases without exception, including bankruptcies:

| Plaintiff/Defendant or<br>Claimant/Respondent | Date Filed | Court and Case<br>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<br>Lawsuit/Arbitration/Bankruptcy |
|----------------|----------------|--|
|                |                |  |
|                |                |  |
|                |                |  |
|                |                |  |

## 7. RESIDENCES:

List all residences you have had for the last 25 years:

| Month and Year<br>(From-To) | Street and Number    | City              | State or County |
|-----------------------------|----------------------|-------------------|-----------------|
| 12/2013-Present             | Rosalio cir          | Las Vegas, Nevada | USA             |
| 12/2012/12/2013-            | ? Aracatuba Ave      | Las Vegas, Nevada | USA             |
| 2011-2013                   | 2900 Olive St Apt 11 | Las Vegas NV      | USA             |
| 2009-2011                   | 500 S. Maryland Pkwy | Las Vegas         |                 |
| 2005-2009                   | 1924 Golden Arrow Dr | LV NV             | 89169           |
| 2000-2005                   | 4801 Lakestream Ave  | LV NV             | 89              |
|                             |                      |                   |                 |
|                             |                      |                   |                 |
|                             |                      |                   |                 |
|                             |                      |                   |                 |

Applicant's initial

DCR

## 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            |
| 01/2015            | Express Tax Services 2840 E. Flamingo Rd  | n/A. Owner.                   |
| Title              | Description of Duties                     | Name of Supervisor            |
| Owner              | tax preparer -                            | Self.                         |
| Month and Year     | Name/Mailing Address of Employer/Business | Reason for Leaving            |
| 01/2014 to 01/2017 | 1785 E. Sahara Ave                        | NO more client                |
| Title              | Description of Duties                     | Name of Supervisor            |
| Personal care      | visit client help w/daily Basic.          | Fernando.                     |
| Month and Year     | Name/Mailing Address of Employer/Business | Reason for Leaving            |
| 01/2014/04-17      | AM/PM Home care 820 Rancho Ln LV NV 89106 | Better Salary.                |
| Title              | Description of Duties                     | Name of Supervisor            |
| Personal care      | visit clients help w/daily care Basic.    |                               |
| Month and Year     | Name/Mailing Address of Employer/Business | Reason for Leaving            |
| 06/2005/12/2013    | The Venetian Hotel 3355 S. LV Blvd.       | Looking for a better business |
| Title              | Description of Duties                     | Name of Supervisor            |
| Attendant          | Restock mini Bar in Hotel Rooms.          | Sebastian.                    |
| Month and Year     | Name/Mailing Address of Employer/Business | Reason for Leaving            |
| 4/18-Present       | Allstate Ins. 3265 E. tropicana Ave       | open still employed.          |
| Title              | Description of Duties                     | Name of Supervisor            |
| Sales              | sale ins. Policies.                       | Yolanda Sitto.                |
| 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

DCR

## 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 |
|---------------------------|----------|---------------------------|-------|--------------|-----------|-------------|
| Wynn Hotel                |          | Las Vegas                 | NV    | 89169        |           | 10+         |
| Name: Leandro Ramirez     | Home     |                           |       |              |           |             |
| Employer: Wynn Hotel      | Business | 3131 S. Las Vegas Blvd    |       | 702-770-7000 |           | 10+         |
| Name: Laura Senda         | Home     | Bel Port Dr               |       | 89110        |           | 5 1/2+      |
| Employer: All State Ins   | Business | 3265 E. Tropicana Ave E-1 | LV NV |              |           |             |
| Name: Yolanda Cifuentes   | Home     | Montagna Dr               | LV NV | 89139        |           | 6 years     |
| Employer: All State Ins   | Business | 3265 E. Tropicana Ave E-1 | LV NV | 702-908-7450 |           |             |
| Name: Usimi Befarte       | Home     | E. Imperial Ave           | LV NV | 89104        |           | 10 years    |
| Employer: Amazon Delivery | Business |                           |       |              |           |             |
| Name: Vosbol James        | Home     | E. Imperial Ave.          |       |              |           |             |
| Employer: Self Employed   | Business | Self Employed             |       |              |           | 6 years     |

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☒  
If yes, complete the following:

| Box Number or Type of Depository | Location | City and State | Authorized Users |
|----------------------------------|----------|----------------|------------------|
|                                  |          |                |                  |
|                                  |          |                |                  |
|                                  |          |                |                  |

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

|            |            |                                |                      |           |
|------------|------------|--------------------------------|----------------------|-----------|
| Liquor     | Lawyer     | Race horse/race dog owner      | Securities dealer    | Insurance |
| Doctor     | Contractor | Real estate broker or salesman | Barber/Cosmetologist | Gaming    |
| Accountant | Pilot      | Sports promoter                | Trainer or manager   | Educator  |

Yes ☒ No ☐

If yes, state type, where and years held

Sales Insurance, Las Vegas, NV 1/24/2017

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.

Sole proprietor - Express tax Services - Las Vegas, NV  
Tax Preparation preparer - 2015 - Present.  
2840 E. Flamingo Rd Suite Las Vegas, NV 89121

Applicant's initial

DCR



13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes ☐ No ☒

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒

A1



Date of photograph

3/11/19

Applicant's initial

DCR



STATE OF Nevada

SS.

COUNTY OF Clark

I, Dailin Carmenate Rivas, 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.

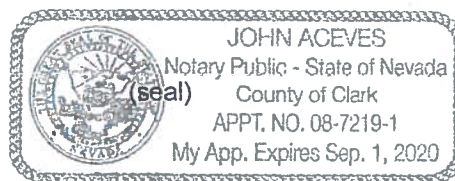
State of NEVADA  
County of Clark

x [Signature]  
Original Signature of Applicant

Subscribed and Sworn to before me this 28th day of March 2019

Dailin Carmenate-Rivas

[Signature]  
Notary Public



Applicant's initial DCR

### ADDITIONAL INFORMATION

[illegible]

Applicant's initial DCR Page 10

**11D**

# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR NEVADA Medical Device, Equipment & Gases (MDEG)

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

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

Application must be printed legibly or typed

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

☒ New MDEG      ☐ Ownership Change      ☐ Name Change      ☐ Location Change  
(Please provide current license number if making changes: MP or MW \_\_\_\_\_)

☐ Publicly Traded Corporation – Pages 1,2,3,4      ☒ Partnership - Pages 1,2,3,6  
☐ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b      ☐ Sole Owner – Pages 1,2,3,7  
Please check box for type of ownership and complete correct part of the application.

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

MDEG Name: Foothill Medical Supply, LLC

Physical Address: 6295 McLeod Dr, #22, Las Vegas, NV 89120

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

Mailing Address: 723 N 1890 W, Suite 38A

City: Provo State: UT Zip Code: 84601

Telephone: (877) 492-2704 ext 405 Fax: (877) 492-2716

E-mail: wreaves@mmsmde.com Website: www.mmsdme.com

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

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

Fri: 8 am to 5 pm Sat: \_\_\_\_\_ to \_\_\_\_\_ Sun: \_\_\_\_\_ to \_\_\_\_\_ Holidays: \_\_\_\_\_ to \_\_\_\_\_

### MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Scott Reaves (877) 464-5846 ext. 1

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

☒ Medical Gases\*\*      ☒ Assistive Equipment  
☒ Respiratory Equipment\*\*      ☒ Parenteral and Enteral Equipment\*\*  
☐ Life-sustaining equipment\*\*      ☐ Orthotics and Prosthesis  
☐ Diabetic Supplies      Other: General Supplies

\*\*If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: Tyler Hess Telephone: (702) 672-1408

## APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

None - We provide services exclusively to patients enrolled in the Division of Energy Employees Occupational Illness Compensation Program (DEEOIC), which is managed by the Department of Labor Office of Workers' Compensation Programs. Our provider numbers are listed below:

NPI - 1558887927; Department of Labor PI's - 624014500, 622952500, 622826800, 617577000

- 1) Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒
- 2) Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☐ No ☒
- 3) Are any of the owners health professionals? If yes, please check the box and list name.
 

|   |             |
|---|-------------|
| <input type="checkbox"/> Practitioner                     | Name: _____ |
| <input type="checkbox"/> Advanced Practitioner of Nursing | Name: _____ |
| <input type="checkbox"/> Physician's Assistant            | Name: _____ |
| <input type="checkbox"/> Physical Therapist               | Name: _____ |
| <input type="checkbox"/> Occupational Therapist           | Name: _____ |
| <input type="checkbox"/> Registered Nurse                 | Name: _____ |
| <input type="checkbox"/> Respiratory Therapist            | Name: _____ |

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

# APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner, shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to questions 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized MDEG provider or wholesaler may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

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

Wayne Reaves

Print Name of Authorized Person

03/04/2019

Date

Board Use Only

Received: \_\_\_\_\_

Amount: 500.00

**APPLICATION FOR NEVADA MDEG LICENSE****OWNERSHIP IS A PARTNERSHIP**

List names of 4 largest partners and percentage of ownership:

Name: Wayne Reaves %: 25Name: Angela Caines %: 25Name: Scott Reaves %: 25Name: Seth Clayton %: 25Partnership Name: Foothill Medical Supply, LLCMailing Address: 723 N 1890 W, Ste 38ACity: Provo State: UT Zip Code: 84601Telephone Number: 877.492.2704 ext. 405 Fax Number: (877) 492-2716Contact Person: Wayne Reaves**PARTNERSHIP****Include with the application for a partnership**

Complete personal history record for each partner. Must be original signature(s), no copies or stamps. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.



**Utah Department of Commerce**  
**Division of Corporations & Commercial Code**  
160 East 300 South, 2nd Floor, PO Box 146705  
Salt Lake City, UT 84114-6705  
Service Center: (801) 530-4849  
Toll Free: (877) 526-3994 Utah Residents  
Fax: (801) 530-6438  
Web Site: <http://www.commerce.utah.gov>

05/20/2019  
9095805-016005202019-286672

---

## CERTIFICATE OF EXISTENCE

|                             |                              |
|-----------------------------|------------------------------|
| <b>Registration Number:</b> | 9095805-0160                 |
| <b>Business Name:</b>       | FOOTHILL MEDICAL SUPPLY, LLC |
| <b>Registered Date:</b>     | July 11, 2014                |
| <b>Entity Type:</b>         | LLC - Domestic               |
| <b>Status:</b>              | Current                      |

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (unless Delinquent); and, that Articles of Dissolution have not been filed.



A handwritten signature in black ink, appearing to read "Jason Sterzer".

Jason Sterzer  
Director  
Division of Corporations and Commercial Code



## APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date 04/22/2019

Each MDEG shall employ an administrator at all times. The administrator must be:

1. A natural person.
2. Have a high school diploma or its equivalent.
3. Have: a) At least 1500 hours of verifiable work experience relating to the products provided be the medical products provider or medical products wholesaler or b) An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care.
4. Be employed be the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week and
5. Be approved by the board.
6. The administrator shall ensure that that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

A medical products provider or medical products wholesaler shall notify the staff of the Board of the cessation of employment of an administrator within 3 business days after the cessation of the employment. A medical products provider or medical products wholesaler shall notify the staff of the Board of the employment of a new administrator within 3 business dates after the beginning of the employment.

A medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator. The Board may summarily suspend the operation of a business or facility that operates without an administrator.

### GENERAL INSTRUCTIONS

Type or print an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner.

All applicants are advised that this application to be a MDEG administrator is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Medical Device, Equipment and Gases

Nature of MDEG

Foothill Medical Supply, LLC, 6295 McLeod Dr, #22, Las Vegas, NV 89120

Name and Address of Business for Which MDEG Administrator Is Requested

If applicable, Name Under Which It Is Now Operated

### 1. PERSONAL INFORMATION:

|           |            |             |
|-----------|------------|-------------|
| Reaves    | Allen      | Scott       |
| Last Name | First Name | Middle Name |

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

|   |           |           |
|---|-----------|-----------|
| W. Goosenest Dr                         | Elk Ridge | UT 84651  |
| Present Residence Address-Street or RFD | City      | State/Zip |

|                          |                           |           |          |
|--------------------------|---------------------------|-----------|----------|
| 723 N 1890 W #38A        | Dates 12/01/2016- Present | Provo     | UT 84601 |
| Present Business Address | City                      | State/Zip |          |

| Dates                          |  |
|--------------------------------|--|
| Present Position with the MDEG |  |

Phone: 801-850-7910 Fax: \_\_\_\_\_

Email address: sreaves@mmsdme.com

           Selma, Alabama  
Date of Birth Place of Birth (City, County, State)

39  
Age

\_\_\_\_\_  
Social Security Number

Male  
Sex

|                              |                               |                      |                        |
|------------------------------|-------------------------------|----------------------|------------------------|
| <u>Blue</u><br>Color of Eyes | <u>Brown</u><br>Color of Hair | <u>195</u><br>Weight | <u>5' 8"</u><br>Height |
|------------------------------|-------------------------------|----------------------|------------------------|

Scars, tattoos or distinguishing marks and/or characteristics None

Are you a citizen of the United States? Yes ☒ No ☐

If alien, registration No \_\_\_\_\_

If naturalized, certificate No \_\_\_\_\_ Date \_\_\_\_\_

Place \_\_\_\_\_ (If naturalized, document must be verified.)

**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.

|                |   |                      |
|----------------|---|----------------------|
| 06/2013        | Mountain Medical Supply - 6120 Woodside Executive Ct, Aiken, SC 29803 | 2013-2016            |
| Month and Year | Name/ Address of Employer/Business                                    | No of Employed Hours |
| Office Manager | Delivery, set-up, & maintenance of medical equipment                  | Seth Clayton         |
| Title          | Description of Duties   | Name of Supervisor   |
| 10/2016        | Foothill Medical Supply - 6230 S. Heritage Ln, Idaho Falls, ID83402   | 2016- Present        |
| Month and Year | Name/ Address of Employer/Business                                    | No of Employed Hours |
| Office Manager | Delivery, set-up, & maintenance of medical equipment                  | Seth Clayton         |
| Title          | Description of Duties   | Name of Supervisor   |
| 11/2017        | Foothill Medical Supply - 723 N 1890 W. #38A, Provo, UT 84601         | 2017- Present        |
| Month and Year | Name/ Address of Employer/Business                                    | No of Employed Hours |
| Office Manager | Delivery, set-up, & maintenance of medical equipment                  | Seth Clayton         |
| 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.

As an entity owner, I am responsible for operations  
 at neighboring state Utah, but I will be directly  
 involved in the Nevada office day to day activities  
 and conducting all personel training.



PHOTOGRAPH  
 IN LAST  
 YEAR

Date of photograph 4-17-19

I, A. Scott Reeves, 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 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.

A. Scott Reeves  
Original Signature of Applicant

# PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

600

Date 04/22/2019

## GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Medical Device, Equipment and Gases

Nature of License

Foothill Medical Supply, LLC, 6295 McLeod Dr, #22, Las Vegas, NV 89120

Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

### 1. PERSONAL INFORMATION:

|  |  |                       |
|--|--|-----------------------|
| Last Name<br>Reaves  | First Name<br>Allen                                    | Middle Name<br>Scott  |
| Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)<br>N/A |  |                       |
| Present Residence Address-Street or RFD<br>W. Goosenest Dr                       | City<br>Elk Ridge                                      | State/Zip<br>UT 84651 |
| Dates 12/2017 to Present   |  |                       |
| Present Business Address<br>723 N 1890 W #38A                                    | City<br>Provo  | State/Zip<br>UT 84601 |
| Dates 12/01/2016 to Present  |  |                       |
| Occupation<br>Owner/Manager  | Phone:<br>Residence<br>Business 801-850-7910           |                       |
| Date of Birth  | Place of Birth (City, County, State)<br>Selma, Alabama |                       |
| Age<br>39  | Social Security Number                                 | Sex<br>Male           |
| Color of Eyes<br>Blue  | Color of Hair<br>Brown                                 | Complexion<br>Fair    |
| Weight<br>195  | Build<br>Muscular                                      | Height<br>5' 8"       |

Scars, tattoos or distinguishing marks and/or characteristics None

Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

### 2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial

ASR

A. **Current Marriage** April 5, 2002 Salt Lake City, UT  
Date City, County and State  
 Spouse's full name (Maiden) Kimberly Ann Coombs S.S. No.  
 Date of Birth \_\_\_\_\_ Place of Birth Payson, Utah  
 Resident address W. Goosenest Dr Elk Ridge UT 84651  
Street City State Zip  
 Telephone: Residence \_\_\_\_\_ Business N/A  
 Spouse's employer Mountain Medical Supply Occupation Billing Manager  
 Address of employer 723 N 1890 W. #38A Provo UT 84601  
Street City State Zip

B. **Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

| Name of Spouse | Date of Order or Decree | Date of Place of Marriage | Nature of Action | City County and State |
|----------------|-------------------------|---------------------------|------------------|-----------------------|
|----------------|-------------------------|---------------------------|------------------|-----------------------|

N/A

List of names, current address and telephone numbers of previous spouses:

| Name | Street | City | State | Zip | Telephone |
|------|--------|------|-------|-----|-----------|
|------|--------|------|-------|-----|-----------|

### 3. FAMILY INFORMATION:

#### A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

| Name          | Birth Date | Birth Place      | Residence Address            |
|---------------|------------|------------------|------------------------------|
| Myllie Reaves |            | Provo, UT        | W. Goosenest Dr Elk Ridge UT |
| Ethan Reaves  |            | Mtn Home AFB, ID | W. Goosenest Dr Elk Rdige UT |

#### B. Child Support Information:

Please mark the appropriate response:

- ☒ I am not subject to a court order for the support of child.
- ☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- ☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial ASR

**FAMILY INFORMATION-Continued**

District attorney or public agency responsible for enforcing the child support order:

Name.....

Address.....

Contact person.....

**C. Parents:**

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

in-law or legal guardian. If retired or deceased, list last address and occupation.

| Name (Maiden)          | Birth Date | Address                           | Occupation |
|------------------------|------------|-----------------------------------|------------|
| Father                 |            |                                   |            |
| Larry Wayne Reaves Sr. |            | W. 15800 S. Goshen UT, 84633      | Retired    |
| Mother                 |            |                                   |            |
| Martha Gale Reaves     |            | W. 15800 S. Goshen, UT 84633      | Retired    |
| Father-in-Law          |            |                                   |            |
| Grant Morgan Coombs    |            | S. 1400 W. Spanish Fork, UT 84660 | Retired    |
| Mother-in-Law          |            |                                   |            |
| JaLynn Coombs          |            | S. 1400 W. Spanish Fork, UT 84660 | Retired    |

**D. Brothers and Sisters:**

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

| Name (Maiden)  | Birth Date | Address                                    | Occupation     |
|--|------------|--|----------------|
| Angela Reaves  |            | W. 760 S., Salem, UT 84653                 | Business Owner |
| Spouse N/A   |            |  |                |
| Lori Reaves  |            | 1 Chelsea Springs Dr, Columbiana, AL 35051 | Homemaker      |
| Spouse Seth Clayton 0' Chelsea Springs Dr, Columbiana, AL 35051 Business Owner |            |  |                |
| Larry Wayne Reaves Jr.   |            | E. Ashgrove Ln, Saratoga Springs, UT 84045 | Business Owner |
| Spouse N/A   |            |  |                |
| Audra Reaves   |            | S. 900 E., Santaquin, UT 84655             | Homemaker      |
| Spouse Linn Wright S. 900 E., Santaquin, UT 84655 Unemployed                   |            |  |                |

**4. EDUCATION:**

|                    | Name of School           | Location        | Dates Attended        | Graduate  |
|--------------------|--------------------------|-----------------|-----------------------|---|
| Grammar School     | Monroe Junior High       | Monroeville, AL | 1991-1994             | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| High School        | Wilcox Academy           | Camden, AL      | 1994-1998             | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| College University | Brigham Young University | Provo, UT       | 1998/1999 - 2001/2002 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Other              | Utah Valley University   | Orem, UT        | 2009-2012             | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

Type of degree obtained, if any N/A

College or university where obtained N/A

Applicant's initial ASR



## 5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes ☒ No ☐

Branch Air Force Date of entry-active service 12/02/2002

Date of separation 12/02/2008 Type of discharge Honorable

Rating at separation SSGT Serial number \_\_\_\_\_

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☒ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes ☒ No ☐

County Wilcox State Alabama Date registered 02/09/1998

**6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)**

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)  
Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

| Date of Arrest | Age | Charge | Location-City and State | Deposition/Date | Arresting Agency |
|----------------|-----|--------|-------------------------|-----------------|------------------|
|----------------|-----|--------|-------------------------|-----------------|------------------|

- B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.
- C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒
- D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒
- E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒
- F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒  
If yes, when? \_\_\_\_\_ city, county and state \_\_\_\_\_
- G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒  
If yes when? \_\_\_\_\_ city, county and state \_\_\_\_\_
- H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒  
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

| Name | Relationship | Charge | Location | Date |
|------|--------------|--------|----------|------|
|------|--------------|--------|----------|------|

Applicant's initial ASK

**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<br>Claimant/Respondent | Date Filed | Court and Case<br>Number         | City, County and State | Disposition/Date     |
|---|------------|----------------------------------|------------------------|----------------------|
| Defendant                                     | 12/08/2017 | Fourth District Court, 107400777 | Provo, Utah, Utah      | Dismissed-10/02/2018 |

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?  
 Yes ☒ No ☐ If yes, complete the following:

| Name of Entity          | Type of Entity | Approximate Date(s) of<br>Lawsuit/Arbitration/Bankruptcy |
|-------------------------|----------------|--|
| Mountain Medical Supply | Partnership    | 07/25/2017-10/02/2018                                    |

**7. RESIDENCES:**

List all residences you have had for the last 25 years:

| Month and Year<br>(From-To) | Street and Number        | City           | State or County |
|-----------------------------|--------------------------|----------------|-----------------|
| 12/2017-Present             | W. Goosenest Dr          | Elk Ridge      | UT              |
| 04/2017-12/2017             | 1225 E. 420 S.           | Payson         | UT              |
| 12/2008-04/2017             | 334 S. 1340 W.           | Spanish Fork   | UT              |
| 05/2006-12/2008             | 5170 Cottonwood St       | Mtn Home AFB   | ID              |
| 05/2003-05/2006             | 3 Ash Close              | RAF Lakenheath | United Kingdom  |
| 01/2003-05/2003             | 710 E. Ave #14788        | Sheppard AFB   | TX              |
| 12/2002-01/2003             | 1500 Shaw Dr Unit 369549 | Lackland AFB   | TX              |
| 03/2002-12/2002             | 663 N Univeristy Ave #1  | Provo          | UT              |
| 07/2001-03/2002             | 546 E. 550 S.            | Santaquin      | UT              |
| 07/1999-07/2001             | 4945 Linclon Way         | Oakland        | CA              |
| 07/1994-07/1999             | 740 County Rd 12E        | Camden         | AL              |

Applicant's initial

ASR

**8. EMPLOYMENT:**

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

|                      |  |                      |
|----------------------|--|----------------------|
| Month and Year       | Name/Mailing Address of Employer/Business                      | Reason for Leaving   |
| 06/2013-Present      | Mountain Medical Supply/Foothill Medical Supply                | N/A                  |
| Title                | Description of Duties  | Name of Supervisor   |
| Owner/Manager        | Manage day to day operations for the Western United States     | Self                 |
| Month and Year       | Name/Mailing Address of Employer/Business                      | Reason for Leaving   |
| 12/2008- Present     | Utah Air National Guard  | N/A                  |
| Title                | Description of Duties  | Name of Supervisor   |
| TSGT                 | Communications   | David Fernelius      |
| Month and Year       | Name/Mailing Address of Employer/Business                      | Reason for Leaving   |
| 12/2002-12/2008      | United States Air Force  | Honorably Discharged |
| Title                | Description of Duties  | Name of Supervisor   |
| SSGT                 | Munitions Systems Technician                                   |                      |
| Month and Year       | Name/Mailing Address of Employer/Business                      | Reason for Leaving   |
| 07/2001-12/2002      | Rousseau Excavating & Engineering Inc                          | Joined Military      |
| Title                | Description of Duties  | Name of Supervisor   |
| Laborer              | Home construction  | Neal Caines          |
| Month and Year       | Name/Mailing Address of Employer/Business                      | Reason for Leaving   |
| 07/1999 - 07/2001    | Missionary for The Church of Jesus Christ of Latter-day Saints |                      |
| Title                | Description of Duties  | Name of Supervisor   |
| Month and Year       | Name/Mailing Address of Employer/Business                      | Reason for Leaving   |
| 08/1994 - 07/1999    | Mobile Home Electric   | Serve a 2 yr Mission |
| Title                | Description of Duties  | Name of Supervisor   |
| Electrical Assistant | Electrical panel assembly                                      | Kyle Reaves          |
| Month and Year       | Name/Mailing Address of Employer/Business                      | Reason for Leaving   |
|                      |  |                      |
| Title                | Description of Duties  | Name of Supervisor   |
| Month and Year       | Name/Mailing Address of Employer/Business                      | Reason for Leaving   |
|                      |  |                      |
| Title                | Description of Duties  | Name of Supervisor   |

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial ASR

**9. CHARACTER REFERENCES:**

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

| Name of Where Employed  | Street                            | City               | State | Zip          | Telephone | Years Known |
|-------------------------|-----------------------------------|--------------------|-------|--------------|-----------|-------------|
| Will Coxwell            | 3. Mt Pleasant Ave                | Monroeville, AL    | 36460 |              | 4         | 33 yrs      |
| Name                    | Home                              |                    |       |              |           |             |
| Coxwell & Coxwell       | P.O. Box 625, Monroeville, AL     | 36461              |       | 251-575-2146 |           |             |
| Employer                | Business                          |                    |       |              |           |             |
| Ben Friend              | 3 Winton Way Rd                   | Manchester, TN     | 37355 |              |           | 33 yrs      |
| Name                    | Home                              |                    |       |              |           |             |
| TDOT                    | 1210 E Carroll St, Tullshoms, TN  | 37388              |       | 423-681-0993 |           |             |
| Employer                | Business                          |                    |       |              |           |             |
| Clinton Mower           | 0 S. Maple Dr                     | Woodland Hills, UT | 84653 |              |           | 20 yrs      |
| Name                    | Home                              |                    |       |              |           |             |
| Bank of America         | 100 N. Tryon St, Charlotte, NC    | 28202              |       | 801-423-1980 |           |             |
| Employer                | Business                          |                    |       |              |           |             |
| Ted Dymock              | E Driftwood Dr                    | Spanish Fork, UT   | 84660 |              |           | 11 yrs      |
| Name                    | Home                              |                    |       |              |           |             |
| LDS Philanthropies      | 1450 N. University Ave, Provo, UT | 84604              |       | 801-356-5300 |           |             |
| Employer                | Business                          |                    |       |              |           |             |
| Michael Wade            | W. 1380 N. Tooele, UT             | 84074              |       |              |           | 11 yrs      |
| Name                    | Home                              |                    |       |              |           |             |
| Utah Air National Guard | 765 N 2200 W. Salt Lake City, UT  | 84116              |       | 801-245-2580 |           |             |
| Employer                | Business                          |                    |       |              |           |             |

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☒  
If yes, complete the following:

| Box Number or Type of Depository | Location | City and State | Authorized Users |
|----------------------------------|----------|----------------|------------------|
|                                  |          |                |                  |
|                                  |          |                |                  |
|                                  |          |                |                  |
|                                  |          |                |                  |

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

|            |            |                                |                      |           |
|------------|------------|--------------------------------|----------------------|-----------|
| Liquor     | Lawyer     | Race horse/race dog owner      | Securities dealer    | Insurance |
| Doctor     | Contractor | Real estate broker or salesman | Barber/Cosmetologist | Gaming    |
| Accountant | Pilot      | Sports promoter                | Trainer or manager   | Educator  |

Yes ☐ No ☒

If yes, state type, where and years held

12. Have you ever applied for a city, county 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.

State business license - Aiken, SC & Paducah, KY- Mountain Medical Supply - June 2013

State business license - Idaho Falls, ID - Foothill Medical Supply - 10/2016

State business license - Provo, UT - Foothill Medical Supply - 11/2017

Applicant's initial ASR

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes ☐ No ☒

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒



Date of photograph 4-17-2019

Applicant's initial ASR

STATE OF UT

SS.

COUNTY OF UT

I, Allen Scott Reaves, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

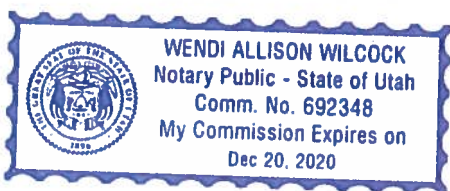
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

*A. Scott Reaves*  
Original Signature of Applicant

Subscribed and Sworn to before me this 25 day of

April 2019  
*Wendi Wilcock*  
Notary Public

(seal)



Applicant's initial ASR Page 9

Question# 12 Partners Involved in Mountain Medical Supply & Foothill Medical Supply

Seth Clayton - 1 Chelsea Springs Dr, Columbiana, AL 35051 Owner/Operator

Angela Caines - 1 W. 760 S. Salem, UT 84653 Owner/Operator

Larry Wayne Reaves Jr.- 1 E. Ashgrove Ln, Saratoga Springs, UT 84045 Owner/Operator

Applicant's initial *ASR*

# PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date .....

## GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for ..... Medical Device, Equipment and Gases .....  
 Nature of License  
 Foothill Medical Supply, LLC, 6295 McLeod Dr, #22, Las Vegas, NV 89120  
 Name and Address of Establishment for Which License Is Requested  
 .....  
 If applicable, Name Under Which It Is Now Operated

### 1. PERSONAL INFORMATION:

|   |                                      |  |
|---|--------------------------------------|--|
| Caines  | Angela                               | Kay                                    |
| Last Name   | First Name                           | Middle Name                            |
| Angela Kay Reaves   |                                      |  |
| Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise) |                                      |  |
| South 760 West  | Salem                                | Utah, 84653                            |
| Present Residence Address-Street or RFD                                   | City                                 | State/Zip                              |
| 723 North 1890 West, Ste 38A  | Provo                                | Utah, 84601                            |
| Present Business Address  | City                                 | State/Zip                              |
| Insurance Authorization Manager   | Dates                                |  |
| Occupation  |                                      | Phone:                                 |
|   |                                      | Residence .....                        |
|   |                                      | Business .... 877-492-2716 Ext 3 ..... |
| Date of Birth   | Selma, Dallas, Alabama               |  |
|   | Place of Birth (City, County, State) |  |
| 50  |                                      | Female                                 |
| Age   | Social Security Number               | Sex                                    |
| Blue  | Blonde                               | Fair                                   |
| Color of Eyes   | Color of Hair                        | Complexion                             |
|   |                                      | Weight                                 |
|   |                                      | Build                                  |
|   |                                      | Height                                 |

Scars, tattoos or distinguishing marks and/or characteristics ..... N/A

Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No .....

If naturalized, certificate No ..... Date .....

Place ..... (If naturalized, document must be verified.)

### 2. MARITAL INFORMATION:

Single ☐ Married ☐ Separated ☐ Divorced ☒ Widowed ☐ Engaged ☐

Applicant's initial AC



**A. Current Marriage** N/A

Spouse's full name (Maiden) Date N/A City, County and State  
S.S. No N/A

Date of Birth N/A Place of Birth N/A

Resident address N/A  
Street City State Zip

Telephone: Residence N/A Business N/A

Spouse's employer N/A Occupation N/A

Address of employer N/A  
Street City State Zip

**B. Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

| Name of Spouse    | Date of Order or Decree | Date of Place of Marriage | Nature of Action | City County and State          |
|-------------------|-------------------------|---------------------------|------------------|--------------------------------|
| Ralph Neal Caines | 04/16/2009              | 12/03/1994                | Divorced         | Sandy Springs, Fulton, Georgia |

List of names, current address and telephone numbers of previous spouses:

| Name              | Street                 | City        | State | Zip   | Telephone |
|-------------------|------------------------|-------------|-------|-------|-----------|
| Ralph Neal Caines | 13 S. Redwood Rd. #329 | West Jordan | Utah  | 84084 |           |

**3. FAMILY INFORMATION:**

**A. Children and Dependents:**

List all children, including step-children and adopted children and give the following information:

| Name                    | Birth Date | Birth Place  | Residence Address              |
|-------------------------|------------|--------------|--------------------------------|
| Courtney Gale Caines    |            | Orem, Utah   | South 760 West Salem, Ut 84653 |
| Carson Neal Caines      |            | Provo, Utah  | South 760 West Salem, Ut 84653 |
| Lyndsey Caroline Caines |            | Payson, Utah | South 760 West Salem, Ut 84653 |

**B. Child Support Information:**

Please mark the appropriate response:

- ☒ I am not subject to a court order for the support of child.
- ☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- ☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial

ac

**FAMILY INFORMATION-Continued**

District attorney or public agency responsible for enforcing the child support order:

Name N/AAddress N/AContact person N/A**C. Parents:**

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

in-law or legal guardian. If retired or deceased, list last address and occupation.

| Name (Maiden)                | Birth Date | Address                        | Occupation                          |
|------------------------------|------------|--------------------------------|-------------------------------------|
| Larry Wayne Reaves<br>Father |            | 7 W. 15800 S. Goshen, Ut 84633 | US Army Cops of Engineers (Retired) |

|                                      |  |                              |                          |
|--------------------------------------|--|------------------------------|--------------------------|
| Martha Gale Reaves (Green)<br>Mother |  | W. 15800 S. Goshen, Ut 84633 | Lab Technician (Retired) |
|--------------------------------------|--|------------------------------|--------------------------|

N/A

Father-in-Law

N/A

Mother-in-Law

**D. Brothers and Sisters:**

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

| Name (Maiden)                                   | Birth Date | Address                                    | Occupation                   |
|---|------------|--|------------------------------|
| Lori Clayton (Reaves)<br>Spouse<br>Seth Clayton |            | Chelsea Springs Dr. Columbiana, AL 35051   | Home Maker<br>Business Owner |
| Wayne Reaves<br>Spouse<br>N/A                   |            | E. Ashgrove Ln. Saratoga Springs, UT 84045 | Business Owner               |

|  |  |                                    |                          |
|--|--|------------------------------------|--------------------------|
| Audra Wright (Reaves)<br>Spouse<br>Linn Wright |  | South 900 East Santaquin, Ut 84655 | Home Maker<br>Unemployed |
|--|--|------------------------------------|--------------------------|

|                                      |  |                                      |                                  |
|--------------------------------------|--|--------------------------------------|----------------------------------|
| Scott Reaves<br>Spouse<br>Kim Reaves |  | W. Goosenest Dr. Elk Ridge, UT 84651 | Business Owner<br>Medical Biller |
|--------------------------------------|--|--------------------------------------|----------------------------------|

**4. EDUCATION:**

| Name of School     | Location                 | Dates Attended       | Graduate  |
|--------------------|--------------------------|----------------------|-----------|
| Grammar School     | Wilcox Academy           | Camden, Alabama      | 1974-1979 |
| High School        | Monroe County High       | Monroeville, Alabama | 1979-1986 |
| College University | Brigham Young University | Provo, Utah          | 1986-1991 |
| Other              |                          |                      |           |

Type of degree obtained, if any Bachelor of ScienceCollege or university where obtained Brigham Young UniversityApplicant's initial ac

## 5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes ☐ No ☒

Branch N/A Date of entry-active service N/A

Date of separation N/A Type of discharge N/A

Rating at separation N/A Serial number N/A

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes ☐ No ☒

County \_\_\_\_\_ State \_\_\_\_\_ Date registered \_\_\_\_\_

**6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS:** (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)  
Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

| Date of Arrest | Age | Charge | Location-City and State | Deposition/Date | Arresting Agency |
|----------------|-----|--------|-------------------------|-----------------|------------------|
| N/A            |     |        |                         |                 |                  |
|                |     |        |                         |                 |                  |
|                |     |        |                         |                 |                  |
|                |     |        |                         |                 |                  |

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☒ No ☐

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒  
If yes, when? \_\_\_\_\_ city, county and state \_\_\_\_\_

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒  
If yes when? \_\_\_\_\_ city, county and state \_\_\_\_\_

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒  
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

| Name | Relationship | Charge | Location | Date |
|------|--------------|--------|----------|------|
|      |              |        |          |      |
|      |              |        |          |      |
|      |              |        |          |      |

Applicant's initial

**ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued**

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?

Yes ☒ No ☐ (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

| Plaintiff/Defendant or Claimant/Respondent | Date Filed | Court and Case Number | City, County and State                            | Disposition/Date      |
|--|------------|-----------------------|---|-----------------------|
| Defendant                                  | 12/08/2017 | 107400777             | Fourth District Court, Utah County, State of Utah | Dismissed- 10/02/2018 |

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?

Yes ☒ No ☐ If yes, complete the following:

| Name of Entity          | Type of Entity | Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy |
|-------------------------|----------------|---|
| Mountain Medical Supply | Partnership    | 07/25/2017- 10/02/2018                                |

**7. RESIDENCES:**

List all residences you have had for the last 25 years:

| Month and Year (From-To) | Street and Number            | City      | State or County |
|--------------------------|------------------------------|-----------|-----------------|
| 07/2017- Present         | South 760 West               | Salem     | Utah            |
| 07/2015-07/2017          | 516 South 1200 East          | Payson    | Utah            |
| 06/2012- 07/2015         | 969 East 100 South           | Payson    | Utah            |
| 07/2008-06/2012          | 9237 West 15800 South        | Goshen    | Utah            |
| 10/2004- 07/2008         | 1270 West Park Meadows Drive | Mapleton  | Utah            |
| 08/1998-10/2004          | 546 East East 550 South      | Santaquin | Utah            |
| 03/1994-08/1998          | 5282 North Canyon Rd         | Provo     | Utah            |

Applicant's initial

*AC*

**8. EMPLOYMENT:**

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

| Month and Year           | Name/Mailing Address of Employer/Business                            | Reason for Leaving                          |
|--------------------------|--|---|
| 06/2013- Present         | Mountain Medical Supply, 723 N. 1890 W., Ste 38A, Provo, Ut 84601    | Current                                     |
| Title                    | Description of Duties  | Name of Supervisor                          |
| Owner                    | Insurance Authorization Manager                                      | N/A   |
| Month and Year           | Name/Mailing Address of Employer/Business                            | Reason for Leaving                          |
| 10/2012- 06/2013         | Seasons of Santaquin 785 150 S. Santaquin, Ut 84658                  | Ownership Opportunity                       |
| Title                    | Description of Duties  | Name of Supervisor                          |
| Administrative Assistant | Management of Assistant Living Facility                              | Linn Wright                                 |
| Month and Year           | Name/Mailing Address of Employer/Business                            | Reason for Leaving                          |
| 05/2009- 10/2012         | Parkway Health Center, 55 Professional Way Payson, Utah 84651        | Offered Advanced Position                   |
| Title                    | Description of Duties  | Name of Supervisor                          |
| Office Manager           | Accounts Payable, Payroll, New Hires, Patient Admissions Coordinator | Jason Giatres                               |
| Month and Year           | Name/Mailing Address of Employer/Business                            | Reason for Leaving                          |
| 08/1993-08/1999          | Foothill Treatment Center, 3281 N. Main St. Spanish Fork, Ut 84660   | Ended employment to be full time Home Maker |
| Title                    | Description of Duties  | Name of Supervisor                          |
| Drug Counselor           |  | Bruce Chandler                              |
| Month and Year           | Name/Mailing Address of Employer/Business                            | Reason for Leaving                          |
| 06/1991 -08/1993         | Western Youth, Orem Utah   | Offered Advanced Employment                 |
| Title                    | Description of Duties  | Name of Supervisor                          |
| Patient Coordinator      | Managed Foster Childrens Home, School, Medical, Therapeutic Care     | John Gallop                                 |
| Month and Year           | Name/Mailing Address of Employer/Business                            | Reason for Leaving                          |
| 05/1988 -06/1991         | Mervyns Department Store, 575 E. University Pkwy Orem Ut 84097       | Offered Advanced Employment                 |
| Title                    | Description of Duties  | Name of Supervisor                          |
| Sales Clerk              | Cash Register, Organized Inventory in Men's Department               | Mr. Hirsch                                  |
| Month and Year           | Name/Mailing Address of Employer/Business                            | Reason for Leaving                          |
| 06/1984 - 08/1986        | McDonald's Resuraunt, 1511 S. Alabama Ave., Monroeville, Al 36460    | Moved to attend college at BYU              |
| Title                    | Description of Duties  | Name of Supervisor                          |
| Sales Clerk              | Cash Register  | Mr. White                                   |
| Month and Year           | Name/Mailing Address of Employer/Business                            | Reason for Leaving                          |
| Title                    | Description of Duties  | Name of Supervisor                          |

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial

ac

## 9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

| Name of Where Employed             | Street   | City        | State | Zip   | Telephone | Years Known |
|------------------------------------|----------|-------------|-------|-------|-----------|-------------|
| Name Jason Giatras                 | Home     | Springville | UT    | 84663 |           | 10          |
| Employer Parkway Health Center     | Business | Payson      | UT    | 84651 | same      |             |
| Name Louise Knapp                  | Home     | Provo       | UT    | 84604 |           | 24          |
| Employer Foothill Treatment Center | Business | Provo       | UT    | 84604 | same      |             |
| Name Dr. Laura Maw                 | Home     | Lehi        | UT    | 84043 |           | 7           |
| Employer Self Employed             | Business | Provo       | UT    | 84604 | same      |             |
| Name Jeanette Kennedy              | Home     | Mesa        | AZ    | 85213 |           | 25          |
| Employer Herd Health Management    | Business | Mesa        | AZ    | 85213 | same      |             |
| Name Suzanne Dawson Bateman        | Home     | Springville | UT    | 84663 |           | 5           |
| Employer Artopia Interiors         | Business | Springville | UT    | 84663 | same      |             |

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☒  
If yes, complete the following:

| Box Number or Type of Depository | Location | City and State | Authorized Users |
|----------------------------------|----------|----------------|------------------|
|                                  |          |                |                  |
|                                  |          |                |                  |
|                                  |          |                |                  |

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

|            |            |                                |                      |           |
|------------|------------|--------------------------------|----------------------|-----------|
| Liquor     | Lawyer     | Race horse/race dog owner      | Securities dealer    | Insurance |
| Doctor     | Contractor | Real estate broker or salesman | Barber/Cosmetologist | Gaming    |
| Accountant | Pilot      | Sports promoter                | Trainer or manager   | Educator  |

Yes ☐ No ☒

If yes, state type, where and years held

12. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☒ No ☐  
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

HME/DME License 2016-2019 Mountain Medical Supply, Aiken, SC & Paducah, KY 2016- 2019 Foothill Medical Supply, Idaho Fall, ID & Provo, UT

Seth Clayton, 801 Chelsea Springs Dr, Columbiana, AL 35051, Scott Reaves, 644 Gooseneck Dr, Elk Ridge, UT 84651, Wayne Reaves, 64 E Ashgrove Ln Saratoga Springs, Ut 84045  
Mountain Medical Supply, South Carolina Department of Labor, Licensing and Regulation & Kentucky Board of Pharmacy

Foothill Medical Supply, Idaho State Board of Pharmacy & Utah Board of Pharmacy

Applicant's initial

*se*

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes ☐ No ☒

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒



Date of photograph

4/2/2019

Applicant's initial

aw

STATE OF Utah

ss.

COUNTY OF Utah

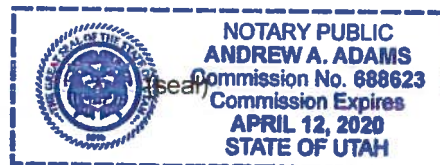
I, Angela Caines, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

Angela Caines  
Original Signature of Applicant

Subscribed and Sworn to before me this 25th day of April, 2014

[Signature]  
Notary Public



Applicant's initial ac



Date 4/22/19**GENERAL INSTRUCTIONS**

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Medical Device, Equipment and Gases

Nature of License

Foothill Medical Supply, LLC, 6295 McLeod Dr, #22, Las Vegas, NV 89120

Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

**1. PERSONAL INFORMATION:**

|   |               |                                      |        |                        |        |
|---|---------------|--------------------------------------|--------|------------------------|--------|
| Reaves  |               | Wayne                                |        |                        |        |
| Last Name   |               | First Name                           |        | Middle Name            |        |
| Larry Wayne Reaves Jr   |               |                                      |        |                        |        |
| Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise) |               |                                      |        |                        |        |
| E Ashgrove Ln   |               | Saratoga Springs                     |        | UT, 84045              |        |
| Present Residence Address-Street or RFD                                   |               | City                                 |        | State/Zip              |        |
| 723 N 1890 W, Ste 38A   |               | Provo                                |        | UT, 84601              |        |
| Present Business Address  |               | City                                 |        | State/Zip              |        |
| Accountant  |               | Dates                                |        |                        |        |
| Occupation  |               |                                      |        | Phone:                 |        |
|   |               |                                      |        | Residence              |        |
|   |               |                                      |        | Business               |        |
|   |               |                                      |        | (877) 492-2704 ext 405 |        |
| Date of Birth   |               | Selma, Dallas, Alabama               |        |                        |        |
|   |               | Place of Birth (City, County, State) |        |                        |        |
| 45  |               |                                      |        | Male                   |        |
| Age   |               | Social Security Number               |        | Sex                    |        |
| Blue  | Bald          | White                                | 200    | Average                | 5'10"  |
| 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 N/A

If naturalized, certificate No N/A Date N/A

Place N/A (If naturalized, document must be verified.)

**2. MARITAL INFORMATION:**

Single ☐ Married ☐ Separated ☐ Divorced ☒ Widowed ☐ Engaged ☐

Applicant's initial [Signature]

A. **Current Marriage** N/A

Spouse's full name (Maiden) N/A Date N/A City, County and State N/A  
S.S. No. N/A

Date of Birth N/A Place of Birth N/A

Resident address N/A Street N/A City N/A State N/A Zip N/A

Telephone: Residence N/A Business N/A

Spouse's employer N/A Occupation N/A

Address of employer N/A Street N/A City N/A State N/A Zip N/A

**B. Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

| Name of Spouse | Date of Order or Decree | Date of Place of Marriage | Nature of Action | City County and State  |
|----------------|-------------------------|---------------------------|------------------|------------------------|
| Taryn Reaves   | 06/19/2018              | 07/10/1999                | N/A              | Ephraim, Sanpete, Utah |

List of names, current address and telephone numbers of previous spouses:

| Name         | Street           | City           | State | Zip   | Telephone |
|--------------|------------------|----------------|-------|-------|-----------|
| Taryn Reaves | N Cedar Crest Rd | Eagle Mountain | Utah  | 84045 |           |

**3. FAMILY INFORMATION:**

**A. Children and Dependents:**

List all children, including step-children and adopted children and give the following information:

| Name           | Birth Date | Birth Place    | Residence Address                            |
|----------------|------------|----------------|--|
| Megan Reaves   |            | Provo, UT      | E Ashgrove Ln, Saratoga Springs, UT 84045    |
| Kaitlyn Reaves |            | Provo, UT      | 1 N Cedar Crest Rd, Eagle Mountain, UT 84005 |
| Tyson Reaves   |            | Cedar City, UT | N Cedar Crest Rd, Eagle Mountain, UT 84005   |

**B. Child Support Information:**

Please mark the appropriate response:

- ☐ I am not subject to a court order for the support of child.
- ☒ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- ☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial TR

**FAMILY INFORMATION-Continued**

District attorney or public agency responsible for enforcing the child support order:

Name Utah Department of Human ServicesAddress 195 N 1950 W, Salt Lake City, UT 84116Contact person N/A**C. Parents:**

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

in-law or legal guardian. If retired or deceased, list last address and occupation.

| Name (Maiden) | Birth Date | Address                       | Occupation                 |
|---------------|------------|-------------------------------|----------------------------|
| Larry Reaves  |            | 7 W 15800 S, Goshen, UT 84633 | US Army Corps of Engineers |
| Father        |            |                               |                            |

|                     |  |                             |                |
|---------------------|--|-----------------------------|----------------|
| Gale Reaves (Green) |  | W 15800 S, Goshen, UT 84633 | Lab Technician |
| Mother              |  |                             |                |

N/A

Father-in-Law

N/A

Mother-in-Law

**D. Brothers and Sisters:**

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

| Name (Maiden)          | Birth Date | Address                         | Occupation     |
|------------------------|------------|---------------------------------|----------------|
| Angela Caines (Reaves) |            | West 760 South, Salem, UT 84653 | Business Owner |
| Spouse                 |            |                                 |                |
| N/A                    |            |                                 |                |

|                       |  |  |                |
|-----------------------|--|--|----------------|
| Lori Clayton (Reaves) |  | 1 Chelsea Springs Dr, Columbiana, AL 35051 | Home Maker     |
| Spouse                |  |  |                |
| Seth Clayton          |  | Chelsea Springs Dr, Columbiana, AL 35051   | Business Owner |

|                       |  |                                     |            |
|-----------------------|--|-------------------------------------|------------|
| Audra Wright (Reaves) |  | South 900 East, Santaquin, UT 84655 | Home Maker |
| Spouse                |  |                                     |            |
| Linn Wright           |  | South 900 East, Santaquin, UT 84655 | Unemployed |

|              |  |                                     |                |
|--------------|--|-------------------------------------|----------------|
| Scott Reaves |  | W Goosenest Dr, Elk Ridge, UT 84651 | Business Owner |
| Spouse       |  |                                     |                |
| Kim Reaves   |  | W Goosenest Dr, Elk Ridge, UT 84651 | Medical Biller |

**4. EDUCATION:**

| Name of School     | Location                  | Dates Attended  | Graduate    |
|--------------------|---------------------------|-----------------|-------------|
| Grammar School     | Monroe County School      | Monroeville, AL | 1979 - 1987 |
| High School        | Monroe County High School | Monroeville, AL | 1988 - 1991 |
| College University | Utah Valley University    | Provo, UT       | 1999 - 2003 |
| Other              |                           |                 |             |

Type of degree obtained, if any Bachelor of Science in AccountingCollege or university where obtained Utah Valley UniversityApplicant's initial 

**5 MILITARY INFORMATION:**

622

A. Have you ever served in any armed forces? Yes ☐ No ☒

Branch N/A Date of entry-active service N/A

Date of separation N/A Type of discharge N/A

Rating at separation N/A Serial number N/A

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes ☒ No ☐

County Monroe County State Alabama Date registered July 1989

**6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)**

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

| Date of Arrest | Age | Charge | Location-City and State | Deposition/Date | Arresting Agency |
|----------------|-----|--------|-------------------------|-----------------|------------------|
|----------------|-----|--------|-------------------------|-----------------|------------------|

N/A

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☒ No ☐

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒ If yes, when? \_\_\_\_\_ city, county and state \_\_\_\_\_

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒ If yes when? \_\_\_\_\_ city, county and state \_\_\_\_\_

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒ If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

| Name | Relationship | Charge | Location | Date |
|------|--------------|--------|----------|------|
|------|--------------|--------|----------|------|

N/A

Applicant's initial  Page 4

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?

Yes ☒ No ☐ (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

| Plaintiff/Defendant or<br>Claimant/Respondent | Date Filed | Court and Case<br>Number | City, County and State                            | Disposition/Date   |
|---|------------|--------------------------|---|--------------------|
| Defendant                                     | 12/08/2017 | 107400777                | Fourth District Court, Utah County, State of Utah | Dismissed-10/02/18 |

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?

Yes ☒ No ☐ If yes, complete the following:

| Name of Entity               | Type of Entity | Approximate Date(s) of<br>Lawsuit/Arbitration/Bankruptcy |
|------------------------------|----------------|--|
| Mountain Medical Supply, LLC | Partnership    | 07/25/2017 - 10/02/2018                                  |

## 7. RESIDENCES:

List all residences you have had for the last 25 years:

| Month and Year<br>(From-To) | Street and Number        | City             | State or County |
|-----------------------------|--------------------------|------------------|-----------------|
| 08/2017 - Present           | E Ashgrove Ln            | Saratoga Springs | UT              |
| 04/2012 - 08/2017           | 7854 N Cedar Crest Rd    | Eagle Mountain   | UT              |
| 08/2010 - 04/2012           | 123 W Springview Dr      | Saratoga Springs | UT              |
| 08/2006 - 08/2010           | 1954 N Ashdown Forest Rd | Cedar City       | UT              |
| 04/2005 - 08/2006           | 851 E 450 S              | Santaquin        | UT              |
| 07/2001 - 04/2005           | PO Box 418               | Goshen           | UT              |
| 07/2000 - 07/2001           | 400 N 609 E #1           | Spanish Fork     | UT              |
| 07/1999 - 07/2000           | 1200 Terrace Dr          | Provo            | UT              |
| 07/1997 - 07/1999           | 425 W 1720 N Apt 2105    | Provo            | UT              |
| 05/1996 - 07/1997           |                          | Santaquin        | UT              |
| 12/1995 - 05/1996           |                          | Rexburg          | ID              |

Applicant's initial



**8. EMPLOYMENT:**

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

| Month and Year     | Name/Mailing Address of Employer/Business                           | Reason for Leaving        |
|--------------------|---|---------------------------|
| 04/2016 - Current  | Foothill Medical Supply, 723 N 1890 W, Ste 38A, Provo, UT 84601     | Current                   |
| Title              | Description of Duties   | Name of Supervisor        |
| Owner              | Accounting  | N/A                       |
| Month and Year     | Name/Mailing Address of Employer/Business                           | Reason for Leaving        |
| 10/2014 - 04/2016  | JF Capital, 1148 Legacy Crossing Blvd, Centerville, UT 84014        | Ownership Opportunity     |
| Title              | Description of Duties   | Name of Supervisor        |
| Manager            | Real Estate Development project manager                             | Chad Bessinger            |
| Month and Year     | Name/Mailing Address of Employer/Business                           | Reason for Leaving        |
| 01/2014 - 09/2014  | Air Medical Resource Group, 10888 S 300 W, South Jordan, UT 84095   | Offered Advanced Position |
| Title              | Description of Duties   | Name of Supervisor        |
| Staff Accountant   | General accounting duties   | Zandra                    |
| Month and Year     | Name/Mailing Address of Employer/Business                           | Reason for Leaving        |
| 08/2010 - 01/2014  | Ferrari Color, 1550 Gladiola St, Salt Lake City, UT 84104           | Offered Advanced Position |
| Title              | Description of Duties   | Name of Supervisor        |
| Cost Accountant    | Estimate project and product costs                                  | Marty McGhie              |
| Month and Year     | Name/Mailing Address of Employer/Business                           | Reason for Leaving        |
| 08/2006 - 08/2010  | Festival Development, 1954 N Ashdown Forest Rd, Cedar City UT 84720 | Company Dissolved         |
| Title              | Description of Duties   | Name of Supervisor        |
| Director           | Land Development  | John Ames                 |
| Month and Year     | Name/Mailing Address of Employer/Business                           | Reason for Leaving        |
| 09/2004 - 08/2006  | NAC Development, Payson, UT   | Offered Advanced Position |
| Title              | Description of Duties   | Name of Supervisor        |
| Project Manager    | Land Development  | Neal Caines               |
| Month and Year     | Name/Mailing Address of Employer/Business                           | Reason for Leaving        |
| 05/2001 - 09/2004  | RAM Constructors, 165 1330 W # B1, Orem, UT 84057                   | Offered Advanced Position |
| Title              | Description of Duties   | Name of Supervisor        |
| Estimator          | Estimated heavy highway construction projects                       | Steve Young               |
| Month and Year     | Name/Mailing Address of Employer/Business                           | Reason for Leaving        |
| 07/1999 - 05/2001  | Rousseau Excavation, Santaquin, UT                                  | Offered Advanced Position |
| Title              | Description of Duties   | Name of Supervisor        |
| Equipment Operator | Residential home excavation   | Larry Reaves              |

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial



## 9. CHARACTER REFERENCES:

625

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

| Name of Where Employed      | Street   | City        | State | Zip   | Telephone  | Years Known |
|-----------------------------|----------|-------------|-------|-------|------------|-------------|
| Name Don Lyster             | Home     | Provo       | UT    | 84604 | 8013622900 | 24          |
| Employer Lyster Engineering | Business | Provo       | UT    | 84604 | same       |             |
| Name John Ames              | Home     | St George   | UT    | 84765 | 4352290707 | 13          |
| Employer ReMax Realty       | Business | St George   | UT    | 84765 | same       |             |
| Name Chad Bessinger         | Home     | Kaysville   | UT    | 84037 | 8015186550 | 5           |
| Employer JF Capital         | Business | Centerville | UT    | 84014 | same       |             |
| Name Mitchell Fielding      | Home     | Mesquite    | TX    | 75150 | 3852226459 | 5           |
| Employer Fielding Law       | Business | Mesquite    | TX    | 75150 | same       |             |
| Name James Croxford         | Home     | Great Falls | MT    | 59401 | 4067502699 | 6           |
| Employer JM Grain           | Business | Great Falls | MT    | 59401 | same       |             |

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☒  
If yes, complete the following:

| Box Number or Type of Depository | Location | City and State | Authorized Users |
|----------------------------------|----------|----------------|------------------|
|                                  |          |                |                  |
|                                  |          |                |                  |
|                                  |          |                |                  |

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

|            |            |                                |                      |           |
|------------|------------|--------------------------------|----------------------|-----------|
| Liquor     | Lawyer     | Race horse/race dog owner      | Securities dealer    | Insurance |
| Doctor     | Contractor | Real estate broker or salesman | Barber/Cosmetologist | Gaming    |
| Accountant | Pilot      | Sports promoter                | Trainer or manager   | Educator  |

Yes ☐ No ☒

If yes, state type, where and years held

12. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☒ No ☐

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

HME/DME License: 2016 - 2019 Mountain Medical Supply, Aiken, SC & Paducah, KY; 2016 - 2019 Foothill Medical Supply, Idaho Fall, ID & Provo, UT

Angela Caines, 232 W 760 S, Salem, UT 84653; Seth Clayton, 801 Chelsea Springs Dr, Columbiana, AL 35051; Scott Reaves, 644 W Goosenest Dr, Elk Ridge, UT 84651;

Mountain Medical Supply, South Carolina Department of Labor, Licensing and Regulation & Kentucky Board of Pharmacy  
Foothill Medical Supply, Idaho State Board of Pharmacy & Utah Board of Pharmacy

Applicant's initial



13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒ 626

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes ☐ No ☒

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒



Date of photograph 04/12/19

Applicant's initial 



STATE OF UTAH

627

ss.

COUNTY OF Utah

I, Larry Wayne Reaves Jr., being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

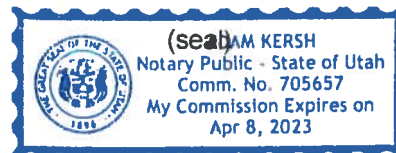
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.



Original Signature of Applicant

Subscribed and Sworn to before me this 22 day of April, 2019  
Hoban Kersh Exp Apr 8, 2023

Notary Public



Applicant's initial



|                   |   |                            |
|-------------------|---|----------------------------|
| 07/1997 - 07/1999 | L&T Construction, 215 Orem Blvd, Orem, UT 84058   | Irreconcilable differences |
| Estimator         | Estimated commercial and residential projects   | Low Bankhead               |
| 05/1996 - 07/1997 | CAC Development, Santaquin, UT  | Company Dissolved          |
| Principal         | Construction Management   | N/A, Principal             |
| 12/1995 - 05/1996 | Enrolled full time at Ricks College, ID   |                            |
| 10/1993 - 12/1995 | Unemployed, Church Mission  |                            |
| 05/1991 - 10/1993 | Employed part time at 2 unknown drywall companies while attending college at Patrick Henry, Monroeville, AL; Southern Union, Auburn, AL; and University of West Alabama, Livingston, AL |                            |

*[Handwritten signature]*

§ Date April 1, 2019**GENERAL INSTRUCTIONS**

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Medical Device, Equipment and Gases

Nature of License

Foothill Medical Supply, LLC, 6295 McLeod Dr, #22, Las Vegas, NV89120

Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

**1. PERSONAL INFORMATION:**Clayton Jr.BillySeth

Last Name

First Name

Middle Name

NA

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise) NA

Chelsea Springs Dr.ColumbianaAL 35051

Present Residence Address-Street or RFD

City

State/Zip

6120 Woodside Executive Court

Dates

AikenSC 29803

Present Business Address

City

State/Zip

ManagerDates July 2013-Present

Occupation

Phone:  
ResidenceBusiness 803-641-7417

Date of Birth

Columbus, Muscogee County, GA

Place of Birth (City, County, State)

50

Age

Social Security Number

Sex

BrownBrownWhite185Average5'-9"

Color of Eyes

Color of Hair

Complexion

Weight

Build

Height

Scars, tattoos or distinguishing marks and/or characteristics NAAre you a citizen of the United States? ☒ Yes ☐ No If alien, registration NoIf naturalized, certificate No NA DatePlace NA (If naturalized, document must be verified.)**2. MARITAL INFORMATION:**Applicant's initial BSU

Applicant's initial BSU

**A. Current Marriage** Nov 11, 2000 Birmingham, Jefferson County, AL

Spouse's full name (Maiden) Lori Lanae Reaves 5 NA

Date of Birth 1 Chelsea Springs Dr. Columbiana AL 35051

Resident address 1 Chelsea Springs Dr. Columbiana AL 35051

Telephone: Residence 5 NA Business NA

Spouse's employer NA Occupation Stay at home mother

Address of employer NA

**B. Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

| Name of Spouse | Date of Order or Decree | Date of Place of Marriage | Nature of Action | City County and State |
|----------------|-------------------------|---------------------------|------------------|-----------------------|
| NA             |                         |                           |                  |                       |
|                |                         |                           |                  |                       |
|                |                         |                           |                  |                       |

List of names, current address and telephone numbers of previous spouses:

| Name | Street | City | State | Zip | Telephone |
|------|--------|------|-------|-----|-----------|
| NA   |        |      |       |     |           |
|      |        |      |       |     |           |
|      |        |      |       |     |           |

**3. FAMILY INFORMATION:**

**A. Children and Dependents:**

List all children, including step-children and adopted children and give the following information:

| Name             | Birth Date | Birth Place    | Residence Address                           |
|------------------|------------|----------------|---|
| Laurel Clayton   |            | Birmingham, AL | Chelsea Springs Dr., Columbiana, AL 35051   |
| Savannah Clayton |            | Payson, UT     | 1 Chelsea Springs Dr., Columbiana, AL 35051 |
| Landon Clayton   |            | Birmingham, AL | Chelsea Springs Dr., Columbiana, AL 35051   |
| Sawyer Clayton   |            | Birmingham, AL | Chelsea Springs Dr., Columbiana, AL 35051   |

**B. Child Support Information:**

Please mark the appropriate response:

- ☒ I am not subject to a court order for the support of child.
- ☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- ☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for

Applicant's initial RLV

Applicant's initial BSU

District attorney or public agency responsible for enforcing the child support order:

Name \_\_\_\_\_

Address \_\_\_\_\_

Contact person \_\_\_\_\_

### C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

in-law or legal guardian. If retired or deceased, list last address and occupation.

| Name (Maiden)  | Birth Date | Address   | Occupation |
|----------------|------------|---|------------|
| Father         |            |   |            |
| Billy Clayton  | 5          | 10 One Nineteen Blvd., Apart 2124, Hoover, AL 35242 | Retired    |
| Mother         |            |   |            |
| Peggie Clayton |            | Mitchell Creek Rd., Wetumpka, AL 36092              | Retired    |
| Father-in-Law  |            |   |            |
| Larry Reaves   |            | P. O. Box 412, Goshen, UT 84633                     | Retired    |
| Mother-in-Law  |            |   |            |
| Gale Reaves    |            | P. O. Box 412, Goshen, UT 84633                     | Retired    |

### D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

| Name (Maiden)    | Birth Date | Address                              | Occupation               |
|------------------|------------|--------------------------------------|--------------------------|
| Roger Clayton    |            | Deatsville, AL                       | IT Project Manager       |
| Spouse           |            |                                      |                          |
| Jennifer Clayton |            | Deatsville, AL                       | Accountant               |
| Karsten Clayton  |            | Colorado Springs, CO                 | Training Manager         |
| Spouse: NA       |            |                                      |                          |
| Loria Becker     |            | Oak Ridge Rd. Williamstown, KY 41097 | Stay at home mother      |
| Spouse           |            |                                      |                          |
| Dave Becker      |            | Oak Ridge Rd. Williamstown, KY 41097 | IT Project Manager       |
| Galen Clayton    |            | Chicago, IL                          | Preauthorization manager |
| Spouse: NA       |            |                                      |                          |

### 4. EDUCATION:

| Name of School                        | Location       | Dates Attended | Graduate  |
|---------------------------------------|----------------|----------------|---|
| Grammar School: Flowers Elementary    | Montgomery, AL | 1976-1982      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| High School: Wetumpka High School     | Wetumpka, AL   | 1982-1987      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| College University: Auburn University | Auburn, AL     | 1987-1992      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Other: NA                             |                |                | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

Type of degree obtained, if any Building Construction

College or university where obtained Auburn University

Applicant's initial BSL

- A. Have you ever served in any armed forces? Yes ☐ No ☒

Branch \_\_\_\_\_ Date of entry-active service \_\_\_\_\_

Date of separation \_\_\_\_\_ Type of discharge \_\_\_\_\_

Rating at separation \_\_\_\_\_ Serial number \_\_\_\_\_

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

- B. Have you registered for the draft? Yes ☒ No ☐

County: Elmore County State: AL Date registered May 1987

**6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)**

- A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

| Date of Arrest | Age | Charge | Location-City and State | Deposition/Date | Arresting Agency |
|----------------|-----|--------|-------------------------|-----------------|------------------|
|----------------|-----|--------|-------------------------|-----------------|------------------|

NA

- B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.
- C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒
- D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒
- E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒
- F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒  
If yes, when? \_\_\_\_\_ city, county and state \_\_\_\_\_
- G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒  
If yes when? \_\_\_\_\_ city, county and state \_\_\_\_\_
- H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒  
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

| Name | Relationship | Charge | Location | Date |
|------|--------------|--------|----------|------|
|------|--------------|--------|----------|------|

Applicant's initial BSU



- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?

Yes ☐ No ☒ (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

| Plaintiff/Defendant or Claimant/Respondent | Date Filed | Court and Case Number | City, County and State                            | Disposition/Date   |
|--|------------|-----------------------|---|--------------------|
| Defendant                                  | 12/08/2017 | 107400777             | Fourth District Court, Utah County, State of Utah | Dismissed-10/02/18 |

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?

Yes ☐ No ☒ If yes, complete the following:

| Name of Entity               | Type of Entity | Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy |
|------------------------------|----------------|---|
| Mountain Medical Supply, LLC | Partnership    | 07/25/2017 - 10/02/2018                               |

## 7. RESIDENCES:

List all residences you have had for the last 25 years:

| Month and Year (From-To) | Street and Number       | City       | State or County |
|--------------------------|-------------------------|------------|-----------------|
| Oct 2007-Present         | Chelsea Springs Dr.     | Columbiana | AL              |
| Sept 2006-Oct 2007       | 218 Narrows Point Dr.   | Birmingham | AL              |
| April 2005-Sept 2006     |                         | Santaquin  | UT              |
| May 1999-April 2005      | 4100 North Cahaba Dr.   | Birmingham | AL              |
| Sept 1997-May 1999       | 658 Idlewild Circle     | Birmingham | AL              |
| June 1996-Sept 1997      | 2704 Mitchell Creek Rd. | Wetumpka   | AL              |
| Mar 1993-June 1996       |                         | Alpharetta | GA              |

Applicant's initial BSU

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

| Month and Year                     | Name/Mailing Address of Employer/Business  | Reason for Leaving                      |
|------------------------------------|--|---|
| June 2013                          | Mountain Medical Supply, 6120 Woodside Executive Court, Aiken, SC 29803          | Currently employed                      |
| Title: Manager                     | Description of Duties: Manage delivery of supplies/dme                           | Name of Supervisor: NA-I am a principal |
| Dec 2008-June 2013                 | Doster Construction Company, 2100 International Park Dr., Birmingham, AL         | For a better opportunity                |
| Month and Year                     | Name/Mailing Address of Employer/Business  | Reason for Leaving                      |
| Title: Sr. Project Manager         | Description of Duties: Manage construction of multi-family construction projects | Name of Supervisor: Tom Reynolds        |
| Sept 2007-Dec 2008                 | Calvin Reid Construction Company, Birmingham, AL                                 | For a better opportunity                |
| Month and Year                     | Name/Mailing Address of Employer/Business  | Reason for Leaving                      |
| Title: Project Manager             | Description of Duties: Manage construction of single-family construction         | Name of Supervisor: Dennis Reid         |
| April 2005-Sept 2007               | Stone Mountain Homes, Santaquin, UT  | For a better opportunity                |
| Month and Year                     | Name/Mailing Address of Employer/Business  | Reason for Leaving                      |
| Title: Project Manager             | Description of Duties: Manage construction of single-family homes                | Name of Supervisor: Neal Caines         |
| Sept 1997-April 2005               | Capstone Building Corp, Birmingham, AL   | For a better opportunity                |
| Month and Year                     | Name/Mailing Address of Employer/Business  | Reason for Leaving                      |
| Title: Project Manager             | Description of Duties: Manage construction of student housing construction       | Name of Supervisor: Lawrence Whatley    |
| June 1996-Sept 1997                | Central Fastener and Supply, Montgomery, AL                                      | For a better opportunity                |
| Month and Year                     | Name/Mailing Address of Employer/Business  | Reason for Leaving                      |
| Title: Concrete cutting technician | Description of Duties: Perform concrete cutting and core drilling                | Name of Supervisor: Dennis Stinson      |
| Mar 1993-June 1996                 | Centex Homes, Roswell, GA  | For a better opportunity                |
| Month and Year                     | Name/Mailing Address of Employer/Business  | Reason for Leaving                      |
| Title: Superintendent              | Description of Duties: Manage construction of single-family homes                | Name of Supervisor: Dale Bercher        |
| Sept 1987-June 1992                | Student  |   |
| Month and Year                     | Name/Mailing Address of Employer/Business  | Reason for Leaving                      |
| Title                              | Description of Duties  | Name of Supervisor                      |

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial BSU

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

| Name of Where Employed               | Street  | City                             | State | Zip | Telephone | Years Known |
|--------------------------------------|---|----------------------------------|-------|-----|-----------|-------------|
| Retired<br>Name Clem Muck            | Home:<br>Waterford<br>Cove Dr.<br>Calera, AL<br>35040 |                                  |       |     |           | 11          |
| Employer ACIPCO                      | Business  | Birmingham, AL                   |       |     |           |             |
| Name Barry Sadler Jr.                | Home<br>County<br>Rd. 151,<br>Calera, AL<br>35040     |                                  |       |     |           | 11          |
| Employer University of<br>Montevallo | Business  | Montevallo, AL                   |       |     |           |             |
| Name Scott Kenny                     | Home  | Birmingham, AL                   |       |     |           | 29          |
| Self Employed<br>Employer            | Business  | Birmingham, AL                   |       |     |           |             |
| Name Matt Lewis                      | Home:   | P. O. Box 242, Chelsea, AL 35043 |       |     |           | 6           |
| Employer Binkerd Enterprises         | Business  | Calera, AL                       |       |     |           |             |
| Name Roy Binkerd                     | Home  | 7 Port Dr., Shelby, AL 35143     |       |     |           | 20          |
| Employer                             | Business  |                                  |       |     |           |             |

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☒  
If yes, complete the following:

| Box Number or Type of Depository | Location | City and State | Authorized Users |
|----------------------------------|----------|----------------|------------------|
|                                  |          |                |                  |
|                                  |          |                |                  |
|                                  |          |                |                  |

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

|            |            |                                |                      |           |
|------------|------------|--------------------------------|----------------------|-----------|
| Liquor     | Lawyer     | Race horse/race dog owner      | Securities dealer    | Insurance |
| Doctor     | Contractor | Real estate broker or salesman | Barber/Cosmetologist | Gaming    |
| Accountant | Pilot      | Sports promoter                | Trainer or manager   | Educator  |

Yes ☒ No ☐

If yes, state type, where and years held

.....

.....

.....

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Home Medical Equipment License, 2013, South Carolina. Mountain Medical Supply, 6120 Woodside Executive Court,  
Applicant's initial BSU

Home Medical Equipment License, 2014, Kentucky. Mountain Medical Supply, 704 Jefferson St., Paducah, KY 42001.  
Partners: Wayne Reaves, Scott Reaves and Angela Caines. Agency: Kentucky Board of Pharmacy

---

Home Medical Equipment License, 2016, Idaho. Foothill Medical Supply, 6230 S. Heritage Lane # 5, Idaho Falls, ID 83402. Partners: Wayne Reaves, Scott Reaves and Angela Caines. Agency: Idaho Board of Pharmacy

Home Medical Equipment License, 2017, Utah. Foothill Medical Supply, 723 North 1890 West #38A, Provo, UT 84601.  
Partners: Wayne Reaves, Scott Reaves and Angela Caines. Agency: Utah Board of Pharmacy

Applicant's initial WRN

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes ☐ No ☒

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒



Date of photograph APRIL 1, 2019

Applicant's initial BSU

COUNTY OF Shelby County

I, BILLY SETH CLAYTON JR., being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient 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.

B. Seth Clayton Jr.  
Original Signature of Applicant

Subscribed and Sworn to before me this 8th day of April 2019

Kristy Mebius  
Kristy Mebius  
Notary Public

(seal)

Applicant's initial BSU

**11E**

# 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.

|   |   |                                      |  |
|---|---|--------------------------------------|--|
| <input checked="" type="checkbox"/> New MDEG                              | <input type="checkbox"/> Ownership Change | <input type="checkbox"/> Name Change | <input type="checkbox"/> Location Change |
| (Please provide current license number if making changes: MP or MW _____) |   |                                      |  |

|  |  |
|--|--|
| <input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4                 | <input type="checkbox"/> Partnership - Pages 1,2,3,6           |
| <input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b         | <input checked="" type="checkbox"/> Sole Owner – Pages 1,2,3,7 |
| Please check box for type of ownership and complete correct part of the application. |  |

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

MDEG Name: Optima Prosthetics + Orthotics, LLC

Physical Address: 255 West Moana Lane #110  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: Same

City: Reno State: NV Zip Code: 89509

Telephone: 775-229-2503 Fax: 775-499-2707

E-mail: Cindy@OPTIMAPO.COM Website: www.optimapo.com - in progress

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

Mon: 9 to 3 Tue: 9 to 3 Wed: 9 to 3 Thu: 9 to 3  
Fri: 9 to 3 Sat:     to     Sun:     to     Holidays:     to    

### MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Susan NORELL

### 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 Prosthetics |
| <input type="checkbox"/> Diabetic Supplies           | Other: _____  |

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



## 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>Medicare</u> | <u>In Process</u> | _____ |
| <u>Medicaid</u> | <u>In Process</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>NA</u> |
| <input type="checkbox"/> Advanced Practitioner of Nursing | Name: <u>NA</u> |
| <input type="checkbox"/> Physician's Assistant            | Name: <u>NA</u> |
| <input type="checkbox"/> Physical Therapist               | Name: <u>NA</u> |
| <input type="checkbox"/> Occupational Therapist           | Name: <u>NA</u> |
| <input type="checkbox"/> Registered Nurse                 | Name: <u>NA</u> |
| <input type="checkbox"/> Respiratory Therapist            | Name: <u>NA</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.

Cynthia Wilson

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

Cynthia Wilson

Print Name of Authorized Person

7-25-19

Date

Board Use Only

Received: \_\_\_\_\_

Amount: 500.00

**APPLICATION FOR NEVADA MDEG LICENSE**

**OWNERSHIP IS A SOLE OWNER.** All information relates to the person listed as the owner.

Owner's Name: Cynthia Wilson  
Business Name: OPTima Prosthetics + Orthotics, LLC  
Current Business Address: 255 West Moana LN, Ste. 110  
City: Reno State: NV Zip: 89509  
Telephone: 775-229-2503 Fax: 775-499-2707

**SOLE OWNER****Include with the application for a sole owner**

Complete personal history record Must be original signature(s), no copies or stamps. Download the form from the website. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

Date 7-25-19

## GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for MDEG  
OPTIMA Prosthetics + Orthotics, LLC, 255 W. Moana LN,  
Ste. 110, Reno NV 89509  
 Name and Address of Establishment for Which License Is Requested  
 If applicable, Name Under Which It Is Now Operated NA

## 1. PERSONAL INFORMATION:

Last Name Wilson First Name Cynthia Middle Name Ann  
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)  
Cynthia Malyuk  
 Present Residence Address-Street or RFD 5118 to Present City SPARKS State/Zip NV 89434  
Laguna Way Dates  
 Present Business Address 255 W. Moana LN, Ste. 110 City RENO State/Zip NV 89509  
7/1/19 to present Dates  
 Occupation Paralegal Phone: Residence 775-229-2503 Business  
 Date of Birth 48 Place of Birth (City, County, State) Duluth, St. Louis County, Minnesota  
 Age 48 Social Security Number --- Sex ---  
 Color of Eyes Blue Color of Hair BROWN Complexion White Weight 110 lbs Build average Height 5'1"

Scars, tattoos or distinguishing marks and/or characteristics NONE

Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No. NA

If naturalized, certificate No. NA Date ---

Place NA (If naturalized, document must be verified.)

## 2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial CW

A. **Current Marriage** 11-5-05 Anthem, Maricopa County, Arizona  
 Spouse's full name (Maiden) Stephen K. Wilson Date City, County and State S.S. No.  
 Date of Birth 11-5-05 Place of Birth Visalia, CA  
 Resident address 3 Laguna Way Sparks NV 89434  
Street City State Zip  
 Telephone: Residence NA Business NA  
 Spouse's employer unemployed Occupation Orthotist  
 Address of employer NA  
Street City State Zip

**B. Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

| Name of Spouse | Date of Order or Decree | Date of Place of Marriage | Nature of Action | City County and State |
|----------------|-------------------------|---------------------------|------------------|-----------------------|
|----------------|-------------------------|---------------------------|------------------|-----------------------|

NA

List of names, current address and telephone numbers of previous spouses:

| Name | Street | City | State | Zip | Telephone |
|------|--------|------|-------|-----|-----------|
|------|--------|------|-------|-----|-----------|

NA

**3. FAMILY INFORMATION:**

**A. Children and Dependents:**

List all children, including step-children and adopted children and give the following information:

| Name           | Birth Date | Birth Place | Residence Address            |
|----------------|------------|-------------|------------------------------|
| Kaylene Wilson |            | Phoenix, AZ | Laguna Way, Sparks, NV 89434 |
| Alex Wilson    |            | Phoenix, AZ | Laguna Way, Sparks, NV 89434 |

**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

CW

District attorney or public agency responsible for enforcing the child support order:

Name NAAddress NAContact person NA**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<br>Emil G. Malyuk        |            | 1 Minnesota Ave<br>Duluth, MN 55802 | Retired<br>Dredge Operator |
| Mother<br>Jacqueline Klups      |            | Minnesota Ave<br>Duluth, MN 55802   | Deceased<br>Homemaker      |
| Father-in-Law<br>George Wilson  |            | S. Burke St<br>Visalia, CA 93292    | Deceased<br>Farm Worker    |
| Mother-in-Law<br>ERNESTENE NEAL |            | S. Burke St<br>Visalia, CA 93292    | Retired<br>Farm Worker     |

**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                |
|----------------------|------------|----------------------------------|---------------------------|
| Kathy Malyuk         |            | Seven Oaks Rd<br>Tusup, GA 31546 | JOB COST<br>Administrator |
| Spouse David Olson   |            | " "                              | TRUCK DRIVER              |
| George Malyuk        |            | Minnesota Ave<br>Duluth MN 55802 | Disabled                  |
| Spouse none          |            |                                  |                           |
| Peter Malyuk         |            | Tonto St<br>Ramsey, MN 55303     | Supply Sgt.               |
| Spouse Lisa Sutton   |            | " "                              | Dental Hygentist          |
| Rebecca Malyuk       |            | Shello Dr<br>Las Vegas, NV 89121 | Homemaker                 |
| Spouse Joseph Krouse |            | " "                              | Bartender                 |

**4. EDUCATION:**

| Name of School                           | Location   | Dates Attended | Graduate  |
|--|------------|----------------|---|
| Grammar School Washington Jr. High       | Duluth, MN | 1983-1986      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| High School Central High School          | Duluth, MN | 1986-1989      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| College University of Minnesota - Duluth |            | 1989-1994      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Other                                    |            |                | Yes <input type="checkbox"/> No <input type="checkbox"/>            |

Type of degree obtained, if any Bachelor of ArtsCollege or university where obtained University of Minnesota - DuluthApplicant's initial CW

A. Have you ever served in any armed forces?

Yes ☐ No ☒Branch NA Date of entry-active service NADate of separation NA Type of discharge NARating at separation NA Serial number NA

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 NA State NA Date registered NA

### 6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

| Date of Arrest | Age | Charge | Location-City and State | Deposition/Date | Arresting Agency |
|----------------|-----|--------|-------------------------|-----------------|------------------|
|----------------|-----|--------|-------------------------|-----------------|------------------|

NA

- B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.
- C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☒ No ☐ Only as a victim
- 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 |
|------|--------------|--------|----------|------|
|------|--------------|--------|----------|------|

|                |        |                    |                  |      |
|----------------|--------|--------------------|------------------|------|
| Stephen Wilson | Spouse | Disorderly Conduct | Phoenix, ARIZONA | 2010 |
|----------------|--------|--------------------|------------------|------|

Applicant's initial cew

- 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<br>Claimant/Respondent | Date Filed | Court and Case<br>Number | City, County and State | Disposition/Date |
|---|------------|--------------------------|------------------------|------------------|
|---|------------|--------------------------|------------------------|------------------|

See Attached

- 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<br>Lawsuit/Arbitration/Bankruptcy |
|----------------|----------------|--|
|----------------|----------------|--|

## 7. RESIDENCES:

List all residences you have had for the last 25 years:

| Month and Year<br>(From-To) | Street and Number | City | State or County |
|-----------------------------|-------------------|------|-----------------|
|-----------------------------|-------------------|------|-----------------|

See attached

Applicant's initial cw



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 |
| See Attached.  |   |                    |
| Title          | Description of Duties                     | Name of Supervisor |
| Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving |
| Title          | Description of Duties                     | Name of Supervisor |
| Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving |
| Title          | Description of Duties                     | Name of Supervisor |
| Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving |
| Title          | Description of Duties                     | Name of Supervisor |
| Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving |
| Title          | Description of Duties                     | Name of Supervisor |
| Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving |
| Title          | Description of Duties                     | Name of Supervisor |
| Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving |
| Title          | Description of Duties                     | Name of Supervisor |
| 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 cu Page 6

# 9. CHARACTER REFERENCES:

652

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>LISA KOBZA</u><br>US District Court<br>Employer   | Home <u>401 W. Washington</u><br>Business          | <u>! E. Jacaranda, MESA, AZ</u>           | <u>85213</u> |     |                     | <u>(23 yrs.)</u> |
| Name <u>Ginger Roszak</u><br>Nava J & Co.<br>Employer     | Home <u>100 Code Talkers Dr</u><br>Business        | <u>! Robinhood Ln, Lakeside, AZ</u>       | <u>85929</u> |     | <u>928-524-4217</u> | <u>(23)</u>      |
| Name <u>Cathy Egan</u><br>Egan Law Firm<br>Employer       | Home <u>13711 W. Camino Del Sol #4</u><br>Business | <u>Legends Way, Anthem, AZ</u>            | <u>85086</u> |     |                     | <u>(23)</u>      |
| Name <u>ROBERT EGAN</u><br>Southwest Airlines<br>Employer | Home <u>2702 Love Field Dr.</u><br>Business        | <u>Legends Way, Anthem, AZ</u>            | <u>85086</u> |     |                     | <u>(23)</u>      |
| Name <u>KIRBY MILLER</u><br>Townsend Design<br>Employer   | Home <u>4615 Shepard St</u><br>Business            | <u>1 Topanga Peak Ln, Bakersfield, CA</u> | <u>93313</u> |     | <u>800-432-3466</u> | <u>(20)</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>NA</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

NA

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒  
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Applicant's initial CW  
Page 7

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 ☒ 653

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes ☐ No ☒

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒



Date of photograph 7-25-19

Applicant's initial CW

ss.

COUNTY OF Washoe

I, Cynthia Wilson, 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.

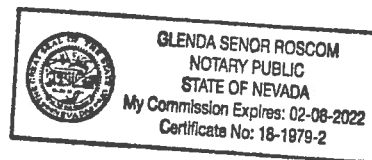
Cynthia Wilson 7-25-19

Original Signature of Applicant

Subscribed and Sworn to before me this 25<sup>th</sup> day of

JULY 2019

GLEND A SENOR ROSCOM  
Notary Public



(seal)

Applicant's initial ew

G.C. ON April 14, 2015, I was the victim of an assault + Robbery and was questioned by police in an effort to identify the perpetrators.

G.H. In May, 2010, my spouse plead guilty to disorderly conduct arising out of a dispute with a neighbor. He was sentenced to two years of probation which was terminated early after one year.

Applicant's initial

CW

## Cynthia Wilson- List of Lawsuits

| Plaintiff/Defendant  | Date Filed | Court/Case #   | City, County and State            | Disposition Date                           |
|--|------------|--|-----------------------------------|--|
| Bank of America, Plaintiff v. Cynthia Malyuk, Defendant (Collections)              | 12/12/2007 | Downtown Justice Court, Maricopa County CV2007-021494                      | Phoenix, Maricopa County, Arizona | Included in bankruptcy filed 10/16/2008    |
| ICUL Service Corporation, Plaintiff, v. Cynthia Malyuk, Defendant (Collections)    | 05/27/2007 | Downtown Justice Court, Maricopa County TJ2007-004257                      | Phoenix, Maricopa County, Arizona | Included in bankruptcy filed 10/16/2008    |
| Arizona Federal Credit Union, Plaintiff v. Cynthia Malyuk, Defendant (Collections) | 06/03/2008 | Downtown Justice Court, Maricopa County TJ2008-007981                      | Phoenix, Maricopa County, Arizona | Included in bankruptcy in filed 10/16/2008 |
| Cynthia Malyuk Wilson, Debtor (Bankruptcy)   | 10/16/2008 | United States District Court for the District of Arizona 2:08-bk-14409-SSC | Phoenix, Maricopa County, Arizona | Closed 10/03/2011                          |
| Cynthia Wilson, Plaintiff v. Circle K Stores, Inc. (Personal Injury)               | 03/28/2017 | Maricopa County Superior Court CV2017-004805                               | Phoenix, Maricopa County, Arizona | Dismissed 12/04/2017                       |

CW

## Cynthia Wilson - 25 year residential history

|                             |                                  |         |            |
|-----------------------------|----------------------------------|---------|------------|
| 05/2018-present             | Laguna Way                       | Sparks  | Nevada     |
| 04/2016-05/2018             | 5200 S. Los Altos Pkwy, #197     | Sparks  | Nevada     |
| 06/2015-04/2016             | 2929 Floyd Avenue, #179          | Modesto | California |
| 02/2015-06/2015             | 3914 West Lane Avenue            | Phoenix | Arizona    |
| 11/2011-01/2015             | 15808 N. 8 <sup>th</sup> Street  | Phoenix | Arizona    |
| 04/2009-12/2010             | 17416 N. 21 <sup>st</sup> Street | Phoenix | Arizona    |
| 11/2002-03/2009             | 907 W. Topeka Dr                 | Phoenix | Arizona    |
| 1999-2001<br>months unknown | 1640 E. Kelton Lane              | Phoenix | Arizona    |
| 1997-1998<br>months unknown | 6508 N. 24 <sup>th</sup> Drive   | Phoenix | Arizona    |
| 1995-1996<br>months unknown | 2210 E. Harmony Lane             | Mesa    | Arizona    |
| 1994<br>months unknown      | 1915 E. Broadway Road            | Mesa    | Arizona    |

cw

## Cynthia Wilson - Employment History

| <u>Month and Year</u> | <u>Name/Mailing Address of Employer/ Business</u>   | <u>Reason for Leaving</u>             |
|-----------------------|---|---------------------------------------|
| 11/2016-04/2019       | The Stone Law Firm, PC<br>6900 S. McCarran Blvd., #2400<br>Reno, Nevada 89509   | Unable to work full-time and overtime |
| <u>Title</u>          | <u>Description of Duties</u>  | <u>Name of Supervisor</u>             |
| Certified Paralegal   | Draft legal documents and maintain electronic files. Inventory and review discovery documents for compliance with rules. Legal research. Prepare client invoices, collect fees and general office management. | Phillip M. Stone                      |

| <u>Month and Year</u> | <u>Name/Mailing Address of Employer/ Business</u>  | <u>Reason for Leaving</u>     |
|-----------------------|--|-------------------------------|
| 04/1996-06/2015       | Crowe & Scott, P.A.<br>1100 E. Washington Street, #200<br>Phoenix, AZ 85034  | Moved from state/firm closed. |
| <u>Title</u>          | <u>Description of Duties</u>   | <u>Name of Supervisor</u>     |
| Certified Paralegal   | Draft correspondence, demand letters, business formation documents and corporate documents. Legal research and preparation of legal memoranda. Attend court hearings. General office management. | Tom Crowe, retired            |

| <u>Month and Year</u> | <u>Name/Mailing Address of Employer/ Business</u>       | <u>Reason for Leaving</u>     |
|-----------------------|---|-------------------------------|
| 09/1994-04/1994       | Richard E. Clark, Esq. (Retired)<br>Scottsdale, Arizona | New position at Crowe & Scott |
| <u>Title</u>          | <u>Description of Duties</u>                            | <u>Name of Supervisor</u>     |
| Paralegal             | Answer telephone and draft legal documents.             | Richard E. Clark, retired     |

| <u>Month and Year</u> | <u>Name/Mailing Address of Employer/ Business</u> | <u>Reason for Leaving</u> |
|-----------------------|---|---------------------------|
| 01/1991-05/1994       | Rolf Ulleberg, Deceased<br>Duluth, Minnesota      | Moved from state          |
| <u>Title</u>          | <u>Description of Duties</u>                      | <u>Name of Supervisor</u> |
| Legal Secretary       | Answer telephone and draft legal documents.       | Rolf Ulleberg             |

CW



## APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date 7-25-19

Each MDEG shall employ an administrator at all times. The administrator must be:

1. A natural person.
2. Have a high school diploma or its equivalent.
3. Have: a) At least 1500 hours of verifiable work experience relating to the products provided be the medical products provider or medical products wholesaler or b) An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care.
4. Be employed be the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week and
5. Be approved by the board.
6. The administrator shall ensure that that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

A medical products provider or medical products wholesaler shall notify the staff of the Board of the cessation of employment of an administrator within 3 business days after the cessation of the employment. A medical products provider or medical products wholesaler shall notify the staff of the Board of the employment of a new administrator within 3 business dates after the beginning of the employment.

A medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator. The Board may summarily suspend the operation of a business or facility that operates without an administrator.

### GENERAL INSTRUCTIONS

Type or print an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner.

All applicants are advised that this application to be a MDEG administrator is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Orthotics and Prosthetics

Nature of MDEG

Optima Prosthetics & Orthotics, LLC 255 W. Morgan Ln #110 Reno NV 89509  
Name and Address of Business for Which MDEG Administrator Is Requested

If applicable, Name Under Which It Is Now Operated

## 1. PERSONAL INFORMATION:

Norell Susan /  
 Last Name First Name Middle Name

Walker  
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Menlo Dr. #43 Carson City NV 89701  
 Present Residence Address-Street or RFD City State/Zip

255 W. Moana Ln #110 Reno NV 89509  
 Present Business Address City State/Zip

Administrator 7-1-2019  
 Present Position with the MDEG Dates

Phone: 775-229-2503 Fax: 775-499-2707

Email address: \_\_\_\_\_

Los Angeles, CA  
 Date of Birth Place of Birth (City, County, State)

63 / F  
 Age Social Security Number Sex

Green Blk 165 5'6"  
 Color of Eyes Color of Hair Weight Height

Scars, tattoos or distinguishing marks and/or characteristics None

Are you a citizen of the United States? Yes ☒ No ☐

If alien, registration No \_\_\_\_\_

If naturalized, certificate No \_\_\_\_\_ Date \_\_\_\_\_

Place \_\_\_\_\_ (If naturalized, document must be verified.)

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.

| Month and Year | Name/ Address of Employer/Business | No of Employed Hours |
|----------------|------------------------------------|----------------------|
|----------------|------------------------------------|----------------------|

| Title | Description of Duties | Name of Supervisor |
|-------|-----------------------|--------------------|
|-------|-----------------------|--------------------|

|                   |                       |         |
|-------------------|-----------------------|---------|
| Feb 2017 - Aug 17 | Preferred Prosthetics | 24 week |
|-------------------|-----------------------|---------|

|                       |                                |            |
|-----------------------|--------------------------------|------------|
| Marketing/Contracting | marketed & obtained contracts. | Steve Vera |
|-----------------------|--------------------------------|------------|

|           |  |         |
|-----------|--|---------|
| Sept 1995 | 205 South Dr. mtn. View CA<br>Norell Prosthetics | 40 plus |
|-----------|--|---------|

|                      |  |             |
|----------------------|--|-------------|
| Corp Officer / Owner | Patient care, marketing<br>AP/AR-Billing, Contracts, | Mike Norell |
|----------------------|--|-------------|

| 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



7-25-19

I, Susan Norell, 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



**12**



395817



1005



MP00279



0501R

DO NOT FOLD OR STAPLE ABOVE THIS LINE

Nevada State Board of Pharmacy – 985 Damonte Ranch Pkwy Suite 206 • Reno, NV 89521 • bop.nv.gov

**Renewal Application – MEDICAL DEVICE, EQUIPMENT & GAS (MDEG)**

For the period of November 1, 2018 to October 31, 2020

**LICENSE: MP00279****Field Ocular Prosthetics LLC**

6135 HARRISON DR #7,

Las Vegas, NV 89120

Please make any changes to name or address next to the old information

**RENEW BY MAIL/IN-PERSON**

1. Complete **ALL** sections on this form with an **original** Signature & date (**NO STAMPS OR COPIES**)
2. Mail/Bring in the form and a **Money Order** for **\$550** (\$500 renewal fee plus \$50 paper-use fee)
3. Renewals submitted after 10/31/2018 will be charged A **LATE FEE** of **\$250**. A **Money Order** for **\$800** (\$750 late renewal fee plus \$50 paper-use fee)
4. The form will be **returned** if missing correct fee. You may renew on-line to **AVOID** the \$50 fee
5. Please allow **2-3 WEEKS** for processing by mail

&lt;OR&gt;

**RENEW ONLINE**

1. Go to <https://online.nvbop.org>
2. Click to **REGISTER**, then follow the prompts (only required once)
3. Credit Cards **ONLY**: On time renewal fee - \$500/late renewal fee - \$750  
**\*On-line fee of \$15 will be charged during submission.**

Licenses **renewed online** will update immediately once approved by board staff.

**Section 1:** Since your last renewal or recent licensure has any owner, shareholder, partners with interest or the corporation:  
(Fill in completely) **Yes No**

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 questions above, include the following information & a letter of explanation:**

|                              |       |       |         |        |       |
|------------------------------|-------|-------|---------|--------|-------|
| Board Administrative Action: | State | Date: | Case #: |        |       |
|                              |       | / /   |         |        |       |
| Criminal Action:             | State | Date: | Case #: | County | Court |
|                              |       | / /   |         |        |       |

**Section 2: CAUTIONS:**

(A.) Nevada has **no grace period**. All applications postmarked by the US Postal Service after October 31, 2018 that are NOT accompanied by the late fee & the paper-use fee, will be returned and will be assessed the missing fees, delaying processing.

(B.) Any application that is not 100% complete will be returned and will not be considered to have been received.  
**Only completed applications will be processed.**

(C.) **REMINDER:** The administrator **MUST** be on site at least 40 hours per week or during ALL regular business hours it is regularly open if less than 40 hours per week.

**NON-DISCIPLINARY STATE-MANDATED QUESTION**

- (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

**Section 3:**

It is a violation of Nevada Statute 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.

Original Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**13**



**13A**

**CONTROLLED SUBSTANCE REGISTRATION APPLICATION**

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

**Registration Fee: \$80.00 (non-refundable money order or cashier's check only)**

(This application cannot be used by PA's or APRN's)

(This is for reinstatement)

First: Kristin Middle: Abele Last: Hestdalen Degree: M.D.

SS#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Practice Name (if any): Kristin Hestdalen, M.D.

Nevada Address: 5421 Kietake Lane, Suite 101 Suite #: \_\_\_\_\_

(This must be a practicing address, we will not issue a license to a home address or to a PO Box only)

City: Reno State: NV Zip Code: 89511

E-mail: Krishestdalenmd@gmail.com Contact E-mail: Krishestdalenmd@gmail.com

PA Work Telephone: (775) 386 8125 cell # Fax: (775) TBA

Practitioner License Number: NV10215 Specialty: child + adolescent psychiatry

Sex: ☐ M or ☒ F

**You must have a current Nevada license with your respective BOARD before we will process this application. The Nevada license must remain current to keep the controlled substance registration.**

|   |       | Yes                                 | No                                  |
|---|-------|-------------------------------------|-------------------------------------|
| <b>Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?....</b> |       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 1. Been charged, arrested or convicted of a felony or misdemeanor in any state? .....   |       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 2. Been the subject of a board citation or an administrative action whether completed or pending in any state? ...  |       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 3. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state? .....  |       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| (See explanation)   |       |                                     |                                     |
| <b>If you marked YES to any of the numbered questions (1-3) above, include the following information &amp; provide an explanation and documentation:</b>  |       |                                     |                                     |
| Board Administrative Action:  | State | Date:                               | Case #:                             |
|   |       | / /                                 |                                     |
| Criminal Action:  | State | Date:                               | Case #:                             |
|   |       |                                     |                                     |
|   |       | County                              | Court                               |

**It is a violation of Nevada law to falsify this application and sanctions will be imposed for misrepresentation. I hereby certify that I have read this application. I certify that all statements made are true and correct.**

**I understand that Nevada law requires a licensed physician who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.**

W. Hestdalen

Original Signature, no copies or stamps accepted.

3/31/19  
Date

Board Use Only: Date Processed: \_\_\_\_\_ Amount: 80.00

Explanation for Affirmative Answer to Question #1 -CS Renewal Application

On November 21, 2018, I was involved in an automobile accident to which law enforcement responded. I was required to submit to a field sobriety test. I was arrested for driving under the influence after failing the nystagmus test. Subsequently I was found to have cocaine metabolite in my blood and was charged with a misdemeanor charge of driving under the influence and failure to reduce speed and exercise due care. A copy of the Amended Criminal Complaint is attached. I am entering into a ninety day in-patient professionals program through Talbott Recovery on April 10, 2019 and the pending criminal matter will be continued until after my return from Talbott Recovery.

6/16/19

\* Addendum: I am currently at Talbott Recovery and do not have the Amended Criminal Complaint with me. It basically says what the above explanation does - That I have been charged with a misdemeanor DUI and failure to use due care - The DUI is for having a positive nystagmus test and a cocaine metabolite in my blood test.

Kristin Hesthaven M.D.

Kristin Hestdalen, M.D.  
5421 Kietzke Lane, Suite 101  
Reno, Nevada. 89521

March 31, 2019

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

To Whom It May Concern:

I am a board-certified child and adolescent psychiatrist licensed to practice medicine in the state of Nevada for 18 years. I was the victim of domestic violence in June, 2017. My ex-partner was finally convicted of domestic battery in June, 2018. I have been receiving treatment for a diagnosis of PTSD with a local psychiatrist and psychologist. During that time I was on the benzodiazepine, clonazepam, for sleep and anxiety. I was charged with a misdemeanor DUI on November 21, 2018, while on clonazepam, although, the roadside breathalyzer test was zero. The resolution of this is still pending. I voluntarily decided to get treatment for my anxiety and substance use at a residential treatment facility and completed the 30 day program on January, 2019. I continue to receive treatment on an outpatient basis.

In an abundance of caution and on the advice of my psychiatrist, I am going to a 90 day program at Talbott Recovery (physician track). Please contact me if you have any concerns or questions.

Sincerely,

*K Hestdalen*

Kristin A. Hestdalen, MD



## NEVADA STATE BOARD OF MEDICAL EXAMINERS

[Search](#)

### Licensee Details

#### Person Information

Name: Kristin Adele  
HESTDALEN  
Sierra Mental  
Address: Health  
Associates  
691 Sierra  
Rose Drive,  
Suite B  
Reno NV  
89511  
Phone: 7758252503

#### License Information

License Type: Medical Doctor  
License Number: 10215 Status: Active  
Issue Date: 7/1/2002 Expiration Date: 6/30/2019

### Scope of Practice

Scope of Practice: Child Psychiatry

Scope of Practice: Psychiatry

### Education & Training

School: Loma Linda University / Loma Linda, CA  
Medical  
Degree\Certificate: Doctor  
Degree  
Date Enrolled:  
Date Graduated: 5/28/1995  
Scope of Practice:

School: Oregon Health Sciences Univ / Portland, OR  
Degree\Certificate: Residency  
Date Enrolled: 7/1/1995  
Date Graduated: 6/30/1998  
Scope of Practice: Psychiatry

School: Stanford University / Stanford, CA  
Degree\Certificate: Fellowship  
Date Enrolled: 11/15/1998

|  |
|--|
| Date Graduated: 11/15/2000<br>Scope of Practice: Child Psychiatry  |
| School: Psychiatry and Neurology<br>Degree\Certificate: American Board<br>Date Enrolled:<br>Date Graduated: 1/7/2002<br>Scope of Practice: Psychiatry  |
| <b>CURRENT EMPLOYMENT<br/>STATUS/CONDITIONS/RESTRICTIONS ON LICENSE AND<br/>MALPRACTICE INFORMATION</b><br><br>NONE  |
| <b>Board Actions</b><br><br>NONE<br><br><p>Please note that the settlement of a medical malpractice action may occur for a variety of reasons that do not necessarily reflect negatively on the professional competence or conduct of the provider. Therefore, there may be no disciplinary action appearing for a licensee even though there is a closed malpractice claim on file. A payment in the settlement of medical malpractice does not create a presumption that medical malpractice occurred. Sometimes insurance companies settle a case without the knowledge and/or agreement of the physician. This database represents information from insurers to date. Please note: All insurers may not have submitted claim information to the Board.</p> <div>Close Window</div> |

**13B**

# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

## CONTROLLED SUBSTANCE APPLICATION

Registration Fee: \$80.00 (non-refundable money order only, no cash)

(This application can not be used by PA's or APRN's)

First: David Middle: James Last: Smith Degree: MD

Practice Name (if any): Neuropathology and Pain Centers of America

Nevada Address: 8084 W. Sahara Ave Ste B Suite #: B

(This must be a practicing address, we will not issue a license to a home address or to a PO Box only)

PO Box: Las Vegas, Nevada 89117 SS#: \_\_\_\_\_

E-mail address: SDRPMEDITS@hotmail.com

City: Las Vegas State: NV Zip Code: 89117

Work Telephone: 702 257 7246 Date of Birth: \_\_\_\_\_

Fax: 702 586 2071 Sex: ☒ M or ☐ F

Practitioner License Number: 17853 Specialty: Interventional Pain

**You must have a current Nevada license with your respective BOARD before we will process this application. The Nevada license must remain current to keep the controlled substance registration.**

|  |                                     | Yes                                 | No                                  |
|--|-------------------------------------|-------------------------------------|-------------------------------------|
| <b>Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?...</b> |                                     |                                     |                                     |
| 1. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? ...  | <input checked="" type="checkbox"/> | <input checked="" 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"/> | <input checked="" type="checkbox"/> |
| <b>If you marked YES to any of the numbered questions (1-3) above, include the following information &amp; provide an explanation and documentation:</b>   |                                     |                                     |                                     |
| Board Administrative Action:   | State                               | Accusation                          | Case #:                             |
|  | CA                                  | ACCUSATION                          | 800-2015-013651                     |
| Criminal Action:   |                                     |                                     |                                     |

It is a violation of Nevada law to falsify this application and sanctions will be imposed for misrepresentation. I hereby certify that I have read this application. I certify that all statements made are true and correct.

I understand that Nevada law requires a licensed physician who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

David J. Smith  
Original Signature, no copies or stamps accepted.

12/10/18  
Date

Board Use Only: : Date Processed: \_\_\_\_\_ Amount: 80.00

103567





## NEVADA STATE BOARD OF MEDICAL EXAMINERS

Search

### Licensee Details

|  |  |  |  |
|--|--|--|--|
| <b>Person Information</b><br>Name: David James SMITH<br>Address: 3703 Camino Del Rio South Ste. 210<br>San Diego CA 92108<br>Phone: 6196405555 |  | <b>License Information</b><br>License Type: Medical Doctor<br>License Number: 17853      Status: Active<br>Issue Date: 4/16/2018      Expiration Date: 6/30/2019 |  |
|--|--|--|--|

### Scope of Practice

Scope of Practice: Physical Medicine / Rehab

### Education & Training

|  |
|--|
| School: Northwestern University SOM / Chicago, IL<br>Degree\Certificate: Doctor Degree<br>Date Enrolled:<br>Date Graduated: 3/25/1988<br>Scope of Practice:                                |
| School: Univ of California VA Med Ctr / Los Angeles, CA<br>Degree\Certificate: Internship<br>Date Enrolled: 6/24/1988<br>Date Graduated: 6/23/1989<br>Scope of Practice: Internal Medicine |
| School: Univ of California VA Med Ctr / Los Angeles, CA<br>Degree\Certificate: Residency<br>Date Enrolled: 7/1/1989<br>Date Graduated: 6/30/1992<br>Scope of Practice: Physical Med/Rehab  |

|                     |                    |
|---------------------|--------------------|
| School:             | Physical Med/Rehab |
| Degree\Certificate: | American Board     |
| Date Enrolled:      |                    |
| Date Graduated:     | 5/19/1993          |
| Scope of Practice:  | Physical Med/Rehab |

|                     |                       |
|---------------------|-----------------------|
| School:             | Physical Med/Rehab    |
| Degree\Certificate: | Am Bd Recertification |
| Date Enrolled:      |                       |
| Date Graduated:     | 7/1/2003              |
| Scope of Practice:  | Physical Med/Rehab    |

|                     |                       |
|---------------------|-----------------------|
| School:             | Physical Med/Rehab    |
| Degree\Certificate: | Am Bd Recertification |
| Date Enrolled:      |                       |
| Date Graduated:     | 7/1/2013              |
| Scope of Practice:  | Physical Med/Rehab    |

|   |
|---|
| <b>CURRENT EMPLOYMENT<br/>STATUS/CONDITIONS/RESTRICTIONS ON LICENSE AND<br/>MALPRACTICE INFORMATION</b> |
| NONE  |

|  |
|--|
| <b>Board Actions</b>   |
| NONE   |
| <p>Please note that the settlement of a medical malpractice action may occur for a variety of reasons that do not necessarily reflect negatively on the professional competence or conduct of the provider. Therefore, there may be no disciplinary action appearing for a licensee even though there is a closed malpractice claim on file. A payment in the settlement of medical malpractice does not create a presumption that medical malpractice occurred. Sometimes insurance companies settle a case without the knowledge and/or agreement of the physician. This database represents information from insurers to date. Please note: All insurers may not have submitted claim information to the Board.</p> |
| <div>Close Window</div>  |

## EXPLANATION CONCERNING ACCUSATION DAVID J. SMITH, M.D.

On April 27, 2018, the Medical Board of California (“MBC”) filed an Accusation against my California license to practice medicine in connection with three patients. The allegations of the Accusation and my explanation of the care provided follow.

### Patient L.T.

**MBC Allegations.** The MBC received a complaint that Patient L.T. died on April 19, 2015, of a drug overdose and the complaining party (the patient’s ex-wife who is also a physician) believed that Dr. Smith prescribed too many pain medications. The case was reviewed by two experts on behalf of the MBC. *One expert opined that there were no departures from the standard of care.* So the MBC engaged another expert. That expert was critical of my office’s chart notes which had some errors resulting from repopulation of data. Some notes were missing from five years ago because of a transition of EMR. The MBC provided an autopsy report that identified the patient’s cause of death was “mixed medication intoxication (fentanyl, oxycodone, oxymorphone, and diazepam)”.

**My Response.** I treated Patient L.T. over ten years in connection with chronic pain resulting from a back injury which occurred in his work as a firefighter. I offered the patient multimodal treatment, including referrals for surgery and depression. However, the patient was managed medically with medication.

I attempted to obtain help for this patient when he showed signs of abuse of his medications and, as a means of managing the risk he presented, transitioned him from his medications to a Butrans patch which has a safer side effect profile than other opioids. I discharged Patient L.T. after repeated violations of his opioid agreement, some of which were detected by the appropriate use of random, compliance laboratory testing.

With respect to the medications found in the patient at the time of his death, they were prescribed by physicians at the Veteran’s Administration facility where he was being treated 16 months after his discharge from my care.

### Patient B.H.

**MBC Allegations.** The MBC received a complaint from a hospitalist during the patient’s in-patient admission for treatment of a condition unrelated to my care concerning management of Patient B.H.’s intrathecal pain pump. The Accusation filed by the MBC generally alleges that the concentrations of medication in the pain pump were excessive or that the pump was otherwise inappropriately managed.

**My Response.** I have been treating Patient B.H. for a number of years and she is supportive and grateful for my care. With her treatment, her function has improved with management of her chronic pain. She has had no adverse consequences of any kind from her treatment.

The MBC focus on the management of the patient's intrathecal pain pump is misplaced and based upon a lack of understanding of the application of intrathecal pain pumps for pain control. Apparently, both the complainant and the MBC are unaware that the Medtronic intrathecal pain pump used by me contained three medications used in combination to control Patient B.H.'s pain. The complainant attempted, without properly consulting me, to fill the patient's pain pump and he appears to have believed that because of his failure to consult me and to properly analyze the concentrations of medication in the patient's pump he may have improperly dosed the patient. The complaint should have either engaged me so that I could manage the patient's pump or should have at least spoken to me at length concerning the contents of the pump and how to properly fill it.

#### **Patient M.K.**

**MBC Allegations.** The MBC alleges that I prescribed excessive numbers of drugs, failed to document review of systems, failed to include a well-defined chief complaint, failed to accurately report information concerning prescribed medication, and failed to check CURES for patient drug compliance. The patient died from a drug overdose.

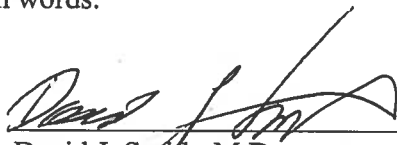
**My Response.** I began treating Patient M.K. in January of 2010 for consequences of a work injury and continued caring for her until 2012. During that time, I consistently checked CURES, as the routine in my practice, and performed randomized drug tests. I am perplexed by the MBC allegations because they run counter to what is clearly documented in the patient chart and otherwise. A review of the CURES reports for the time in which I treated the patient show that she was only receiving controlled substances from me consistent with her opioid contract. The patient's complex history and chief complaints were amply noted in the chart patient.

Simultaneous with my care (largely because of the vocational nature of the injuries that caused her pain complaints), the patient was treated by a number of other physicians and healthcare professionals. Among others, the patient was evaluated by a psychologist and three orthopedic surgeons (including one who was her primary treating physician). The patient was also independently evaluated by another pain management physician as a part of an Agreed Medical Evaluation.

We attempted a number of non-prescription drug modalities to control the patient's use of opioids to control her pain. We attempted epidurals and considered a spinal cord stimulator. The patient was obese and I consistently recommended weight loss, including evaluation of weight loss surgery. Requests for intensive psychotherapy were denied by her insurer, although she did have some brief psychological care. During my care, the patient underwent a lumbar spine fusion.

I have read the foregoing narrative and agree that the contents of the "FACTS" section stated above are provided in my own words.

DATE: December 12, 2018

  
\_\_\_\_\_  
David J. Smith, M.D.

## MEDICAL BOARD OF CALIFORNIA LICENSING DETAILS FOR: G 70778

NAME: SMITH, DAVID  
LICENSE TYPE: PHYSICIAN AND SURGEON G  
PRIMARY STATUS: LICENSE RENEWED & CURRENT  
SECONDARY STATUS: MALPRACTICE JUDGMENT  
SCHOOL NAME: UNIVERSITY OF CALIFORNIA, SAN DIEGO SCHOOL  
OF MEDICINE  
GRADUATION YEAR: 1989  
PREVIOUS NAMES: SMITH, DAVID  
ADDRESS OF RECORD (REQUIRED)  
1250 E ALMOND AVE  
MADERA CA 93637-5606  
MADERA COUNTY

ISSUANCE DATE  
FEBRUARY 11, 1991  
EXPIRATION DATE  
JUNE 30, 2020  
CURRENT DATE / TIME  
APRIL 25, 2019  
10:02:06 AM

## PUBLIC RECORD ACTIONS

### MALPRACTICE JUDGMENT (1)

- CITATION NUMBER: C952435SBA
- CAUSE: U.S. DISTRICT COURT, NORTHERN DIST. OF CALIF.
- JUDGMENT AMOUNT: 220000.00
- DATE ISSUED: AUGUST 27, 1997
- ADDITIONAL INFORMATION:

- ADMINISTRATIVE DISCIPLINARY ACTIONS (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)
- COURT ORDER (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)
- MISDEMEANOR CONVICTION (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)
- PROBATIONARY LICENSE (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)
- FELONY CONVICTION (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)
- HOSPITAL DISCIPLINARY ACTION (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)
- ISSUED WITH PUBLIC LETTER OF REPRIMAND (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)
- ADMINISTRATIVE CITATION ISSUED (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)
- ACTION TAKEN BY OTHER STATE/FEDERAL GOV (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)
- ARBITRATION AWARD (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)
- MALPRACTICE SETTLEMENTS (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)

## PUBLIC DOCUMENTS

- DOCUMENTS (NO RECORDS)

## SURVEY INFORMATION

THE FOLLOWING INFORMATION IS SELF-REPORTED BY THE LICENSEE AND HAS NOT BEEN VERIFIED BY THE BOARD.

|  |  |
|--|--|
| ARE YOU RETIRED?                               | NO   |
| ACTIVITIES IN MEDICINE                         | PATIENT CARE - 40+ HOURS<br>ADMINISTRATION - 40+ HOURS |
| PATIENT CARE PRACTICE<br>LOCATION              | ZIP - 95337<br>COUNTY - STANISLAUS                     |
| PATIENT CARE<br>SECONDARY PRACTICE<br>LOCATION | NOT IDENTIFIED   |
| TELEMEDICINE PRACTICE<br>LOCATION              | NOT IDENTIFIED   |
| TELEMEDICINE<br>SECONDARY PRACTICE<br>LOCATION | NOT IDENTIFIED   |
| CURRENT TRAINING<br>STATUS                     | NOT IN TRAINING  |
| AREAS OF PRACTICE                              | EMERGENCY MEDICINE - SECONDARY                         |
| BOARD CERTIFICATIONS                           | NO BOARD CERTIFICATIONS IDENTIFIED                     |
| POSTGRADUATE TRAINING<br>YEARS                 | 3 YEARS  |
| CULTURAL BACKGROUND                            | DECLINED TO DISCLOSE                                   |
| FOREIGN LANGUAGE<br>PROFICIENCY                | DECLINED TO DISCLOSE                                   |
| GENDER   | MALE   |

1 XAVIER BECERRA  
 Attorney General of California  
 2 ALEXANDRA M. ALVAREZ  
 Supervising Deputy Attorney General  
 3 JOSEPH F. MCKENNA III  
 Deputy Attorney General  
 4 State Bar No. 231195  
 600 West Broadway, Suite 1800  
 5 San Diego, CA 92101  
 P.O. Box 85266  
 6 San Diego, CA 92186-5266  
 Telephone: (619) 738-9417  
 7 Facsimile: (619) 645-2061

8 *Attorneys for Complainant*

FILED  
 STATE OF CALIFORNIA  
 MEDICAL BOARD OF CALIFORNIA  
 SACRAMENTO Feb. 13 20 19  
 BY SARA TASON ANALYST

10 BEFORE THE  
 MEDICAL BOARD OF CALIFORNIA  
 11 DEPARTMENT OF CONSUMER AFFAIRS  
 STATE OF CALIFORNIA

13 In the Matter of the First Amended Accusation  
 Against:

15 DAVID JAMES SMITH, M.D.  
 3703 Camino Del Rio South, Suite 210  
 San Diego, California 92108

17 Physician's and Surgeon's License No.  
 G66777,

18 Respondent.

Case No. 800-2015-013651

OAH No. 2018-080617

FIRST AMENDED ACCUSATION

20 Complainant alleges:

21 PARTIES

22 1. Kimberly Kirchmeyer (Complainant) brings this First Amended Accusation solely in  
 23 her official capacity as the Executive Director of the Medical Board of California, Department of  
 24 Consumer Affairs, and not otherwise.

25 2. On or about August 21, 1989, the Medical Board issued Physician's and Surgeon's  
 26 Certificate No. G66777 to David James Smith, M.D. (Respondent). The Physician's and  
 27 Surgeon's Certificate was in full force and effect at all times relevant to the charges and  
 28 allegations brought herein and will expire on January 31, 2021, unless renewed.



## JURISDICTION

3. This First Amended Accusation is brought before the Medical Board of California (Board), Department of Consumer Affairs, under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.

4. Section 2227 of the Code provides that a licensee who is found guilty under the Medical Practice Act may have his or her license revoked, suspended for a period not to exceed one year, placed on probation and required to pay the costs of probation monitoring, be publicly reprimanded which may include a requirement that the licensee complete relevant educational courses, or have such other action taken in relation to discipline as the Board deems proper.

5. Section 2234 of the Code states, in relevant part:

"The board shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:

"(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter.

"(b) Gross negligence.

"(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.

"(d) Incompetence.

"..."

6. Unprofessional conduct under section 2234 of the Code is conduct which breaches the rules or ethical code of the medical profession, or conduct which is unbecoming to a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine. (*Shea v. Board of Medical Examiners* (1978) 81 Cal.App.3d 564, 575.).

////

////

1       7.    Section 2266 of the Code states:

2           “The failure of a physician and surgeon to maintain adequate and accurate  
3    records relating to the provision of services to their patients constitutes  
4    unprofessional conduct.”

5       8.    Section 725 of the Code states:

6           “(a) Repeated acts of clearly excessive prescribing, furnishing, dispensing, or  
7    administering of drugs or treatment, repeated acts of clearly excessive use of  
8    diagnostic procedures, or repeated acts of clearly excessive use of diagnostic or  
9    treatment facilities as determined by the standard of the community of licensees is  
10   unprofessional conduct for a physician and surgeon, dentist, podiatrist,  
11   psychologist, physical therapist, chiropractor, optometrist, speech-language  
12   pathologist, or audiologist.

13          “(b) Any person who engages in repeated acts of clearly excessive prescribing  
14   or administering of drugs or treatment is guilty of a misdemeanor and shall be  
15   punished by a fine of not less than one hundred dollars (\$100) nor more than six  
16   hundred dollars (\$600), or by imprisonment for a term of not less than 60 days nor  
17   more than 180 days, or by both that fine and imprisonment.

18          “(c) A practitioner who has a medical basis for prescribing, furnishing,  
19   dispensing, or administering dangerous drugs or prescription controlled substances  
20   shall not be subject to disciplinary action or prosecution under this section.

21          “(d) No physician and surgeon shall be subject to disciplinary action pursuant  
22   to this section for treating intractable pain in compliance with Section 2241.5.”

23       9.    Section 4022 of the Code states:

24           “‘Dangerous drug’ or ‘dangerous device’ means any drug or device unsafe for  
25   self-use in humans or animals, and includes the following:

26           “(a) Any drug that bears the legend: ‘Caution: federal law prohibits dispensing  
27   without prescription,’ ‘Rx only,’ or words of similar import.

28    ////

“(c) Any other drug or device that by federal or state law can be lawfully dispensed only on prescription or furnished pursuant to Section 4006.”

**FIRST CAUSE FOR DISCIPLINE**

**(Gross Negligence)**

10. Respondent has subjected his Physician's and Surgeon's Certificate No. G66777 to disciplinary action under sections 2227 and 2234, as defined in section 2234, subdivision (b), of the Code, in that Respondent committed gross negligence in his care and treatment of patients A, B, C, and D,<sup>1</sup> as more particularly alleged hereinafter:

### 11. Patient A

(a) Since at least 2010, Patient A treated with Respondent for pain management due to chronic pain in her back, leg, knee, and shoulder.<sup>2</sup> In or around that time, Patient A already had an intrathecal pump<sup>3</sup> implanted. In or around 2012 and 2013, Respondent implanted multiple new intrathecal pumps in Patient A due to various medical issues.

////

<sup>1</sup> Letters A, B, C, and D are used for the purposes of maintaining patient confidentiality.

<sup>2</sup> Conduct occurring more than seven (7) years from the filing date of the initially filed Accusation (April 27, 2018) involving Patient A is for informational purposes only and is not alleged as a basis for disciplinary action.

<sup>3</sup> An intrathecal pump is a medical device used to deliver medication directly into the space between the spinal cord and the protective sheath surrounding the spinal cord for targeted drug delivery. An intrathecal pump delivers medicine directly into the Cerebrospinal fluid and requires a significantly smaller amount of medication compared to systemically taken (orally) medication due to bypassing the systemic path that oral medication must travel in the body. An intrathecal pump is programmable and it stores the information about medication in its memory. An intrathecal pump is programmed to slowly release medication over a period of time and can be programmed to release different amounts of medication at different times of the day. When the intrathecal pump's reservoir is empty, the medication is refilled by insertion of a needle through the skin and into the fill port on top of the pump's reservoir.

1 (b) From in or around 2011 to in or around 2017, Respondent managed  
2 Patient A's pain medication through intrathecal drug therapy and high dose  
3 systemic (oral) opioid drug therapy. During this same time frame, Respondent  
4 routinely filled Patient A's intrathecal pump with massive doses of controlled pain  
5 medication and routinely prescribed excessive doses of oral opioids and other  
6 controlled substances. Significantly, the potent and highly addictive medications  
7 from the combined drug therapies (intrathecal and systemic/oral) were being taken  
8 by Patient A at the same time, as prescribed by Respondent. In fact, Respondent,  
9 notwithstanding Patient A's intrathecal drug therapy, routinely prescribed  
10 excessive amounts of oral opioid medication that often exceeded well more than  
11 three hundred (300) morphine milligram equivalents (MME) in a day. Respondent  
12 prescribed these massive oral doses of opioids to Patient A on multiple dates  
13 including, but not limited to, October 2, 2017; July 25, 2016; September 4, 2013;  
14 and November 7, 2012.

15 (c) On or about October 2, 2012, Respondent replaced Patient A's existing  
16 intrathecal pump with a newer model.<sup>4</sup>

17 (d) On or about October 9, 2012, Respondent filled Patient A's newly  
18 installed pump with medication but failed to clearly and accurately document the  
19 concentration of initial medication that was used to fill the pump. According to the  
20 chart note for this outpatient visit, Respondent initiated the pump's medication with  
21 an extremely high amount of fentanyl.<sup>5</sup> Patient A's initiating fentanyl dose was  
22 documented at a concentration of 25 milligrams (mg) per milliliter (mL), with a

23 <sup>4</sup> A pump implant operative note indicated that Respondent implanted the Medtronic  
24 Synchromed II.

25 <sup>5</sup> Fentanyl is a Schedule II controlled substance pursuant to Health and Safety Code  
26 section 11055, subdivision (c), and a dangerous drug pursuant to Business and Professions Code  
27 section 4022. Fentanyl is a potent synthetic opioid drug used as an analgesic and anesthetic.  
28 Fentanyl is "approximately 100 times more potent than morphine and 50 times more potent than  
heroin as an analgesic." (Drugs of Abuse, Drug Enforcement Administration (DEA) Resource  
Guide (2017 Edition), at p. 40.)

1 starting dose of 2.499 mg of fentanyl per day. The chart note for this visit also  
 2 documented filling the pump with Marcaine 5 mg/mL. The chart note further  
 3 documented that Patient A was continuing to orally take Methadone<sup>6</sup> and  
 4 Roxicodone<sup>7</sup> for pain. Respondent, notwithstanding the amount of controlled pain  
 5 medications Patient A was getting through combined intrathecal and systemic drug  
 6 therapies, also gave verbal orders for an intramuscular injection of Dilaudid<sup>8</sup> 4 mg  
 7 for Patient A at this visit. Significantly, there was no observation period of Patient  
 8 A following the pump's medication refill at this visit.

9 (e) Following a pump pocket fill of Patient A's intrathecal pump, Respondent  
 10 sent her home after only one dose of Naloxone.<sup>9</sup> Significantly, Respondent failed to  
 11 observe Patient A after this single dose and evaluate potential side-effects including,  
 12 but not limited to, opioid over-dosage.

13 (f) In or around June 2015, Patient A was admitted for a prolonged  
 14 admission to a hospital at the University of California San Diego (UCSD). During  
 15 her admission, Patient A's intrathecal pump had to be filled with medication. A  
 16 UCSD physician treating Patient A identified that the concentration of medication in  
 17 her pump was "extremely high" and that the pump's internal computer listed the  
 18 concentration of drugs in "milligrams," and not micrograms (mcg), even though  
 19 mcg is the standard measurement of concentration of medication used in an  
 20 intrathecal pump. Respondent personally verified the accuracy of the listed

21  
 22 <sup>6</sup> Methadone is a Schedule II controlled substance pursuant to Health and Safety Code  
 23 section 11055, subdivision (c), and a dangerous drug pursuant to Business and Professions Code  
 section 4022.

24 <sup>7</sup> Roxicodone is a brand name for oxycodone, a Schedule II controlled substance pursuant  
 25 to Health and Safety Code section 11055, subdivision (b), and a dangerous drug pursuant to  
 Business and Professions Code section 4022.

26 <sup>8</sup> Dilaudid is a brand name for hydromorphone, is a Schedule II controlled substance  
 27 pursuant to Health and Safety Code section 11055, subdivision (b), and a dangerous drug  
 pursuant to Business and Professions Code section 4022.

28 <sup>9</sup> Naloxone is a medication designed to rapidly reverse opioid overdose.

1 concentrations and infusion doses directly to the UCSD physician. A "formula  
2 sheet" containing a list of medication concentration was also faxed from  
3 Respondent's clinic to UCSD to again verify concentrations and dosages that the  
4 Respondent fills in Patient A's pump. The "formula sheet" clearly indicated that  
5 major discrepancies existed between its listed concentrations and dosages and the  
6 final concentrations actually contained in Patient A's pump.

7 (g) Respondent routinely issued prescriptions to Patient A for the  
8 concomitant use of addictive controlled pain medications including, but not limited  
9 to, MS Contin,<sup>10</sup> Roxicodone, benzodiazepines,<sup>11</sup> Soma,<sup>12</sup> and phentermine.<sup>13</sup>  
10 Prescriptions for this dangerous drug combination were issued to Patient A on  
11 multiple dates including, but not limited to, January 23, 2017; February 21, 2017;  
12 March 6, 2017; April 28, 2017; June 1, 2017; August 7, 2017; and October 2, 2017.  
13 Respondent failed to document his clinical judgment behind prescribing a controlled  
14 medication combination with potentially lethal consequences, which occurred every  
15 time he prescribed the concomitant use of these drugs to Patient A.

16 ////

17 ////

18 <sup>10</sup> MS Contin is a brand name for morphine, a Schedule II controlled substance pursuant  
19 to Health and Safety Code section 11055, subdivision (b), and a dangerous drug pursuant to  
Business and Professions Code section 4022.

20 <sup>11</sup> Benzodiazepines are Schedule IV controlled substances pursuant to Health and Safety  
21 Code section 11057, subdivision (d), and are a dangerous drug pursuant to Business and  
22 Professions Code section 4022. Concomitant use of benzodiazepines with opioids may result in  
23 profound sedation, respiratory depression, coma, and/or death. The DEA has identified  
benzodiazepines as a drug of abuse. (Drugs of Abuse, DEA Resource Guide (2017 Edition), at p.  
59.)

24 <sup>12</sup> Soma is a brand name for carisoprodol, which is a Schedule IV controlled substance  
25 pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug  
pursuant to Business and Professions Code section 4022. The DEA has identified Soma as a drug  
of abuse. (Drugs of Abuse, DEA Resource Guide (2017 Edition), at p. 27.)

26 <sup>13</sup> Phentermine is a Schedule IV controlled substance pursuant to Health and Safety Code  
27 section 11057, subdivision (f), and a dangerous drug pursuant to Business and Professions Code  
28 section 4022. The DEA has identified phentermine as a drug of abuse. (Drugs of Abuse, DEA  
Resource Guide (2017 Edition), at p. 50.)

(h) From in or around 2011 to in or around 2017, Respondent, notwithstanding his knowledge of Patient A's documented history of drug and alcohol abuse and "drug seeking" behavior, continued to prescribe massive amounts of addictive controlled pain medication even after inconsistencies were discovered in her urine drug screens and Controlled Substance Utilization Review and Evaluation System<sup>14</sup> (CURES) reports indicating she had received controlled prescriptions from other physicians. The chart notes during this time frame fail to adequately document any discussion with Patient A about the reasons and/or explanations for these inconsistencies.

12. Respondent committed gross negligence in his care and treatment of patient A including, but not limited to, the following:

- (a) Respondent, after initiation of intrathecal drug therapy, failed to reduce and/or eliminate Patient A's continued use of systemic opioid drug therapy;
- (b) On or about October 9, 2012, Respondent initiated an excessive dose of fentanyl at an intended concentration of 25 mg/mL and a starting dose of 2.499 mg per day, in Patient A's intrathecal pump;
- (c) On or about October 9, 2012, Respondent failed to initiate intrathecal therapy in an inpatient setting to observe whether Patient A had a safe response to the medication;

////

////

<sup>14</sup> The Controlled Substance Utilization Review and Evaluation System (CURES) is a program operated by the California Department of Justice (DOJ) to assist health care practitioners in their efforts to ensure appropriate prescribing of controlled substances, and law enforcement and regulatory agencies in their efforts to control diversion and abuse of controlled substances. (Health & Saf. Code, § 11165.) California law requires dispensing pharmacies to report to the DOJ the dispensing of Schedule II, III, and IV controlled substances as soon as reasonably possible after the prescriptions are filled. (Health & Saf. Code, § 11165, subd. (d).) It is important to note that the history of controlled substances dispensed to a specific patient based on the data contained in CURES is available to a health care practitioner who is treating that patient. (Health & Saf. Code, § 11165.1, subd. (a).)

- 1 (d) On or about October 9, 2012, Respondent failed to initiate intrathecal  
2 therapy in an outpatient setting to observe whether Patient A had a safe  
3 response to the medication;
- 4 (e) On or about October 9, 2012, Respondent gave verbal orders for an  
5 intramuscular injection of Dilaudid 4 mg for Patient A despite the  
6 amount of controlled pain medications Patient A was already receiving  
7 through combined intrathecal drug therapy and systemic drug therapy;
- 8 (f) Respondent performed a pump pocket fill of Patient A's intrathecal  
9 pump, and, after administering a single dose of Naloxone, he failed to  
10 observe and evaluate the patient for potential side-effects of opioid over-  
11 dosage;
- 12 (g) Respondent failed to maintain adequate and accurate records by failing  
13 to accurately record information about medication used in Patient A's  
14 intrathecal pump, including, but not limited to, starting concentration of  
15 medication, final concentration of medication, starting and final  
16 concentration of medication after other medication was added, drug  
17 calculations, and other reported values of concentration and doses;
- 18 (h) Respondent failed to properly program medication information into  
19 Patient A's intrathecal pump, including, but not limited to, starting  
20 concentration of medication, final concentration of medication, starting  
21 and final concentration of medication after other medication was added;  
22 and other reported values of concentration and doses;
- 23 (i) Respondent repeatedly and clearly excessively prescribed, furnished,  
24 dispensed, and/or administered opioids to patient A;
- 25 (j) Respondent routinely prescribed dangerous drug combinations and  
26 doses to Patient A including, but not limited to, MS Contin,  
27 Roxicodone, benzodiazepines, Soma, and phentermine;

28 ////



- 1 (k) Respondent failed to document his clinical judgment behind prescribing  
2 a controlled medication combination for concomitant use by Patient A  
3 with potentially lethal consequences; and  
4 (l) Respondent, with knowledge of Patient A's documented drug seeking  
5 behavior, failed to provide appropriate treatment in that he, among other  
6 things, repeatedly prescribed excessive amounts of addictive pain  
7 medication to Patient A over an extended period of time, while failing to  
8 respond to objective signs of aberrant drug behavior.

9 13. **Patient B**

10 (a) Between in or around 2004 and in or around November 2013, Patient B  
11 treated with Respondent for pain management due to a number of medical issues  
12 including, degenerative disc disease and chronic low back pain.<sup>15</sup> On or about April  
13 19, 2015, Patient B died of a drug overdose. The medical examiner's autopsy report  
14 determined his cause of death was from "mixed medication intoxication (fentanyl,  
15 oxycodone, oxymorphone, and diazepam)."

16 (b) Between in or around 2011 and in or around 2013, Respondent  
17 prescribed Patient B escalating doses of opioids in combination with other  
18 controlled drugs, including, but not limited to, benzodiazepines, antidepressants,  
19 muscle relaxants, and testosterone. In fact, Respondent prescribed excessive  
20 amounts of opioids including, but not limited to, on or about October 1, 2013,  
21 issuing a prescription for Roxicodone (30mg) (#140) amounting to approximately  
22 ten (10) tablets daily. Significantly, this prescription alone equaled an incredibly  
23 high four hundred fifty (450) MME.

24 (c) From in or around 2011 to in or around 2013, Respondent,  
25 notwithstanding his knowledge of Patient B's documented history of opioid

26  
27 <sup>15</sup> Conduct occurring more than seven (7) years from the filing date of the initially filed  
28 Accusation (April 27, 2018) involving Patient B is for informational purposes only and is not  
alleged as a basis for disciplinary action.

1 dependence, alcohol and drug abuse, depression, and other aberrant drug  
2 behaviors, continued prescribing large amounts of addictive medication even after  
3 numerous inconsistencies were discovered in Patient B's urine drug screens and  
4 CURES reports, including, but not limited to, June 23, 2011 (inconsistent for  
5 Vicodin and Valium); March 14, 2013 (misused prescription); April 16, 2013  
6 (misused prescription); and August 14, 2013 (+cocaine). The chart notes during  
7 this time frame fail to adequately document any discussion with Patient B about  
8 the reasons and/or explanations for these inconsistencies. Although Patient B's  
9 medications were discontinued on occasion due to non-compliance, the  
10 prescriptions were later continued with similar dosing strength and frequency.  
11 Significantly, Respondent failed to document any discussion with Patient B  
12 regarding a referral to addictionology or a rehabilitation facility despite multiple  
13 "red flags" involving drug abuse and depression.

14 (d) In a chart note dated November 29, 2012, it was documented that  
15 Patient B requested a different dosage of medication in order to help with his  
16 depression. At the next charted visit, on or about January 15, 2013, there is no  
17 documentation of a follow up on Patient B's request for a different dosage.  
18 However, it is documented that he has been experiencing increased anxiety but  
19 with no further comment or follow up charted in the note.

20 (e) There are missing chart notes for July, August, and September 2013.  
21 However, Patient B filled controlled prescriptions issued by Respondent during  
22 this time frame. In addition, there are chart notes documenting conflicting  
23 information regarding what medication was being prescribed and taken.

24 14. Respondent committed gross negligence in his care and treatment of Patient B  
25 including, but not limited to, the following:

26 (a) Respondent prescribed excessive amounts of opioids including, but not  
27 limited to, on or about October 1, 2013, issuing a prescription for Roxicodone  
28 (30mg) (#140) amounting to approximately ten (10) tablets daily;

- (b) Respondent failed to effectively monitor and manage Patient B's drug use by continuing to prescribe addictive controlled medication after years of inconsistent drug tests, positive test result for cocaine, and/or repeated misuse of controlled prescriptions;
- (c) Respondent failed to refer Patient B to addictionology or rehabilitation facility after repeated "red flags" of aberrant drug behavior;
- (d) There are missing chart notes for July, August, and September 2013; and
- (e) There are multiple inaccurate chart notes documenting conflicting information regarding what medication was being prescribed and taken.

15. Patient C

- (a) Between in or around 2008 and in or around 2012, Patient C treated with Respondent for pain management due to chronic pain from a work related injury.<sup>16</sup> On or about July 22, 2012, Patient C died of a drug overdose. The medical examiner's autopsy report determined her cause of death was from "acute oxycodone, carisoprodol, and diazepam intoxication."
- (b) Between in or around 2011 and in or around 2012, Respondent managed Patient C on many different medication classes for her drug therapy including, but not limited to, opioids (long acting and short acting), multiple benzodiazepines, neuropathic pain medication, multiple muscle relaxants at same time, and antiemetics. In fact, Respondent prescribed an excessive number of drugs that performed same or similar mechanisms of action to treat Patient C.
- (c) Patient C's medical charts failed to include a review of systems, failed to consistently include a well-defined chief complaint, and failed to accurately record information regarding prescribed medication. In addition, there were no

////

<sup>16</sup> Conduct occurring more than seven (7) years from the filing date of the initially filed Accusation (April 27, 2018) involving Patient C is for informational purposes only and is not alleged as a basis for disciplinary action.

1 CURES reports contained in Patient C's medical records nor any mention in her  
2 charts of checking CURES for patient compliance.

3 16. Respondent committed gross negligence in his care and treatment of Patient C  
4 including, but not limited to, the following:

5 (a) Respondent prescribed an excessive number of controlled drugs,  
6 including, but not limited to, opioids (long acting and short acting),  
7 benzodiazepines, muscle relaxers, and antiemetics to treat Patient C.

8 17. Patient D

9 (a) Between in or around December 2011, and in or around July 2012,  
10 Patient D treated with Respondent for pain management due to chronic pain.<sup>17</sup> On  
11 or about August 1, 2012, Patient D died of a drug overdose. The medical  
12 examiner's autopsy report determined her cause of death was from "acute  
13 tapentadol, fentanyl, and alprazolam intoxication."

14 (b) During the time that Patient D was under the care of Respondent, she  
15 was morbidly obese; she had a long history of poor pulmonary function and  
16 pulmonary disease; and she had a documented history of opioid dependence.  
17 Significantly, she had a long and documented history of multiple Emergency  
18 Department and hospital admissions for various medical conditions, including  
19 hospitalizations due to opioid induced respiratory depression.<sup>18</sup>

20 (c) On or about November 23, 2011, Patient D visited an Emergency  
21 Department and had requested a medication refill because her pain management  
22 doctor was "out of town." The medical record of that visit documented that  
23 Patient D's pain management doctor at the time, Dr. A.S., was contacted and that  
24 she had contradicted the patient's account regarding lack of medication.

25  
26 <sup>17</sup> Conduct occurring more than seven (7) years from the filing date of the First Amended  
27 Accusation involving Patient D is for informational purposes only and is not alleged as a basis for  
disciplinary action.

28 <sup>18</sup> In 2011 and 2012, Patient D had multiple admissions to Emergency Departments and  
hospitals.

1 Furthermore, Dr. A.S. advised Emergency Department staff that she had been  
2 having difficulty with managing Patient D's pain due to the patient's "concomitant  
3 illicit drug use." Patient D was denied opioid medication from Emergency  
4 Department medical staff that day. Three days later, Patient D returned to the  
5 same Emergency Department and requested to be admitted for drug detoxification.

6 (d) On or about December 23, 2011, Respondent had his initial examination  
7 with Patient D. In the chart note for this visit, Respondent documented that  
8 "[Patient D] had leftover methadone from a *few years* ago and began taking due to  
9 the fact she was out of Oxy IR ... [Patient D] states she last took methadone this  
10 morning."

11 (e) Between in or around December 2011 and in or around July 2012,  
12 Respondent managed Patient D on many different medication classes for her drug  
13 therapy including, but not limited to, opioids, benzodiazepines, muscle relaxants,  
14 and anti-seizure medication at the same time.

15 (f) Significantly, Patient D's medical charts from Respondent's clinic do  
16 not contain any information about her vitals being taken at each clinical visit. In  
17 addition, the charts also do not include a review of systems and/or a well-defined  
18 chief complaint. Furthermore, the charts do not accurately record information  
19 regarding Patient D's past and then-currently prescribed controlled medication.  
20 Finally, Respondent prescribed Patient D large amounts of opioids without  
21 adequately documenting her past hospitalizations involving poor pulmonary  
22 function and pulmonary disease.

23 (g) In a chart note dated July 26, 2012, Respondent documented that Patient  
24 D had wanted to switch pain medications, namely, replace Dilaudid with  
25 Nucynta,<sup>19</sup> because she had reported that Nucynta was more effective for her pain

26 <sup>19</sup> Nucynta is a brand name for tapentadol, a Schedule II controlled substance pursuant to  
27 Health and Safety Code section 11055, subdivision (b), and a dangerous drug pursuant to  
28 Business and Professions Code section 4022.

control. Respondent, notwithstanding Patient D's current dosages of the transdermal Fentanyl patch<sup>20</sup> along with other opioids, issued her a prescription for Nucynta (100mg) (#228).<sup>21</sup> The Nucynta prescription alone resulted in an increase of more than one hundred fifty (150) MME being taken by Patient D at that time.<sup>22</sup>

18. Respondent committed gross negligence in his care and treatment of Patient D including, but not limited to, the following:

- (a) On or about July 26, 2012, Respondent prescribed an excessive amount of opioids when he issued Patient D a prescription for Nucynta (100mg) (#228); and
- (b) Respondent failed to accurately record critical information in Patient D's medical record, including, but not limited to, failed to have vital signs taken and/or documented at each visit; failed to accurately record information regarding Patient D's past and then-currently prescribed controlled medication; and failed to document a review of systems and/or a well-defined chief complaint.

## **SECOND CAUSE FOR DISCIPLINE**

### **(Repeated Negligent Acts)**

19. Respondent has further subjected his Physician's and Surgeon's Certificate No. G66777 to disciplinary action under sections 2227 and 2234, as defined in section 2234, subdivision (c), of the Code, in that Respondent committed repeated negligent acts in his care and treatment of patients A, B, C, D, and E,<sup>23</sup> as more particularly alleged hereinafter:

<sup>20</sup> Transdermal fentanyl (Duragesic) patches are applied to the skin; used to relieve severe pain, the patch is usually applied to the skin once every 72 hours. Fentanyl patches may cause serious or life-threatening breathing problems. Taking certain medications (e.g., benzodiazepines and muscle relaxants) with fentanyl may increase the risk of serious or life-threatening breathing problems, sedation, or coma.

<sup>21</sup> Patient D's prescribed regimen of opioids represented a total of three hundred ninety-five (395) MME.

<sup>22</sup> Patient D had recently filled prescriptions for Dilaudid (Hydromorphone HCL) on July 10, 2012 (4mg) (#180), and on June 13, 2012 (4mg) (#180).

<sup>23</sup> Letter E is used for the purposes of maintaining patient confidentiality.

1       20. **Patient A**

2           (a) Paragraphs 11 and 12, above, are hereby incorporated by reference  
3 and realleged as if fully set forth herein.

4       21. **Patient B**

5           (a) Paragraphs 13 and 14, above, are hereby incorporated by reference  
6 and realleged as if fully set forth herein.

7       22. **Patient C**

8           (a) Paragraphs 15 and 16, above, are hereby incorporated by reference  
9 and realleged as if fully set forth herein;

10          (b) There are no CURES reports in Patient C's medical records nor any  
11 mention of checking CURES for patient compliance;

12          (c) In 2012, Respondent prescribed two (2) muscle relaxants at same time to  
13 Patient C; and

14          (d) Patient C's medical charts failed to include a review of systems; failed to  
15 consistently include a well-defined chief complaint; and failed to accurately record  
16 information regarding prescribed medication.

17       23. **Patient D**

18           (a) Paragraphs 17 and 18, above, are hereby incorporated by reference  
19 and realleged as if fully set forth herein; and

20          (b) Patient D's medical charts failed to include and/or document any  
21 information regarding Patient D's past multiple hospitalizations.

22       24. **Patient E**

23           (a) Between in or around April 2013, and in or around October 2013,  
24 Patient E treated with Respondent for pain management due to low back pain.<sup>24</sup>  
25 On or about December 15, 2013, Patient E died of a drug overdose. The medical

26  
27       <sup>24</sup> Conduct occurring more than seven (7) years from the filing date of the First Amended  
28 Accusation involving Patient D is for informational purposes only and is not alleged as a basis for disciplinary action.

1 examiner's autopsy report determined his cause of death was from "acute  
2 bronchopneumonia; contributing: chronic prescription medication abuse with acute  
3 oxycodone and alcohol intoxication; pulmonary emphysema; hepatic cirrhosis."

4 (b) Between in or around April 2013, and in or around October 2013, Respondent  
5 managed Patient E on high dosages of opioids and benzodiazepines at the same time.

6 (c) In a chart note dated June 26, 2013, it was documented that a  
7 prescription was issued to Patient E to obtain a urine drug screen (UDS). The  
8 results of the UDS later indicated that Patient E was "negative" for  
9 benzodiazepines, despite being prescribed that drug by Respondent. However,  
10 Respondent never required Patient E to get another UDS and/or other confirmatory  
11 screen to confirm that he was taking the controlled medications being prescribed to  
12 him. Instead, Respondent continued to issue prescriptions for controlled pain  
13 medication to Patient E without documenting in the medical record any  
14 information and/or discussion with Patient E about the inconsistent UDS results.

15 (d) Patient E had a history of illicit drug use. However, Respondent never  
16 discussed and/or documented any discussion with Patient E in the medical record  
17 about any past history of illicit drug use.

18 25. Respondent committed repeated negligent acts in his care and treatment of  
19 Patient E including, but not limited to, the following:

- 20 (a) Respondent failed to require Patient E to get another UDS and/or other  
21 confirmatory screen to confirm that he was taking the controlled  
22 medications that Respondent had been prescribing to him; and  
23 (b) Respondent failed to document in the medical record any discussion  
24 with Patient E about any past history of illicit drug use.

25 ////

26 ////

27 ////

28 ////



**THIRD CAUSE FOR DISCIPLINE**

**(Incompetence)**

26. Respondent has further subjected his Physician's and Surgeon's Certificate No. G66777 to disciplinary action under sections 2227 and 2234, as defined in section 2234, subdivision (d), of the Code, in that Respondent demonstrated incompetence in his care and treatment of patient A, as more particularly alleged hereinafter:

27. **Patient A**

(a) Paragraphs 11 and 12, above, are hereby incorporated by reference and realleged as if fully set forth herein.

**FOURTH CAUSE FOR DISCIPLINE**

**(Repeated Acts of Clearly Excessive Prescribing)**

28. Respondent has further subjected his Physician's and Surgeon's Certificate No. G66777 to disciplinary action under sections 2227 and 2234, as defined in section 725, of the Code, in that Respondent has committed repeated acts of clearly excessive prescribing drugs or treatment to patients A, B, and C, as determined by the standard of the community of physicians and surgeons, as more particularly alleged hereinafter:

29. **Patient A**

(a) Paragraphs 11 and 12, above, are hereby incorporated by reference and realleged as if fully set forth herein.

30. **Patient B**

(a) Paragraphs 13 and 14, above, are hereby incorporated by reference and realleged as if fully set forth herein.

31. **Patient C**

(a) Paragraphs 15 and 16, above, are hereby incorporated by reference and realleged as if fully set forth herein.

**FIFTH CAUSE FOR DISCIPLINE**

**(Failure to Maintain Adequate and Accurate Medical Records)**

32. Respondent has further subjected his Physician's and Surgeon's Certificate

No. G66777 to disciplinary action under sections 2227 and 2234, as defined in section 2266, of the Code, in that Respondent failed to maintain adequate and accurate records in connection with his care and treatment of patients A, B, C, D, and E, as more particularly alleged hereinafter:

33. Patient A

(a) Paragraphs 11 and 12, above, are hereby incorporated by reference and realleged as if fully set forth herein.

34. Patient B

(a) Paragraphs 13 and 14, above, are hereby incorporated by reference and realleged as if fully set forth herein.

35. Patient C

(a) Paragraphs 15 and 22, above, are hereby incorporated by reference and realleged as if fully set forth herein.

36. Patient D

(a) Paragraphs 17, 18, and 23, above, are hereby incorporated by reference and realleged as if fully set forth herein.

37. Patient E

(a) Paragraphs 24 and 25, above, are hereby incorporated by reference and realleged as if fully set forth herein.

**SIXTH CAUSE FOR DISCIPLINE**

**(Unprofessional Conduct)**

38. Respondent has further subjected his Physician's and Surgeon's Certificate No. G66777 to disciplinary action under sections 2227 and 2234 of the Code, in that Respondent has engaged in conduct which breaches the rules or ethical code of the medical profession, or conduct which is unbecoming to a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine, as more particularly alleged in paragraphs 10 through 37, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

////

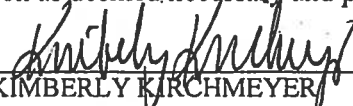
////

**PRAYER**

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Medical Board of California issue a decision:

1. Revoking or suspending Physician's and Surgeon's License No. G66777, issued to Respondent David James Smith, M.D.;
2. Revoking, suspending or denying approval of Respondent David James Smith, M.D.'s, authority to supervise physician assistants and/or advanced practice nurses;
3. Ordering Respondent David James Smith, M.D., to pay the Medical Board of California the costs of probation monitoring, if placed on probation; and
4. Taking such other and further action as deemed necessary and proper.

DATED: February 13, 2019

  
 KIMBERLY KIRCHMEYER  
 Executive Director  
 Medical Board of California  
 Department of Consumer Affairs  
 State of California  
 Complainant

SD2017802855  
 Doc.No.71736994



STATE OF CALIFORNIA  
The Medical Board of California  
2005 Evergreen Street, Suite 1200  
Sacramento, CA 95815  
DEPARTMENT OF CONSUMER AFFAIRS



**PHYSICIAN AND SURGEON**

CERTIFICATE NO. G66777 EXPIRATION 01/31/2019

DAVID JAMES SMITH

# 210

3703 CAMINO DEL RIO SOUTH

SAN DIEGO CA 92108

ORIGINAL

ISSUANCE DATE

08/21/1989

RECEIPT NO.

100023954

categories of public and disciplinary information on licensees, including links to other informational Web sites. This information is updated on a regular basis. The Board's Web site can be accessed on the Internet at [www.mbc.ca.gov](http://www.mbc.ca.gov)


## Has your Address of Record changed?

Your address changes prior to your next renewal, please be sure to inform the Board *in writing* of your new address. California law requires that you report your address change to the Board within 30 days of the change. If the address of record you wish to report is a post office box (PO Box), the law requires that you provide a (separate) street address. The timely reporting of your change of address to the Board ensures that any correspondence and mailings to you, such as your next renewal notice, continue uninterrupted. Change of Address forms can be downloaded from the Board's Web site under Forms/Publications or at [www.mbc.ca.gov/forms-pubs.html](http://www.mbc.ca.gov/forms-pubs.html).

The Board is required to provide the address of record of its licensees to anyone who may inquire. You should carefully consider the address of record provided, as you may wish to utilize a home or office address or may choose:

- A post office box as the address of record to be listed for public information; however, a (separate) street address must also be provided to the Board which will be regarded as a confidential address; **OR**,
- Your employer's address, billing address or the address of a family member or friend. Please ensure that you receive permission from the appropriate party for the use of an address other than your own.

There is your new pocket certificate.  
Please carry it with you at all times.  
If you have any problems or questions regarding your certificate, please contact the Medical Board of California at:  
005 Evergreen Street, Suite 1200  
Sacramento, CA 95815  
316) 263-2382 (800) 633-2322

|  |                       |
|--|-----------------------|
|            |                       |
| The Medical Board of California<br>2005 Evergreen Street, Suite 1200<br>Sacramento, CA 95815 |                       |
| CERTIFICATE NO.  | PHYSICIAN AND SURGEON |
| DAVID JAMES SMITH  | G66777                |
| #210   | EXPIRATION 01/31/2019 |
| 3703 CAMINO DEL RIO SOUTH<br>SAN DIEGO CA 92108  |                       |
| ORIGINAL<br>ISSUANCE DATE  | RECEIPT NO.           |
| 08/21/1989   | 100023964             |

**14**

## NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521

## APPLICATION FOR AUTHORITY TO DISPENSE DRUGS

Registration Fee: \$300.00 (non-refundable money order or cashier's check only)

**This application is for physicians only. APRN's or PA's have their own dispensing applications.**New Dispensing Location ☒Address Change ☐ (Requires Fee and New Application)

Current Dispensing License # \_\_\_\_\_

Do you, as a dispensing practitioner or in conjunction only with other practitioners, wholly own your practice?

Yes ☒ No ☐If no, please complete the **Application for Non-Practitioner Dispensing Site Owners** as required by NAC 639.742 (2).I will be dispensing ☐ controlled substances ☒ dangerous drugs or ☐ both. Must check a box.If you dispense controlled substances, a controlled substance registration and DEA is required for the address listed on this application.First: BRUCE Middle: KIRIN Last: FONG Degree: DOPractice Name (if any): SIERRA INTEGRATIVE MEDICAL CENTERNevada Address: 9383 DOUBLE R BLVD STE 100 Suite #: 100

(This must be a practicing Nevada address, we will not issue a license to a home address or to a PO Box only)

PO Box: \_\_\_\_\_

SS#: \_\_\_\_\_

Sex: ☒ M or ☐ F

E-mail address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

City: RENO

State: NV

Zip Code: 89521Nevada Work Telephone: (775) 828-5388 Nevada Fax: (775) 828-6588Practitioner License Number: 909Specialty: DO / INTERNAL MED**You must be licensed with your respective BOARD before we will process this application.**

Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?..... ☐ Yes ☒ No

1. Been charged, arrested or convicted of a felony or misdemeanor in any state?..... ☐ Yes ☒ No2. Been the subject of an administrative action whether completed or pending in any state?..... ☒ Yes ☐ No3. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?... ☐ Yes ☒ No**If you marked YES to any of the numbered questions (1-3) above, include the following information & provide documentation:**

|                              |       |       |         |        |       |
|------------------------------|-------|-------|---------|--------|-------|
| Board Administrative Action: | State | Date: | Case #: |        |       |
|                              |       | / /   |         |        |       |
| Criminal Action:             | State | Date: | Case #: | County | Court |
|                              |       | / /   |         |        |       |

The undersigned practitioner, licensed to practice his or her profession in the State of Nevada, applies to the Board of Pharmacy for authorization to dispense, for profit, controlled substances or dangerous drugs or both, to his or her own patients, in the manner allowed and as required by Nevada and Federal law.

I hereby certify that the answers given in this application are true and correct to the best of my knowledge. I understand that the approval of this application provides me alone with the authority to dispense controlled substance or dangerous drugs or both to my own patients at the address stated on the application. I further understand that I may not delegate this authority to any other person. I further agree to abide by all statutes, rules or regulations governing practitioner dispensing and understand that a violation of any such statute, rules or regulations may be grounds for suspension or revocation of this permit of authorization.

Original Signature, no copies or stamps accepted. Date 6/4/19**Board Use Only**

Received: \_\_\_\_\_

Amount: 300.00

Entity# \_\_\_\_\_

**Include with the Application for Authority to Dispense Drugs**Practitioner Dispensing  
Controlled Substance Waiver Form

Each dispensing practitioner must complete this form. Do not submit for a group.

Print Name: BRUCE FONG, DO

Address: 9333 Double R Blvd STE 100

City: Reno State: NV Zip: 89521

Telephone: (775) 828-5388

       I will be dispensing controlled substances at the address listed above and I understand that I am required and submit data to the Prescription Controlled Substance Abuse Prevention Task Force weekly as required by NAC 639.745 [1(f)].

☒ I will not be dispensing controlled substances at the address listed above. If I choose to dispense controlled substances in the future, I must contact the Nevada State Board of Pharmacy to modify my license.

By signing and dating this waiver form, I certify that the information provided is true.

  
Original Signature of Dispensing Practitioner

6/4/19  
Date



**EXPLANATORY STATEMENT IN SUPPORT OF APPLICATION OF****BRUCE FONG, DO, HMD**

In regards to having any administrative action, I wish to remind the Board of Pharmacy of the circumstances surrounding my need to apply for and be granted my previous dispensing license. At that time, due to ignorance of the law, I had been dispensing (without a license) primarily anti-emetics to my patients following their in-office treatments to address their side effects of nausea and occasional vomiting. I was informed by an inspector from your office that I was in violation of law and immediately ceased this practice. Subsequently, I was fined \$2500 but was able to apply for and obtain a dispensing license.

After getting the dispensing license however, we never dispensed meds out of the clinic again. Therefore we did not feel it was necessary to maintain said license and informed the Board that we were not going to renew this.

In the interim, there have been repeated national shortages of various desiccated natural thyroid products (Armour, NP and Naturethroid as examples) which are the therapies of choice for our specific patient populations. When we have been asked repeatedly by pharmacists to change the prescriptions of our sensitive patients, it has created various lapses and delays as well as a rare patient reaction. Therefore, I have decided to reacquire our dispensing license to be able to stock and dispense a consistent formula to our patients.

I do NOT plan to dispense any controlled substances with this dispensing license.

With this, I humbly present this application to obtain a new dispensing license.

Should there be any questions, please do NOT hesitate to call me at (775) 233-8828.

Sincerely;

A handwritten signature in black ink, appearing to read 'Bruce Fong, DO, HMD', with a stylized flourish at the end.

Bruce Fong, DO, HMD

Medical Director/Sole Physician

Sierra Integrative Medical Center



NEVADA STATE BOARD OF PHARMACY

## OFFICE OF THE GENERAL COUNSEL

WRITER'S DIRECT DIAL: (775) 850-1440 • E-MAIL: PEDWARDS@PHARMACY.NV.GOV • FAX: (775) 850-1444

November 4, 2015

### VIA CERTIFIED U.S. MAIL AND ELECTRONIC MAIL

Bruce Fong CS10785  
9333 Double R Blvd Ste. 100  
Reno, NV 89521  
*Bfong186@aol.com*

**Re: CEASE AND DESIST ORDER WITH CITATION FOR UNLICENSED DISPENSING**

Dear Dr. Fong:

It has come to the attention of the Nevada State Board of Pharmacy (Board) that you, through your practice, have been dispensing prescription medications, including controlled substances, without a dispensing practitioner certificate. Dispensing any prescription medication without the appropriate certificate from the Board of Pharmacy is unlawful under various federal and state statutes, including NRS 639.23505, NRS 453.226 through 453.232. NRS 639.23505, for example, states:

**NRS 639.23505 Conditions and limitations on practitioner dispensing controlled substances or dangerous drugs.** A practitioner shall not dispense for human consumption any controlled substance or dangerous drug if the practitioner charges a patient for that substance or drug, either separately or together with charges for other professional services:

1. Unless the practitioner first applies for and obtains a certificate from the Board and pays the required fee; and
2. Issues a written prescription.

This letter shall serve as an order to CEASE and DESIST, immediately, the unlicensed practice of dispensing prescription medications. You may not resume those activities until you submit an Application for Authority to Dispense Drugs to the Board Office, and such application is approved and a certificate granted, if the Board so chooses.

Secondly, this letter shall serve as a CITATION pursuant to NRS 639.2895(2), citing you for the unauthorized practice of pharmacy. The Board has assessed against you an administrative fine of \$2,500.00 in association with this citation. You shall pay this administrative fine within 30 days of receipt of this citation. Payment must be by *cashier's check, certified check or money order* made payable to the "Nevada State Board of Pharmacy." Send payment to the Board's Reno office located at 431 W. Plumb Lane, Reno, NV 89509.

*You have the right to appeal this citation.* See NRS 639.2895(2). If you choose to appeal, you must submit a written request for a hearing to the Board not later than 30 days after receipt of this citation.

Please be aware that the forgoing Order and Citation, and any hearing held to review the citation, if you so request, would not take the place of a hearing before the Board to determine whether the Board will grant your Application for Authority to Dispense Drugs. A hearing on that matter is scheduled to occur on Wednesday, December 2, 2015, at 1:30 PM, at the Board's regularly scheduled meeting in Reno, Nevada. The hearing will be held on the first floor conference room at the Hyatt Place, located at 1790 E. Plumb Lane in Reno.

Feel free to contact me if you have questions.

Best regards,



S. Paul Edwards  
General Counsel  
Nevada State Board of Pharmacy

Cc: Larry Pinson, Executive Secretary of the Nevada Board of Pharmacy

**15**

January 2018  
Board Meeting

Second: Darla Zarley

Action: Passed unanimously

|    |                       |                 |
|----|-----------------------|-----------------|
| J. | Jose Ferran, R.Ph     | (17-039-RPH-S)  |
| K. | Ian Knickerbocker, PT | (17-039-PT-A-S) |
| L. | Tiffany Buie, PT      | (17-039-PT-B-S) |

This matter was continued to a future Board meeting.

5. Requests for Renewal of Pharmacist License:

A. Gurpartap Basrai

Gurpartap Basrai appeared and was sworn by President Basch prior to answering questions or offering testimony.

Mr. Edwards stated that Mr. Basrai disclosed a pending case with the California Board of Pharmacy (California Board) on his Nevada Pharmacist License Renewal form. Mr. Edwards explained that Mr. Basrai is the owner of a pharmacy that is currently being investigated by the California Board for substantial losses of hydrocodone and alprazolam.

The Board expressed concern regarding the amount of hydrocodone and alprazolam missing from Mr. Basrai's pharmacy.

The Board offered Mr. Basrai the option of tabling his request until his pending case in California is resolved.

The Board tabled Mr. Basrai's request for renewal of his Nevada Pharmacist License at his request.

B. Lisa Chaplinsky

Ms. Chaplinski contacted Board Staff to withdraw her request to renew her pharmacist license.

C. Farbod Melamed

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

Farbod Melamed appeared and was sworn by President Basch prior to answering questions or offering testimony.

Mr. Edwards explained that Mr. Melamed indicated that he had been the subject of a board citation or administrative action in California on his Nevada Pharmacist License Renewal form.



## Renewal Application

### Section 1:

Since your last renewal or recent licensure have you: (Please fill in completely)

**Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?**

☐ Yes ☒ No

1. Been charged, arrested or convicted of a felony or misdemeanor in any state?

☐ Yes ☒ No

Upload Supporting Doc.

2. Been the subject of a board citation or an administrative action whether completed or pending in any state?

☒ Yes ☐ No

Upload Supporting Doc.

(Includes/Uploads/)

3. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?

☐ Yes ☒ No

Upload Supporting Doc.

If you marked YES to any of the numbered questions (1-3) above, include the following information. If you are unsure of an answer please type unknown. Please be as complete as possible.

**Board Administrative Action:**

State:

California

Date:

05/27/2017

Case#:

AC201500585100

**Criminal Action:**

State:

Date:

Case#:

County:

Court:

**Section 2:**

1. Are you the subject of a court order for the support of a child?

☐ Yes ☒ No

2. IF you marked YES to the question above, are you in compliance with the court order?

☐ Yes ☐ No

## Section 3:

### Continuing Education Certification:

Calculation=1.25 hours per month      Date Range= 11/01/2015 – 10/31/2017

1. Pharmacists are exempt from completing CE for the first 2 years after graduation. Did you graduate within the last 2 years?

☐ Yes ☒ No

2. If you answered No to CE question 1 above, have you completed all YOUR required number of Continuing Education hours, including 1 hour in an approved NV law program if living or practicing in Nevada? ( If you are a pharmacist practicing out-of-state and are currently in compliance with that state's continuing education requirements please select Yes.)

☒ Yes ☐ No

## Section 4:

Though it is NOT required to have, SB21 required the Board to ask if you have a Nevada State Business license and if you do, please provide the number

### 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

State:



Military Branch:

Dates of Service:

From Date

To Date

## 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.

☒ Yes, I Agree

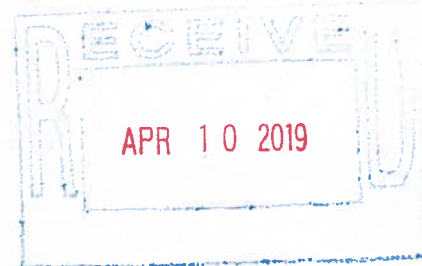
Type Your Name To Agree:

GURPARTAP SINGH  
BASRAI

Save Changes

Generate License

04/04/2019  
License# 06874



### Detailed Explanation of Incident in California, USA

To the Nevada Board of Pharmacy,

Please take this as my written explanation.

#### Incident:

Under the corporation, GSB Pharmaceuticals Enterprises purchased Alisal Pharmacy in Salinas, CA on or about September 16th, 2009 from Robert Souza. Robert Souza was the Owner/PIC of that Pharmacy for 8 Years. After I purchased the Pharmacy no changes were made to the staff and Robert Souza continued to be the Pharmacists In Charge/Manager of the Pharmacy.

On or around February 3rd, 2015 a staff Pharmacist realized that a bottle of Hydrocodone/Acetaminophen 10/325 was missing. At this time I was out of the country in India. The staff pharmacist notified Bob Souza and my General Manager Henry Lim. At the time he came in and performed the investigation and realized that someone had been stealing Hydrocodone/Acetaminophen 10/325. I was called when I was in India and I directed them to self report the incident to the California Board of Pharmacy and to fill out the necessary DEA/BOP paperwork. This was done right away. We reported a total loss of 68,239 Hydrocodone/Acetaminophen 10/325 between June 1, 2013 and February 3, 2015, and a loss of 913 Tablets of Alprazolam 2mg.

After this incident we changed our policies and procedures for maintaining and accounting of all controlled substances.

1. We changed the computer System (ComputerRx) to ensure that the inventory was all accounted for.
2. Only a licensed Pharmacist is to fill and dispense any Narcotics/Amphetamines and alprazolam.
3. Started doing perpetual inventory.
4. Quarterly Reconciliation of all controlled drugs.

On or about October 4th, 2017 the California Board Conducted an Inspection at Alisal Pharmacy. Upon this inspection the following causes of discipline was found:

#### First Cause For Discipline

Failure to Maintain Facilities to Ensure Proper maintenance and Security of Drugs. The inspector found that the safe that stored the Narcotics and Amphetamines was left unlocked and that a technician was able to open the safe with a combination.

Second Cause For Discipline

Failure to Preserve Records of Manufacture, Sale and/or Acquisition of Dangerous Drugs

This refers back to the February 2015 incident listed above.

Third Cause For Discipline

Failure To Store Controlled Substances in a Securely Locked Cabinet

The inspector found that the safe that stored the Narcotics and Amphetamines was left unlocked and that a technician was able to open the safe with a combination.

Fourth Cause For Discipline

Filling or Dispensing a Prescription Based on Incomplete Prescription Form

During the inspection the inspector found that the Pharmacy had dispensed a prescription for Promethazine with Codeine. The inspector found the following issue with the prescription:

- a. A watermark printed on the backside of the prescription was missing
- b. An identifying number assigned to the approved security printer by the Department of Justice was missing
- c. A lot number printed on the form was missing
- d. Six Quantity check off boxes were missing
- e. The following statement was missing: "Prescription is void if the number of drugs prescribed is not noted"

The Pharmacist in charge at the time, Tung Nguyen, did not do his due diligence in checking to see if the prescription was real.

Fifth Cause For Discipline

Filling or Dispensing a Prescription Based on Incomplete Prescription Form

This was a result of the dispensing of the above mentioned Promethazine with Codeine.

After this incident we updated our policies and procedures to ensure these issues won't happen again. The Pharmacist in Charge at the time (Tung Nguyen) enrolled and completed a DEA/California Board of Pharmacy Education class on dispensing controlled substances and inventory control. We also instituted strict guidelines for dispensing controlled drugs and specifically Promethazine with Codeine.

I am also in full compliance of the specified terms and conditions of probation set by the California BOP.

  
Gurpartap Basrai

04-05-2019  
Date

1 XAVIER BECERRA  
 Attorney General of California  
 2 DIANN SOKOLOFF  
 Supervising Deputy Attorney General  
 3 NICHOLAS TSUKAMAKI  
 Deputy Attorney General  
 4 State Bar No. 253959  
 1515 Clay Street, 20th Floor  
 5 P.O. Box 70550  
 Oakland, CA 94612-0550  
 6 Telephone: (510) 879-0982  
 Facsimile: (510) 622-2270  
 7 *Attorneys for Complainant*

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

10  
 11 In the Matter of the Accusation Against:

Case No. 6286

12 **GSB PHARMACEUTICAL**  
**ENTERPRISES dba ALISAL LTC**  
 13 **PHARMACY, GURPARTAP SINGH**  
**BASRAI, PRESIDENT AND SECRETARY**  
 14 **323 N. Sanborn Rd., Ste. A**  
**Salinas, CA 93905-2247**  
 15 **Original Permit No. PHY 50018**

**A C C U S A T I O N**

16 **GURPARTAP SINGH BASRAI**  
**37323 Fremont Blvd.**  
 17 **Fremont, CA 94536**  
**Pharmacist License No. RPH 31057**

18 **JANE CHIN EITOKU**  
 19 **13449 Paseo Terrano**  
**Salinas, CA 93908**  
 20 **Pharmacist License No. RPH 39910**

21 Respondents.  
 22

23  
 24 Complainant alleges:

25 **PARTIES**

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

28 ///

6           3. On or about August 1, 1977, the Board issued Pharmacist License Number RPH  
7   31057 to Gurpartap Singh Basrai (Respondent Basrai). The Pharmacist License was in full force  
8   and effect at all times relevant to the charges brought in this Accusation and will expire on  
9   October 31, 2019, unless renewed.

10 4. On or about March 17, 1986, the Board issued Pharmacist License Number RPH  
11 39910 to Jane Chin Eitoku (Respondent Eitoku). The Pharmacist License was in full force and  
12 effect at all times relevant to the charges brought in this Accusation and will expire on March 31,  
13 2018, unless renewed.

15           5.     This Accusation is brought before the Board under the authority of the following  
16     laws. All section references are to the Business and Professions Code (Code) unless otherwise  
17     indicated.

18           6.     Section 4011 of the Code provides that the Board shall administer and enforce both  
19     the Pharmacy Law (Bus. & Prof. Code, § 4000 et seq.) and the Uniform Controlled Substances  
20     Act (Health & Safety Code, § 11000 et seq.).

21        7.    Section 4300, subdivision (a) of the Code provides that every license issued by the  
22    Board may be suspended or revoked.

23        8.        Section 4300.1 of the Code provides that the expiration, cancellation, forfeiture, or  
24        suspension of a Board-issued license, the placement of a license on a retired status, or the  
25        voluntary surrender of a license by a licensee, shall not deprive the Board of jurisdiction to  
26        commence or proceed with any investigation of, or action or disciplinary proceeding against, the  
27        licensee or to render a decision suspending or revoking the license.

28 |||

## STATUTORY AND REGULATORY PROVISIONS

9. Section 4301 of the Code provides, in pertinent part:

“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:

...

“(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.

...

“(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.

...”

10. Section 4081 of the Code provides, in pertinent part:

“(a) All records of manufacture and of sale, acquisition, receipt, shipment, or disposition of dangerous drugs or dangerous devices shall be at all times during business hours open to inspection by authorized officers of the law, and shall be preserved for at least three years from the date of making. A current inventory shall be kept by every manufacturer, wholesaler, third-party logistics provider, pharmacy, veterinary food-animal drug retailer, outsourcing facility, physician, dentist, podiatrist, veterinarian, laboratory, clinic, hospital, institution, or establishment holding a currently valid and unrevoked certificate, license, permit, registration, or exemption under Division 2 (commencing with Section 1200) of the Health and Safety Code or under Part 4 (commencing with Section 16000) of Division 9 of the Welfare and Institutions Code who maintains a stock of dangerous drugs or dangerous devices.

“(b) The owner, officer, and partner of a pharmacy, wholesaler, third-party logistics provider, or veterinary food-animal drug retailer shall be jointly responsible, with the pharmacist-in-charge, responsible manager, or designated representative-in-charge, for maintaining the

1 records and inventory described in this section.”

2 11. Section 4113, subdivision (c) of the Code states: “The pharmacist-in-charge shall be  
3 responsible for a pharmacy’s compliance with all state and federal laws and regulations pertaining  
4 to the practice of pharmacy.”

5 12. Section 4307 of the Code provides, in pertinent part:

6 “(a) Any person who has been denied a license or whose license has been revoked or is  
7 under suspension, or who has failed to renew his or her license while it was under suspension, or  
8 who has been a manager, administrator, owner, member, officer, director, associate, partner, or  
9 any other person with management or control of any partnership, corporation, trust, firm, or  
10 association whose application for a license has been denied or revoked, is under suspension or has  
11 been placed on probation, and while acting as the manager, administrator, owner, member,  
12 officer, director, associate, partner, or any other person with management or control had  
13 knowledge of or knowingly participated in any conduct for which the license was denied,  
14 revoked, suspended, or placed on probation, shall be prohibited from serving as a manager,  
15 administrator, owner, member, officer, director, associate, partner, or in any other position with  
16 management or control of a licensee as follows:

17 “(1) Where a probationary license is issued or where an existing license is placed on  
18 probation, this prohibition shall remain in effect for a period not to exceed five years.

19 “(2) Where the license is denied or revoked, the prohibition shall continue until the license  
20 is issued or reinstated.”

21 13. California Code of Regulations, title 16, section 1718 provides, in pertinent part:

22 “ ‘Current Inventory’ as used in Sections 4081 and 4332 of the Business and Professions  
23 Code shall be considered to include complete accountability for all dangerous drugs handled by  
24 every licensee enumerated in Sections 4081 and 4332.”

25 14. Code of Federal Regulations, title 21, section 1317.30 provides, in pertinent part:

26 “(a) The following persons are authorized to collect controlled substances from ultimate  
27 users and other non-registrants for destruction in compliance with this chapter:

28 ///



1       “(1) Any registrant authorized by the Administration to be a collector pursuant to  
2       § 1317.40; and

3       “(2) Federal, State, tribal, or local law enforcement when in the course of official duties and  
4       pursuant to § 1317.35.”

5       15. Code of Federal Regulations, title 21, section 1306.22 provides, in pertinent part:

6       “(f) As an alternative to the procedures provided by paragraphs (a) through (e) of this  
7       section, a computer application may be used for the storage and retrieval of refill information for  
8       original paper prescription orders for controlled substances in Schedule III and IV, subject to the  
9       following conditions:

10       ...

11       “(3) Documentation of the fact that the refill information entered into the computer each  
12       time a pharmacist refills an original paper, fax, or oral prescription order for a Schedule III or IV  
13       controlled substance is correct must be provided by the individual pharmacist who makes use of  
14       such an application. If such an application provides a hard-copy printout of each day's controlled  
15       substance prescription order refill data, that printout shall be verified, dated, and signed by the  
16       individual pharmacist who refilled such a prescription order. The individual pharmacist must  
17       verify that the data indicated are correct and then sign this document in the same manner as he  
18       would sign a check or legal document (e.g., J.H. Smith, or John H. Smith). This document shall  
19       be maintained in a separate file at that pharmacy for a period of two years from the dispensing  
20       date. This printout of the day's controlled substance prescription order refill data must be  
21       provided to each pharmacy using such a computerized application within 72 hours of the date on  
22       which the refill was dispensed. It must be verified and signed by each pharmacist who is  
23       involved with such dispensing. In lieu of such a printout, the pharmacy shall maintain a bound  
24       log book, or separate file, in which each individual pharmacist involved in such dispensing shall  
25       sign a statement (in the manner previously described) each day, attesting to the fact that the refill  
26       information entered into the computer that day has been reviewed by him and is correct as shown.  
27       Such a book or file must be maintained at the pharmacy employing such an application for a  
28       period of two years after the date of dispensing the appropriately authorized refill.”



## **COSTS**

16. Section 125.3 of the Code provides, in pertinent part, that the Board may request the administrative law judge to direct a licensee found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

## **FACTUAL BACKGROUND**

17. On or about November 2, 2016, two Board inspectors performed an inspection at Respondent Pharmacy. During the inspection, the inspectors discovered twenty-three (23) boxes full of drugs that had been returned to Respondent Pharmacy for destruction. Some of those boxes contained controlled substances. Respondent Pharmacy is not authorized to collect controlled substances for destruction.

18. On or about November 16, 2016, a representative from Respondent Pharmacy provided one of the inspectors with a log purportedly containing prescription order refill data for Schedule III and IV controlled substances from October 2016. That log did not contain a daily statement signed by all of the pharmacists involved in the dispensing of those refills attesting to the fact that the refill information entered into the pharmacy's computer that day had been reviewed by the pharmacists and was correct as shown.

19. Respondent Pharmacy provided one of the inspectors with purchasing and dispensing information from May 24, 2015, through November 2, 2016, for certain drugs that were present at Respondent Pharmacy during the inspection. The inspector performed an audit of that information. The results of the audit indicated that there were shortages of four (4) drugs and overages of thirteen (13) drugs. A shortage occurs when a pharmacy purchases more drugs than it dispenses. An overage occurs when a pharmacy dispenses more drugs than it purchased.

## **FIRST CAUSE FOR DISCIPLINE**

### **(Failure to Maintain Current Inventory of Dangerous Drugs)**

20. Respondent Pharmacy's, Respondent Basrai's, and Respondent Eitoku's licenses are subject to disciplinary action under sections 4301, subdivisions (j) and/or (o), 4081, subdivisions (a) and (b), and 4113, subdivision (c) of the Code, and California Code of Regulations, title 16,

1 section 1718, in that Respondent Pharmacy failed to maintain a current inventory of dangerous  
2 drugs. The circumstances of this conduct are set forth above in Paragraphs 17-19.

### 3 **SECOND CAUSE FOR DISCIPLINE**

#### 4 **(Unauthorized Collection of Controlled Substances for Destruction)**

5 21. Respondent Pharmacy's and Respondent Eitoku's licenses are subject to disciplinary  
6 action under sections 4301, subdivision (o) and 4113, subdivision (c) of the Code, and Code of  
7 Federal Regulations, title 21, section 1317.30, in that Respondent Pharmacy engaged in the  
8 unauthorized collection of controlled substances for destruction. The circumstances of this  
9 conduct are set forth above in Paragraphs 17-19.

### 10 **THIRD CAUSE FOR DISCIPLINE**

#### 11 **(Failure to Maintain Documentation of Refill Information for Schedule III and IV** 12 **Controlled Substances)**

13 22. Respondent Pharmacy's, Respondent Basrai's, and Respondent Eitoku's licenses are  
14 subject to disciplinary action under sections 4301, subdivision (o) and 4113, subdivision (c) of the  
15 Code, and Code of Federal Regulations, title 21, section 1306.22, subdivision (f)(3), in that for  
16 the month of October 2016, Respondent Pharmacy failed to maintain a printout of the pharmacy's  
17 daily prescription order refill data for Schedule III and IV controlled substances that was verified,  
18 dated, and signed by the individual pharmacist(s) who refilled the prescription orders; and/or  
19 Respondent Pharmacy failed to maintain a bound log book, or separate file, in which each  
20 individual pharmacist(s) involved in dispensing controlled substance prescription refills signed a  
21 statement each day that month attesting to the fact that the refill information entered into the  
22 computer that day had been reviewed by him or her and was correct as shown. The  
23 circumstances of this conduct are set forth above in Paragraphs 17-19.

### 24 **OTHER MATTERS**

25 23. Pursuant to section 4307 of the Code, if discipline is imposed on Original Permit  
26 Number PHY 50018 issued to GSB Pharmaceutical Enterprises dba Alisal LTC Pharmacy while  
27 Gurpartap Singh Basrai was an officer or owner of GSB Pharmaceutical Enterprises dba Alisal  
28 LTC Pharmacy and had knowledge of or knowingly participated in any conduct for which

Original Permit Number PHY 50018 was disciplined, Gurpartap Singh Basrai shall be prohibited from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee for five years if Original Permit Number PHY 50018 is placed on probation or until Original Permit Number PHY 50018 is reinstated if it is revoked.

#### DISCIPLINE CONSIDERATIONS

24. To determine the degree of discipline, if any, to be imposed on Respondent Basrai, Complainant alleges that on or about March 2, 2001, in a prior disciplinary action entitled *In the Matter of the Accusation Against Gurpartap Singh Basrai*, before the Board, in Case Number 2231, Respondent Basrai's Original Pharmacist License Number RPH 31057 was placed on three years probation subject to certain terms and conditions. That decision is now final and is incorporated by reference as if fully set forth in this Accusation.

25. To determine the degree of discipline, if any, to be imposed on Respondent Basrai, Complainant further alleges that on or about August 27, 2014, in Case No. CI 2011 49013, the Board issued a Citation and Fine to Respondent Basrai based on violations of sections 4301, subdivision (g) (knowingly making or signing any certificate or other document that falsely represents the existence or nonexistence of a state of facts) and 4201, subdivision (i) (failure to report a change in the proposed beneficial ownership interest to the Board within thirty (30) days) of the Code. That Citation and Fine is now final and is incorporated by reference as if fully set forth in this Accusation.

#### PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters alleged in this Accusation, and that following the hearing, the Board of Pharmacy issue a decision:

1. Revoking or suspending Original Permit Number PHY 50018 issued to GSB Pharmaceutical Enterprises dba Alisal LTC Pharmacy, Gurpartap Singh Basrai, President and Secretary;
2. Revoking or suspending Pharmacist License Number RPH 31057 issued to Gurpartap Singh Basrai;

///

1       3.    Revoking or suspending Pharmacist License Number RPH 39910 issued to Jane Chin  
2   Eitoku;

3       4.    Prohibiting Gurpartap Singh Basrai from serving as a manager, administrator, owner,  
4   member, officer, director, associate, or partner of a licensee for five years if Original Permit  
5   Number PHY 50018 is placed on probation or until Original Permit Number PHY 50018 is  
6   reinstated if Original Permit Number 50018 issued to GSB Pharmaceutical Enterprises dba Alisal  
7   LTC Pharmacy is revoked;

8       5.    Ordering Respondents to pay the Board of Pharmacy the reasonable costs of the  
9   investigation and enforcement of this case pursuant to Business and Professions Code section  
10  125.3; and

11       6.    Taking such other and further action as deemed necessary and proper.

12  
13   DATED:

2/14/18



VIRGINIA HEROLD  
Executive Officer  
Board of Pharmacy  
Department of Consumer Affairs  
State of California  
Complainant

14  
15  
16  
17   OK2017901631  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

1 XAVIER BECERRA  
 Attorney General of California  
 2 DIANN SOLOLOFF  
 Supervising Deputy Attorney General  
 3 GREGORY TUSS  
 Deputy Attorney General  
 4 State Bar No. 200659  
 1515 Clay Street, 20th Floor  
 5 P.O. Box 70550  
 Oakland, CA 94612-0550  
 6 Telephone: (510) 879-1005  
 Facsimile: (510) 622-2270  
 7 Attorneys for Complainant

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

11  
 12 In the Matter of the Second Amended  
 Accusation No. 5851 and Accusation No. 6286  
 13 Against:

14 **GURPARTAP SINGH BASRAI**  
**37323 Fremont Blvd.**  
 15 **Fremont, CA 94536**  
**Pharmacist License No. RPH 31057,**

16 Respondent.  
 17

Case Nos. 5851, 6286  
 OAH Nos. 2017110399, 2018040505

**STIPULATED SETTLEMENT AND  
 DISCIPLINARY ORDER**

18  
 19 IT IS STIPULATED AND AGREED by and between the parties to the above-entitled  
 20 proceedings that the following matters are true:

21 **PARTIES**

22 1. Complainant Virginia Herold is the executive officer of the Board of Pharmacy,  
 23 Department of Consumer Affairs. She brought these actions solely in her official capacity and is  
 24 represented in this matter by Xavier Becerra, Attorney General of the State of California, and by  
 25 Gregory Tuss, deputy attorney general.

26 2. Respondent Gurpartap Singh Basrai is represented in this proceeding by attorney  
 27 Herb L. Weinberg, whose address is Fenton Law Group, LLP, 1990 South Bundy Drive, Suite  
 28 777, Los Angeles, CA 90025.

4. Second Amended Accusation No. 5851 and Accusation No. 6286 were filed before the board and are currently pending against respondent. Second Amended Accusation No. 5851 and all other statutorily required documents were properly served on respondent on March 9, 2018; Accusation No. 6286 and all other statutorily required documents were properly served on respondent on March 8, 2018. Respondent timely filed his notices of defense contesting Second Amended Accusation No. 5851 and Accusation No. 6286.

6. A copy of Accusation No. 6286 is attached as exhibit 2 and incorporated by reference.

7. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Second Amended Accusation No. 5851 and Accusation No. 6286. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

8. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in Second Amended Accusation No. 5851 and Accusation No. 6286; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

9. Respondent voluntarily, knowingly, and intelligently waives and gives up each and

1 every right set forth above.

## 2 CULPABILITY

3 10. Respondent admits the truth of each and every charge and allegation in Second  
4 Amended Accusation No. 5851 and Accusation No. 6286.

5 11. Respondent agrees that his original pharmacist license is subject to discipline and  
6 agrees to be bound by the board's probationary terms as set forth in the disciplinary order below.

## 7 CONTINGENCY

8 12. This stipulation shall be subject to approval by the Board of Pharmacy.  
9 Respondent understands and agrees that counsel for complainant and the staff of the Board of  
10 Pharmacy may communicate directly with the board regarding this stipulation and settlement,  
11 without notice to or participation by respondent or his counsel. By signing the stipulation,  
12 respondent understands and agrees that he may not withdraw its agreement or seek to rescind the  
13 stipulation prior to the time the board considers and acts upon it. If the board fails to adopt this  
14 stipulation as its decision and order, the Stipulated Settlement and Disciplinary Order shall be of  
15 no force or effect except for this paragraph, it shall be inadmissible in any legal action between  
16 the parties, and the board shall not be disqualified from further action by having considered this  
17 matter.

18 13. The parties understand and agree that portable document format (PDF) and  
19 facsimile copies of this Stipulated Settlement and Disciplinary Order, including PDF and  
20 facsimile signatures, shall have the same force and effect as the originals.

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

27 15. In consideration of these admissions and stipulations, the parties agree that the  
28 board may, without further notice or formal proceeding, issue and enter the following disciplinary



order:

### **DISCIPLINARY ORDER**

IT IS ORDERED that Original Pharmacist License No. RPH 31057 issued to respondent Gurpartap Singh Basrai is revoked. However, the revocation is stayed and respondent is placed on probation for five years on the following terms and conditions.

#### **1. Suspension**

As part of probation, respondent is suspended from practice as a licensed pharmacist until he completes four hours of remedial education in pharmacy law beginning the effective date of this decision.

During suspension, respondent shall not enter any pharmacy area or any portion of the licensed premises of a wholesaler, third-party logistics provider, veterinary food-animal drug retailer, or any other distributor of drugs that is licensed by the board, or any manufacturer, or any area where dangerous drugs and/or dangerous devices or controlled substances are maintained. Respondent shall not practice pharmacy nor do any act involving drug selection, selection of stock, manufacturing, compounding, dispensing or patient consultation; nor shall respondent manage, administer, or be a consultant to any licensee of the board, or have access to or control the ordering, distributing, manufacturing or dispensing of dangerous drugs and/or dangerous devices or controlled substances.

During this suspension, respondent shall not engage in any activity that requires the professional judgment of and/or licensure as a licensed pharmacist. Respondent shall not direct or control any aspect of the practice of pharmacy or of the manufacturing, distributing, wholesaling, or retailing of dangerous drugs and/or dangerous devices or controlled substances.

Failure to comply with this suspension shall be considered a violation of probation.

#### **2. Obey All Laws**

Respondent shall obey all state and federal laws and regulations.

Respondent shall report any of the following occurrences to the board in writing within 72 hours of such occurrence:

- an arrest or issuance of a criminal complaint for violation of any provision of the



1 Pharmacy Law, state and federal food and drug laws, or state and federal controlled  
2 substances laws

- 3 • a plea of guilty, or nolo contendere, no contest, or similar, in any state or federal criminal
- 4 proceeding to any criminal complaint, information or indictment
- 5 • a conviction of any crime
- 6 • the filing of a disciplinary pleading, issuance of a citation, or initiation of another
- 7 administrative action filed by any state or federal agency which involves respondent's
- 8 license or which is related to the practice of pharmacy or the manufacturing, obtaining,
- 9 handling, distributing, billing, or charging for any drug, device or controlled substance.

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

### 11 **3. Report to the Board**

12 Respondent shall report to the board quarterly on a schedule as directed by the board or its  
13 designee. The report shall be made either in person or in writing, as directed. Among other  
14 requirements, respondent shall state in each report under penalty of perjury whether there has  
15 been compliance with all the terms and conditions of probation.

16 Failure to submit timely reports in a form as directed shall be considered a violation of  
17 probation. Any period(s) of delinquency in submission of reports as directed may be added to the  
18 total period of probation. Moreover, if the final probation report is not made as directed,  
19 probation shall be automatically extended until such time as the final report is made and accepted  
20 by the board.

### 21 **4. Interview with the Board**

22 Upon receipt of reasonable prior notice, respondent shall appear in person for interviews  
23 with the board or its designee at such intervals and locations as are determined by the board or its  
24 designee. Failure to appear for any scheduled interview without prior notification to board staff,  
25 or failure to appear for two or more scheduled interviews with the board or its designee during the  
26 period of probation, shall be considered a violation of probation.

### 27 **5. Cooperate with Board Staff**

28 Respondent shall timely cooperate with the board's inspection program and with the

board's monitoring and investigation of respondent's compliance with the terms and conditions of his probation, including but not limited to timely responses to requests for information by board staff, timely compliance with directives from board staff regarding requirements of any term or condition of probation, and timely completion of documentation pertaining to a term or condition of probation. Failure to timely cooperate shall be considered a violation of probation.

#### **6. Continuing Education**

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

#### **7. Reporting of Employment and Notice to Employers**

During the period of probation, respondent shall notify all present and prospective employers of the decision in Second Amended Accusation No. 5851 and Accusation No. 6286, and the terms, conditions, and restrictions imposed on respondent by the decision, as follows:

Within 30 days of the effective date of this decision and within 10 days of undertaking any new employment, respondent shall report to the board in writing the name, physical address, and mailing address of each of his employer(s), and the name(s) and telephone number(s) of all of his direct supervisor(s), as well as any pharmacist(s)-in-charge, designated representative(s)-in-charge, responsible manager, or other compliance supervisor(s) and the work schedule, if known. Respondent shall also include the reason(s) for leaving the prior employment. Respondent shall sign and return to the board a written consent authorizing the board or its designee to communicate with all of respondent's employer(s) and supervisor(s), and authorizing those employer(s) or supervisor(s) to communicate with the board or its designee, concerning respondent's work status, performance, and monitoring. Failure to comply with the requirements or deadlines of this condition shall be considered a violation of probation.

Within 30 days of the effective date of this decision and within 15 days of respondent undertaking any new employment, respondent shall cause (a) his direct supervisor, (b) his pharmacist-in-charge, designated representative-in-charge, responsible manager, or other compliance supervisor, and (c) the owner or owner representative of his employer, to report to the board in writing acknowledging that the listed individual(s) has/have read the decision in Second

1 Amended Accusation No. 5851 and Accusation No. 6286, and the terms and conditions imposed.  
2 If one person serves in more than one role described in (a), (b), or (c), the acknowledgment shall  
3 so state. It shall be respondent's responsibility to ensure that these acknowledgment(s) are timely  
4 submitted to the board. In the event of a change in the person(s) serving the role(s) described in  
5 (a), (b), or (c) during the term of probation, respondent shall cause the person(s) taking over the  
6 role(s) to report to the board in writing within 15 days of the change acknowledging that he or she  
7 has read the decision in Second Amended Accusation No. 5851 and Accusation No. 6286, and the  
8 terms and conditions imposed.

9 If respondent works for or is employed by or through an employment service, respondent  
10 must notify the person(s) described in (a), (b), and (c) above at every entity licensed by the board  
11 of the decision in Second Amended Accusation No. 5851 and Accusation No. 6286, and the terms  
12 and conditions imposed in advance of respondent commencing work at such licensed entity. A  
13 record of this notification must be provided to the board upon request.

14 Furthermore, within 30 days of the effective date of this decision and within 15 days of  
15 respondent undertaking any new employment by or through an employment service, respondent  
16 shall cause the person(s) described in (a), (b), and (c) above at the employment service to report  
17 to the board in writing acknowledging that he or she has read the decision in Second Amended  
18 Accusation No. 5851 and Accusation No. 6286, and the terms and conditions imposed. It shall be  
19 respondent's responsibility to ensure that these acknowledgment(s) are timely submitted to the  
20 board.

21 Failure to timely notify present or prospective employer(s) or failure to cause the  
22 identified person(s) with that/those employer(s) to submit timely written acknowledgments to the  
23 board shall be considered a violation of probation.

24 "Employment" within the meaning of this provision includes any full-time, part-time,  
25 temporary, relief, or employment/management service position as a licensed pharmacist, or any  
26 position for which a pharmacist license is a requirement or criterion for employment, whether  
27 respondent is an employee, independent contractor or volunteer.

28 ///

1           **8.       Notification of Change(s) in Name, Address(es), or Phone Number(s)**

2           Respondent shall further notify the board in writing within 10 days of any change in  
3 name, residence address, mailing address, e-mail address or phone number.

4           Failure to timely notify the board of any change in employer, name, address, or phone  
5 number shall be considered a violation of probation.

6           **9.       Restrictions on Supervision and Oversight of Licensed Facilities**

7           During the period of probation, respondent shall not supervise any intern pharmacist, be  
8 the pharmacist-in-charge, designated representative-in-charge, responsible manager or other  
9 compliance supervisor of any entity licensed by the board, or serve as a consultant. Assumption  
10 of any such unauthorized supervision responsibilities shall be considered a violation of probation.

11          **10.     Reimbursement of Board Costs**

12          As a condition precedent to successful completion of probation, respondent shall pay to  
13 the board its costs of investigation and prosecution in the amount of \$32,632.60. Respondent  
14 shall be permitted to pay these costs in a payment plan approved by the board or its designee, so  
15 long as full payment is completed no later than one year prior to the end date of probation.

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

19          **11.     Probation Monitoring Costs**

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

24          **12.     Status of License**

25          Respondent shall at all times while on probation maintain an active, current original  
26 pharmacist license with the board, including any period during which suspension or probation is  
27 tolled. Failure to maintain an active, current original pharmacist license shall be considered a  
28 violation of probation.

1 If respondent's original pharmacist license expires or is cancelled by operation of law or  
2 otherwise at any time during the period of probation, including any extensions due to tolling or  
3 otherwise, upon renewal or reapplication respondent's original pharmacist license shall be subject  
4 to all terms and conditions of this probation not previously satisfied.

5 **13. License Surrender While on Probation/Suspension**

6 Following the effective date of this decision, should respondent cease practice due to  
7 retirement or health, or be otherwise unable to satisfy the terms and conditions of probation,  
8 respondent may relinquish his license, including any indicia of licensure issued by the board,  
9 along with a request to surrender the license. The board or its designee shall have the discretion  
10 whether to accept the surrender or take any other action it deems appropriate and reasonable.  
11 Upon formal acceptance of the surrender of the license, respondent will no longer be subject to  
12 the terms and conditions of probation. This surrender constitutes a record of discipline and shall  
13 become a part of respondent's license history with the board.

14 Upon acceptance of the surrender, respondent shall relinquish his pocket and/or wall  
15 license, including any indicia of licensure not previously provided to the board, within 10 days of  
16 notification by the board that the surrender is accepted if not already provided. Respondent may  
17 not reapply for any license from the board for three years from the effective date of the surrender.  
18 Respondent shall meet all requirements applicable to the license sought as of the date the  
19 application for that license is submitted to the board, including any outstanding costs.

20 **14. Practice Requirement – Extension of Probation**

21 Except during periods of suspension, respondent shall, at all times while on probation, be  
22 employed as a licensed pharmacist in California for a minimum of 40 hours per calendar month.  
23 Any month during which this minimum is not met shall extend the period of probation by one  
24 month. During any such period of insufficient employment, respondent must nonetheless comply  
25 with all terms and conditions of probation, unless respondent receives a waiver in writing from  
26 the board or its designee.

27 If respondent does not practice as a licensed pharmacist in California for the minimum  
28 number of hours in any calendar month, for any reason (including vacation), respondent shall

1 notify the board in writing within 10 days of the conclusion of that calendar month. This  
2 notification shall include at least the date(s), location(s), and hours of last practice; the reason(s)  
3 for the interruption or reduction in practice; and the anticipated date(s) on which respondent will  
4 resume practice at the required level. Respondent shall further notify the board in writing within  
5 10 days following the next calendar month during which respondent practices as a licensed  
6 pharmacist in California for the minimum of hours. Any failure to timely provide such  
7 notification(s) shall be considered a violation of probation.

8 It is a violation of probation for respondent's probation to be extended under the  
9 provisions of this condition for a total period, counting consecutive and non-consecutive months,  
10 exceeding 36 months. The board or its designee may post a notice of the extended probation  
11 period on its website.

#### 12 **15. Violation of Probation**

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

19 If respondent violates probation in any respect, the board, after giving respondent notice  
20 and an opportunity to be heard, may revoke probation and carry out the disciplinary order that  
21 was stayed. If a petition to revoke probation or an accusation is filed against respondent during  
22 probation, or the preparation of an accusation or petition to revoke probation is requested from  
23 the Office of the Attorney General, the board shall have continuing jurisdiction and the period of  
24 probation shall be automatically extended until the petition to revoke probation or accusation is  
25 heard and decided.

#### 26 **16. Completion of Probation**

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

1           **17. Remedial Education**

2           Within 30 days of the effective date of this decision, respondent shall submit to the board  
3 or its designee for prior approval an appropriate program of remedial education related to  
4 inventory controls, record keeping, prescription drug abuse, and pharmacy law. Respondent shall  
5 complete the joint Drug Enforcement Administration /Board of Pharmacy training within the first  
6 year or probation. Respondent shall complete six hours each subsequent year of probation in  
7 inventory controls, record keeping, prescription drug abuse, and pharmacy law. Half of the six  
8 hours each year shall be completed through in-person training. The program shall be completed  
9 at respondent's own expense. Respondent shall provide proof to the board or its designee of his  
10 completion of the training and hours. All remedial education shall be in addition to and shall not  
11 be credited toward continuing education (CE) courses used for license renewal purposes for  
12 pharmacists.

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

17           Following the completion of each course, the board or its designee may require  
18 respondent, at his own expense, to take an approved examination to test respondent's knowledge  
19 of the course. If respondent does not achieve a passing score on the examination that course shall  
20 not count towards satisfaction of this term. Respondent shall take another course approved by the  
21 board in the same subject area.

22           **18. Ethics Course**

23           Within 60 calendar days of the effective date of this decision, respondent shall enroll in a  
24 course in ethics at respondent's expense approved in advance by the board or its designee that  
25 complies with title 16, California Code of Regulations section 1773.5. Respondent shall provide  
26 proof of enrollment upon request. Within five days of completion, respondent shall submit a  
27 copy of the certificate of completion to the board or its designee. Failure to timely enroll in an  
28 approved ethics course, to initiate the course during the first year of probation, to successfully



complete it before the end of the second year of probation, or to timely submit proof of completion to the board or its designee, shall be considered a violation of probation.

### **19. Supervised Practice**

Within 30 days of the effective date of this decision, respondent shall submit to the board or its designee for prior approval the name of a pharmacist licensed by and not on probation with the board to serve as respondent's practice supervisor. As part of the documentation submitted, respondent shall cause the proposed practice supervisor to report to the board in writing acknowledging that he or she has read the decision in Second Amended Accusation No. 5851 and Accusation No. 6286, and is familiar with the terms and conditions imposed, including the level of supervision required by the board or its designee. This level will be determined by the board or its designee, will be communicated to respondent on or before the effective date of this decision and shall be one of the following:

- Continuous – At least 75% of a work week
- Substantial – At least 50% of a work week
- Partial – At least 25% of a work week
- Daily Review – Supervisor's review of probationer's daily activities within 24 hours

Respondent may practice only under the required level of supervision by an approved practice supervisor. If for any reason, including change of employment, respondent is no longer supervised at the required level by an approved practice supervisor, within 10 days of this change in supervision respondent shall submit to the board or its designee for prior approval the name of a pharmacist licensed by and not on probation with the board to serve as respondent's replacement practice supervisor. As part of the documentation submitted, respondent shall cause the proposed replacement practice supervisor to report to the board in writing acknowledging that he or she has read the decision in Second Amended Accusation No. 5851 and Accusation No. 6286, and is familiar with the terms and conditions imposed, including the level of supervision required.

Any of the following shall result in the automatic suspension of practice by a respondent and shall be considered a violation of probation:



1 Failure to nominate an initial practice supervisor, and to have that practice supervisor  
2 report to the board in writing acknowledging the decision, terms and conditions, and supervision  
3 level, within 30 days;

4 Failure to nominate a replacement practice supervisor, and to have that practice supervisor  
5 report to the board in writing acknowledging the decision, terms and conditions, and supervision  
6 level, within 10 days;

7 Practicing in the absence of an approved practice supervisor beyond the initial or  
8 replacement nomination period; or

9 Any failure to adhere to the required level of supervision.

10 Respondent shall not resume practice until notified in writing by the board or its designee.

11 During any suspension, respondent shall not enter any pharmacy area or any portion of the  
12 licensed premises of a wholesaler, third-party logistics provider, veterinary food-animal drug  
13 retailer or any other distributor of drugs which is licensed by the board, or any manufacturer, or  
14 any area where dangerous drugs and/or dangerous devices or controlled substances are  
15 maintained. Respondent shall not practice pharmacy nor do any act involving drug selection,  
16 selection of stock, manufacturing, compounding, dispensing or patient consultation; nor shall  
17 respondent manage, administer, or be a consultant to any licensee of the board, or have access to  
18 or control the ordering, distributing, manufacturing or dispensing of dangerous drugs and/or  
19 dangerous devices or controlled substances.

20 During any suspension, respondent shall not engage in any activity that requires the  
21 professional judgment and/or licensure as a pharmacist. Respondent shall not direct or control  
22 any aspect of the practice of pharmacy or of the manufacture, distribution, wholesaling, or  
23 retailing of dangerous drugs and/or dangerous devices or controlled substances.

24 Failure to comply with any suspension shall be considered a violation of probation.

#### 25 **20. No Ownership or Management of Licensed Premises**


26 Respondent shall not own, have any legal or beneficial interest in, or serve as a manager,  
27 administrator, member, officer, director, trustee, associate, or partner of any business, firm,  
28 partnership, or corporation currently or afterwards licensed by the board. Respondent shall sell or

1 transfer any legal or beneficial interest in any entity licensed by the board within 90 days  
 2 following the effective date of this decision and shall immediately thereafter provide written  
 3 proof to the board. Failure to timely divest any legal or beneficial interest(s) or provide  
 4 documentation thereof shall be considered a violation of probation.

#### 5 ACCEPTANCE


6 I have carefully read the above Stipulated Settlement and Disciplinary Order and have  
 7 fully discussed it with my attorney, Herb L. Weinberg. I understand the stipulation and the effect  
 8 it will have on my original pharmacist license. I enter into this Stipulated Settlement and  
 9 Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the  
 10 decision and order of the Board of Pharmacy.

11 DATED: 10-15-18

  
 12 GURPARTAP SINGH BASRAI  
 Respondent

13 I have read and fully discussed with respondent Gurpartap Singh Basrai the terms and  
 14 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.  
 15 I approve its form and content.

16 DATED: 10/15/2018

  
 17 Herb L. Weinberg  
 Attorney for Respondent

18 ///

**ENDORSEMENT**

This Stipulated Settlement and Disciplinary Order is submitted for consideration by the  
Board of Pharmacy.

Dated:

10.15.18

Respectfully submitted,

XAVIER BECERRA  
Attorney General of California  
DIANN SOKOLOFF  
Supervising Deputy Attorney General

*Gregory Tuss*  
GREGORY TUSS  
Deputy Attorney General  
*Attorneys for Complainant*

SF2016200954  
91019530.docx

**Exhibit 1****Second Amended Accusation No. 5851**

1 XAVIER BECERRA  
 Attorney General of California  
 2 DIANN SOKOLOFF  
 Supervising Deputy Attorney General  
 3 NICHOLAS TSUKAMAKI  
 Deputy Attorney General  
 4 State Bar No. 253959  
 1515 Clay Street, 20<sup>th</sup> Floor  
 5 P.O. Box 70550  
 Oakland, CA 94612-0550  
 6 Telephone: (510) 879-0982  
 Facsimile: (510) 622-2270  
 7 Email: Nicholas.Tsukamaki@doj.ca.gov  
*Attorneys for Complainant*

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

11 In the Matter of the Accusation Against:

Case No. 5851

12 **GSB PHARMACEUTICAL**  
 13 **ENTERPRISES dba ALISAL**  
**PHARMACY, GURPARTAP SINGH**  
 14 **BASRAI, PRESIDENT & SECRETARY**  
 323 N. Sanborn Rd.  
 15 Salinas, CA 93905  
 Original Permit No. PHY 50019

**SECOND AMENDED ACCUSATION**

16 **ROBERT A. SOUZA**  
 17 **108 San Benancio Road**  
**Salinas, CA 93908**  
 18 **Pharmacist License No. RPH 22767**

19 **GURPARTAP SINGH BASRAI**  
 20 **37323 Fremont Blvd.**  
**Fremont, CA 94536**  
 21 **Pharmacist License No. RPH 31057**

22 Respondents.

23  
 24 Complainant alleges:

25 **PARTIES**

26 1. Virginia Herold (Complainant) brings this Second Amended Accusation solely in her  
 27 official capacity as the Executive Officer of the Board of Pharmacy (Board), Department of  
 28 Consumer Affairs.

2. On or about September 16, 2009, the Board issued Original Permit Number PHY 50019 to GSB Pharmaceutical Enterprises to do business as Alisal Pharmacy, Gurpartap Singh Basrai, President and Secretary (Respondent Alisal). The Original Permit was in full force and effect at all times relevant to the charges brought in this Second Amended Accusation and will expire on September 1, 2018, unless renewed.

3. On or about November 8, 1962, the Board issued Original Pharmacist License Number RPH 22767 to Robert A. Souza (Respondent Souza). The Pharmacist License was in full force and effect at all times relevant to the charges brought in this Second Amended Accusation and will expire on October 31, 2019, unless renewed.

4. On or about August 1, 1977, the Board issued Original Pharmacist License Number RPH 31057 to Gurpartap Singh Basrai (Respondent Basrai). The Pharmacist License was in full force and effect at all times relevant to the charges brought in this Second Amended Accusation and will expire on October 31, 2019, unless renewed.

#### JURISDICTION

5. This Second Amended Accusation is brought before the Board under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.

6. Section 4011 of the Code provides that the Board shall administer and enforce both the Pharmacy Law (Bus. & Prof. Code, § 4000 et seq.) and the Uniform Controlled Substances Act (Health & Safety Code, § 11000 et seq.).

7. Section 4300, subdivision (a) of the Code provides that every license issued by the Board may be suspended or revoked.

8. Section 4300.1 of the Code provides that the expiration, cancellation, forfeiture, or suspension of a Board-issued license, the placement of a license on a retired status, or the voluntary surrender of a license by a licensee, shall not deprive the Board of jurisdiction to commence or proceed with any investigation of, or action or disciplinary proceeding against, the licensee or to render a decision suspending or revoking the license.

///

## STATUTORY AND REGULATORY PROVISIONS

9. Section 4301 of the Code provides, in pertinent part:

"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:

...

"(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.

...

"(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."

10. Section 4081 of the Code provides, in pertinent part:

"(a) All records of manufacture and of sale, acquisition, or disposition of dangerous drugs or dangerous devices shall be at all times during business hours open to inspection by authorized officers of the law, and shall be preserved for at least three years from the date of making. . . .

"(b) The owner, officer, and partner of any pharmacy, wholesaler, or veterinary food-animal drug retailer shall be jointly responsible, with the pharmacist-in-charge or representative-in-charge, for maintaining the records and inventory described in this section."

11. Section 4113, subdivision (c) of the Code states: "The pharmacist-in-charge shall be responsible for a pharmacy's compliance with all state and federal laws and regulations pertaining to the practice of pharmacy."

12. Section 4307 of the Code provides, in pertinent part:

"(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

1 association whose application for a license has been denied or revoked, is under suspension or has  
 2 been placed on probation, and while acting as the manager, administrator, owner, member,  
 3 officer, director, associate, partner, or any other person with management or control had  
 4 knowledge of or knowingly participated in any conduct for which the license was denied,  
 5 revoked, suspended, or placed on probation, shall be prohibited from serving as a manager,  
 6 administrator, owner, member, officer, director, associate, partner, or in any other position with  
 7 management or control of a licensee as follows:

8 “(1) Where a probationary license is issued or where an existing license is placed on  
 9 probation, this prohibition shall remain in effect for a period not to exceed five years.

10 “(2) Where the license is denied or revoked, the prohibition shall continue until the license  
 11 is issued or reinstated.”

12 13. Health and Safety Code section 11164 provides, in pertinent part:

13 “Except as provided in Section 11167, no person shall prescribe a controlled substance, nor  
 14 shall any person fill, compound, or dispense a prescription for a controlled substance, unless it  
 15 complies with the requirements of this section.

16 “(a) Each prescription for a controlled substance classified in Schedule II, III, IV, or V,  
 17 except as authorized by subdivision (b), shall be made on a controlled substance prescription form  
 18 as specified in Section 11162.1 . . . .”

19 14. Health and Safety Code section 11162.1 provides, in pertinent part:

20 “(a) The prescription forms for controlled substances shall be printed with the following  
 21 features:

22 . . .

23 “(2) A watermark shall be printed on the backside of the prescription blank; the watermark  
 24 shall consist of the words ‘California Security Prescription.’

25 . . .

26 “(7)(A) Six quantity check off boxes shall be printed on the form so that the prescriber may  
 27 indicate the quantity by checking the applicable box where the following quantities shall appear:

28 1-24



1 25-49

2 50-74

3 75-100

4 101-150

5 151 and over.

6 ...

7 "(8) Prescription blanks shall contain a statement printed on the bottom of the prescription  
8 blank that the 'Prescription is void if the number of drugs prescribed is not noted.'

9 ...

10 "(13) An identifying number assigned to the approved security printer by the Department of  
11 Justice.

12 ...

13 "(b) Each batch of controlled substance prescription forms shall have the lot number printed  
14 on the form and each form within that batch shall be numbered sequentially beginning with the  
15 numeral one."

16 15. California Code of Regulations, title 16, section 1714 provides, in pertinent part:

17 "(b) Each pharmacy licensed by the board shall maintain its facilities, space, fixtures, and  
18 equipment so that drugs are safely and properly prepared, maintained, secured and distributed.  
19 The pharmacy shall be of sufficient size and unobstructed area to accommodate the safe practice  
20 of pharmacy.

21 ...

22 "(d) Each pharmacist while on duty shall be responsible for the security of the prescription  
23 department, including provisions for effective control against theft or diversion of dangerous  
24 drugs and devices, and records for such drugs and devices. . . ."

25 16. California Code of Regulations, title 16, section 1761 states:

26 "(a) No pharmacist shall compound or dispense any prescription which contains any  
27 significant error, omission, irregularity, uncertainty, ambiguity or alteration. Upon receipt of any  
28 such prescription, the pharmacist shall contact the prescriber to obtain the information needed to

1 validate the prescription.

2 “(b) Even after conferring with the prescriber, a pharmacist shall not compound or dispense  
3 a controlled substance prescription where the pharmacist knows or has objective reason to know  
4 that said prescription was not issued for a legitimate medical purpose.”

5 17. Code of Federal Regulations, title 21, section 1301.75, subdivision (b) states:

6 “Controlled substances listed in Schedules II, III, IV, and V shall be stored in a securely  
7 locked, substantially constructed cabinet. However, pharmacies and institutional practitioners  
8 may disperse such substances throughout the stock of noncontrolled substances in such a manner  
9 as to obstruct the theft or diversion of the controlled substances.”

#### 10 COSTS

11 18. Section 125.3 of the Code provides, in pertinent part, that the Board may request the  
12 administrative law judge to direct a licensee found to have committed a violation or violations of  
13 the licensing act to pay a sum not to exceed the reasonable costs of the investigation and  
14 enforcement of the case.

#### 15 FACTUAL BACKGROUND

16 19. Respondent Souza was Respondent Alisal’s pharmacist-in-charge from September  
17 16, 2009, to May 1, 2015.

18 20. On or about February 3, 2015, Respondent Souza reported to the Board that  
19 Respondent Alisal had experienced a loss of hydrocodone/acetaminophen 10/325mg, a Schedule  
20 II controlled substance and dangerous drug. Respondent Souza later determined that Respondent  
21 Alisal had also experienced a loss of alprazolam 2mg, a Schedule IV controlled substance and  
22 dangerous drug.

23 21. A Board inspector determined that Respondent Alisal experienced a loss of 68,239  
24 tablets of hydrocodone/acetaminophen 10/325mg between June 1, 2013, and February 3, 2015,  
25 and a loss of 913 tablets of alprazolam 2mg between June 1, 2013, and January 28, 2015.

26 22. According to its records of disposition, Respondent Alisal dispensed approximately  
27 1,136 tablets of alprazolam 2mg manufactured by Sandoz between June 1, 2013, and January 28,  
28 2015. Respondent Alisal did not retain purchase records for those alprazolam 2mg tablets.

1       23. On or about October 4, 2017, a Board inspector conducted an inspection at  
2 Respondent Alisal. During the inspection, the inspector observed a safe in the rear area of the  
3 pharmacy that was closed but not locked. The safe contained controlled substances. After the  
4 inspector explained the security requirements for controlled substances to the pharmacist-in-  
5 charge, the pharmacist-in-charge locked the safe. The inspector then asked a pharmacy  
6 technician if she could open the locked safe. Using a combination, the pharmacy technician  
7 opened the safe.

8       24. On or about July 3, 2017, a pharmacist employed by Respondent Alisal filled a  
9 prescription for promethazine with codeine syrup, a Schedule V controlled substance and  
10 dangerous drug. The prescription was missing the following:

- 11       a. A watermark printed on the backside of the prescription that reads: "California  
12 Security Prescription";
- 13       b. An identifying number assigned to the approved security printer by the Department of  
14 Justice;
- 15       c. A lot number printed on the form;
- 16       d. Six quantity check off boxes; and
- 17       e. The following statement printed on the bottom of the prescription: "Prescription is  
18 void if the number of drugs prescribed is not noted."

19       25. The promethazine with codeine syrup prescription was paid for with cash. The  
20 physician who prescribed the promethazine with codeine syrup was located approximately 45  
21 miles away from Respondent Alisal. Also, the prescription document did not contain any notes  
22 indicating that steps were taken to validate the legitimacy of the prescription.

#### 23                                   **FIRST CAUSE FOR DISCIPLINE**

##### 24           **(Failure to Maintain Facilities to Ensure Proper Maintenance and Security of Drugs)**

25       26. Respondents Alisal and Souza are subject to disciplinary action under section 4301,  
26 subdivision (o) of the Code and California Code of Regulations, title 16, section 1714,  
27 subdivisions (b) and/or (d), in that Respondents Alisal and Souza failed to maintain Respondent  
28 Alisal's facilities, space, fixtures, and/or equipment so that drugs were safely and properly

1 prepared, maintained, secured and/or distributed. The circumstances of this conduct are set forth  
2 above in paragraphs 19-22.

### 3 **SECOND CAUSE FOR DISCIPLINE**

#### 4 **(Failure to Preserve Records of Manufacture, Sale, and/or Acquisition of Dangerous Drugs)**

5 27. Respondents Alisal, Souza, and Basrai are subject to disciplinary action under  
6 sections 4301, subdivisions (j) and/or (o), and 4081, subdivisions (a) and/or (b) of the Code, in  
7 that Respondents failed to preserve certain records of manufacture, sale, acquisition, or  
8 disposition of dangerous drugs or dangerous devices. The circumstances of this conduct are set  
9 forth above in paragraphs 19-22.

### 10 **THIRD CAUSE FOR DISCIPLINE**

#### 11 **(Failure to Store Controlled Substances in a Securely Locked Cabinet)**

12 28. Respondent Alisal is subject to disciplinary action under section 4301, subdivision (o)  
13 of the Code and Code of Federal Regulations, title 21, section 1301.75, subdivision (b),  
14 in that Respondent Alisal failed to store controlled substances in a securely locked cabinet. The  
15 circumstances of this conduct are set forth above in paragraph 23.

### 16 **FOURTH CAUSE FOR DISCIPLINE**

#### 17 **(Dispensing a Prescription Containing a Significant Error, Omission, or Uncertainty)**

18 29. Respondent Alisal is subject to disciplinary action under section 4301, subdivision (o)  
19 of the Code and California Code of Regulations, title 16, section 1761, subdivisions (a) and/or  
20 (b), in that a pharmacist employed by Respondent Alisal dispensed a prescription that contained a  
21 significant error, omission, irregularity, uncertainty, ambiguity, or alteration, and/or that  
22 pharmacist dispensed a controlled substance prescription where that pharmacist knew or had  
23 objective reason to know that the prescription was not issued for a legitimate medical purpose.  
24 The circumstances of this conduct are set forth above in paragraphs 24 and 25.

### 25 **FIFTH CAUSE FOR DISCIPLINE**

#### 26 **(Filling or Dispensing a Prescription Based on Incomplete Prescription Form)**

27 30. Respondent Alisal is subject to disciplinary action under section 4301, subdivisions  
28 (j) and/or (o) of the Code and Health and Safety Code section 11164, subdivision (a), in that a

1 pharmacist employed by Respondent Alisal filled or dispensed a prescription for a controlled  
2 substance based on a controlled substance prescription form that did not contain all of the features  
3 required by Health and Safety Code section 11162.1. The circumstances of this conduct are set  
4 forth above in paragraphs 24 and 25.

#### 5 OTHER MATTERS

6 31. Pursuant to section 4307 of the Code, if discipline is imposed on Pharmacy Permit  
7 Number PHY 50019 issued to GSB Pharmaceutical Enterprises dba Alisal Pharmacy, GSB  
8 Pharmaceutical Enterprises dba Alisal Pharmacy shall be prohibited from serving as a manager,  
9 administrator, owner, member, officer, director, associate, or partner of a licensee for five years if  
10 Pharmacy Permit Number PHY 50019 is placed on probation or until Pharmacy Permit Number  
11 PHY 50019 is reinstated if it is revoked.

12 32. Pursuant to Code section 4307, if discipline is imposed on Pharmacy Permit Number  
13 PHY 50019 issued to GSB Pharmaceutical Enterprises dba Alisal Pharmacy while Gurpartap  
14 Singh Basrai was an officer or owner of GSB Pharmaceutical Enterprises dba Alisal Pharmacy  
15 and had knowledge of or knowingly participated in any conduct for which Pharmacy Permit  
16 Number PHY 50019 was disciplined, Gurpartap Singh Basrai shall be prohibited from serving as  
17 a manager, administrator, owner, member, officer, director, associate, or partner of a licensee for  
18 five years if Pharmacy Permit Number PHY 50019 is placed on probation or until Pharmacy  
19 Permit Number PHY 50019 is reinstated if it is revoked.

#### 20 DISCIPLINE CONSIDERATIONS

21 33. To determine the degree of discipline, if any, to be imposed on Respondent Basrai,  
22 Complainant alleges that on or about March 2, 2001, in a prior disciplinary action entitled *In the*  
23 *Matter of the Accusation Against Gurpartap Singh Basrai*, before the Board, in Case Number  
24 2231, Respondent Basrai's Original Pharmacist License Number RPH 31057 was placed on three  
25 years probation subject to certain terms and conditions. That decision is now final and is  
26 incorporated by reference as if fully set forth in this Second Amended Accusation.

27 34. To determine the degree of discipline, if any, to be imposed on Respondent Basrai,  
28 Complainant further alleges that on or about August 27, 2014, in Case No. CI 2011 49013, the

1 Board issued a Citation and Fine to Respondent Basrai based on violations of sections 4301,  
2 subdivision (g) (knowingly making or signing any certificate or other document that falsely  
3 represents the existence or nonexistence of a state of facts) and 4201, subdivision (i) (failure to  
4 report a change in the proposed beneficial ownership interest to the Board within thirty (30)  
5 days), of the Code. That Citation and Fine is now final and is incorporated by reference as if fully  
6 set forth in this Second Amended Accusation.

7 **PRAYER**

8 WHEREFORE, Complainant requests that a hearing be held on the matters alleged in this  
9 Second Amended Accusation, and that following the hearing, the Board of Pharmacy issue a  
10 decision:

11 1. Revoking or suspending Original Permit Number PHY 50019 issued to GSB  
12 Pharmaceutical Enterprises to do business as Alisal Pharmacy, Gurpartap Singh Basrai, President  
13 and Secretary;

14 2. Revoking or suspending Original Pharmacist License Number RPH 22767 issued to  
15 Robert A. Souza;

16 3. Revoking or suspending Original Pharmacist License Number RPH 31057 issued to  
17 Gurpartap Singh Basrai;

18 4. Prohibiting GSB Pharmaceutical Enterprises dba Alisal Pharmacy from serving as a  
19 manager, administrator, owner, member, officer, director, associate, or partner of a licensee for  
20 five years if Pharmacy Permit Number PHY 50019 is placed on probation or until Pharmacy  
21 Permit Number PHY 50019 is reinstated if Pharmacy Permit Number 50019 issued to GSB  
22 Pharmaceutical Enterprises dba Alisal Pharmacy is revoked;

23 5. Prohibiting Gurpartap Singh Basrai from serving as a manager, administrator, owner,  
24 member, officer, director, associate, or partner of a licensee for five years if Pharmacy Permit  
25 Number PHY 50019 is placed on probation or until Pharmacy Permit Number PHY 50019 is  
26 reinstated if Pharmacy Permit Number 50019 issued to GSB Pharmaceutical Enterprises dba  
27 Alisal Pharmacy is revoked;

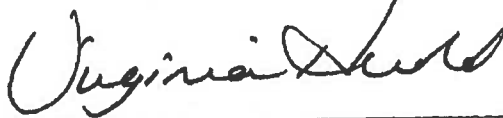
28 ///

1           6.    Ordering Respondents to pay the Board of Pharmacy the reasonable costs of the  
2 investigation and enforcement of this case pursuant to Business and Professions Code section  
3 125.3; and

4           7.    Taking such other and further action as deemed necessary and proper.

5  
6 DATED:

3/5/18



VIRGINIA HEROLD  
Executive Officer  
Board of Pharmacy  
Department of Consumer Affairs  
State of California  
*Complainant*

10 SF2016200954  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

**Exhibit 2****Accusation No. 6286**



**16**

**17**

**18**

**19**

## **EXECUTIVE SECRETARY REPORT – September 4th, 2019**

- **FINANCIAL REPORT**
  
- **TEMPORARY LICENSES**
  
- **STAFF ACTIVITIES**
  - Meetings with Other Health Care Boards
  - Presentation to UNLV School of Medicine - Dave
  - Nevada Opioid Response Summit – YenH and Darla
  - Open Beds Meeting – Darla and YenH
  - Controlled Substance Task Force Meeting - Darla
  - Three Stick Production
  
- **REPORT TO BOARD**
  - Licensing software update
  
- **BOARD RELATED NEWS**
  - NABP District Meeting - Boise
  
- **ACTIVITIES REPORT**
  - PMP Integration
  - Online CE activity - Darla and YenH
  - Renewals

TEMPORARY LICENSES  
(Issued since last board meeting)

Renown Regional Medical Center

Abbie Britton

Sunrise Hospital

Emma O'Neil

Omnicare

Dionne Payne



# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, Nevada 89521

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

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

## NEVADA STATE BOARD OF PHARMACY

### ACTIVITIES REPORT

#### JULY 17-18, 2019, BOARD MEETING HELD IN LAS VEGAS, NEVADA

This report is prepared and presented to keep interested legislators and others abreast of the activities of the Nevada State Board of Pharmacy. Following is a summary of the July 2019 Board meeting.

#### Licensing Activity:

- 17 licenses were granted for Out-of-State pharmacies.
- 5 licenses were granted for Out-of-State Compounding pharmacies.
- 60 licenses was granted for Out-of-State wholesalers.
- 16 licenses were granted for Out-of-State Medical Devices, Equipment and Gases (MDEG) companies.
- 1 license was granted for Nevada MDEG companies.
- 5 licenses were granted for Nevada pharmacies.
- 1 license was granted for Nevada Ambulatory Surgery Centers.
- 2 licenses were granted for a Nevada wholesaler.
- 1 license was granted for Practitioner Dispensing pending a positive inspection by Board Staff.
- 1 license was granted for a pharmaceutical technician in training with conditions receive a positive evaluation by PRN-PRN prior to licensure.

#### Disciplinary Actions:

- APRN MC will receive a Letter of Reprimand, pay a \$3,000 fine and \$1,000 administrative fee and shall not engage in any practice which a substantial portion of the practice is providing injections and/or intravenous infusions of vitamins or fluids for rehydration for allowing non-practitioner/non-licensed staff to possess or prescribe dangerous drugs and/or to obtain, access, possess and store dangerous drugs and/or administer drugs when she was not on site at the facility.
- Pharmacist TS shall receive a Letter of Reprimand, pay a \$750.00 fine, and complete and additional 4 hours of CEU on error prevention and patient counseling for failure to accurately verify a prescription resulting in the pharmacy dispensing amlodipine besylate 10 mg tablets rather than amitriptyline 10 mg. tablets as prescribed.
- Pharmaceutical Technician JJ's pharmaceutical technician registration was revoked for diverting 32 Hydrocodone 10/325 mg tablets for self-use.
- Pharmaceutical Technician KT's pharmaceutical technician registration was revoked for diverting approximately 1,000 Tylenol with Codeine #4 tablets for self-use.
- RE shall pay a \$1,500 fine and \$1,404.52 administrative fee for failing to renew his CS registration. He wrote 189 prescriptions for controlled substances without a valid registration.
- SL voluntarily surrendered his Nevada CS registration and agreed to pay a \$500.00 administrative fee for unprofessional conduct and illegal conduct in prescribing dosages and amounts of Oxycodone and Hydrocodone to patients outside the usual course of his professional practice and without a legitimate medical purpose.
- Pharmacist RL voluntarily surrendered his Nevada Pharmacist License and agreed to pay a \$750 administrative fee for unprofessional and illegal conduct in filling approximately 380 fraudulent Oxycodone-Acetaminophen and Hydrocodone-Acetaminophen prescriptions.

- TN voluntarily surrendered his Nevada CS Registration for unprofessional conduct and illegal conduct in creating fraudulent prescriptions for Oxycodone-Acetaminophen and Hydrocodone-Acetaminophen.

#### **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 update was provided.

#### **Workshop:**

**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.

**Amendment of Nevada Administrative Code Chapter 453 to add new sections thereto and to amend NAC 453.070 and NAC 453.074 relating to access to the database of the program established pursuant to NRS 453.162 by pharmacy personnel, practitioners, delegates of practitioners, and hospitals.**

**Amendment of Nevada Administrative Code (NAC) 639.220: Schedule of fees.** The proposed amendments to NAC 639.220 will increase the fees for the application for an initial registration, and the biennial renewal of a registration, as a registered pharmacist, pharmaceutical technician or pharmaceutical technician in training, or for authorization to prescribe or possess controlled substances, to cover the cost of maintaining the computerized program developed pursuant to NRS 453.162.

**Amendment of Nevada Administrative Code (NAC) Chapter 639 to add a new section thereto and to amend NAC 453.190 regarding the payment of fees for initial registration, the biennial renewal of a registration, or any other fees charged by the Board.** The proposed amendments will require that payment to the Board be made by credit card, debit card or electronic transfer of money, or by personal, certified or cashier's check or money order payable to the State Board of Pharmacy.



## 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 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        | 05/08/18                    | 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<br>12/05/18        |                           |                              |
| 639.250 – Technician Ratio (Non-dispensing)                  | 09/05/18<br>10/11/18<br>12/05/18                         | 01/30/19                | R002-19              | 07/15/19        | 08/01/19                    | 09/05/19                    |                           |                              |
| 453.550 – Schedule V – Adding New Substance (Cannabidiol)    | 12/05/18   | 12/26/18                | R198-18              | 12/26/18        | 01/31/19                    | 03/07/19                    | 03/15/19                  | 06/26/19                     |
| 453.520 – Schedule II – Dronabinol Oral Solution             | 01/17/19   | 01/30/19                | R001-19              | 07/24/19        | 08/01/19                    | 09/05/19                    |                           |                              |
| 639.NEW – FQHC Off-Site Dispensing                           | 01/17/19   | 02/19/19                | R004-19              | 08/02/19        |                             |                             |                           |                              |
| 639.250 – Technician Ratio (Dispensing)                      | 03/07/19<br>04/11/19<br>06/06/19<br>07/18/19<br>09/05/19 |                         |                      |                 |                             |                             |                           |                              |
| 639.NEW – Costs for Inspections                              | 04/11/19   | 04/15/19                | R005-19              | 07/24/19        | 08/01/19                    | 09/05/19                    |                           |                              |
| 639.NEW – Transfer of new prescriptions.                     | 06/06/19   | 06/11/19                | R008-19              |                 |                             |                             |                           |                              |
| 453.NEW PMP Regulations                                      | 07/18/19   | 07/19/19                | R035-19              |                 |                             |                             |                           |                              |
| 639.NEW & 453.190 – Payment of Fees                          | 07/18/19   | 07/19/19                | R033-19              |                 |                             |                             |                           |                              |
| 639.220 – Schedule of Fees                                   | 07/18/19   | 07/19/19                | R034-19              | 08/02/19        | 08/03/19                    | 09/05/19                    |                           |                              |

Regulation Tracking Log

| Regulation Number and Topic                           | Workshop Propose To Bd | 30 Days To LCB W/Letter | LCB R0 Number Issued | LCB Return Date | 30 Days Post Public Hearing | Public Hearing Meeting Date | To LCB Final W/ Cov./Info | Secretary of State File Date |
|---|------------------------|-------------------------|----------------------|-----------------|-----------------------------|-----------------------------|---------------------------|------------------------------|
| 639.240-242-7425 – Applicant with Criminal Conviction | 09/05/19               |                         |                      |                 |                             |                             |                           |                              |
| 639.NEW – Managing Pharmacist CE Requirement          | 09/05/19               |                         |                      |                 |                             |                             |                           |                              |
| 639.NEW – NPDB Reporting                              | 09/05/19               |                         |                      |                 |                             |                             |                           |                              |
| 453.NEW – Inactive Status                             | 09/05/19               |                         |                      |                 |                             |                             |                           |                              |
| 453.510 – Schedule I                                  | 09/05/19               |                         |                      |                 |                             |                             |                           |                              |

**20**

**20(1)**

**PROPOSED REGULATION OF THE  
STATE BOARD OF PHARMACY**

**LCB File No. R002-19**

July 12, 2019

EXPLANATION – Matter in *italics* is new; matter in brackets ~~omitted material~~ is material to be omitted.

AUTHORITY: §§1 and 2, NRS 639.070 and 639.1371.

A REGULATION relating to pharmacy; revising provisions concerning the supervision by a pharmacist of pharmaceutical technicians and pharmaceutical technicians in training; and providing other matters properly relating thereto.

**Legislative Counsel's Digest:**

Existing law authorizes the State Board of Pharmacy to adopt regulations relating to the practice of pharmacy in this State. (NRS 639.070)

Existing law provides that a pharmaceutical technician is a person who: (1) performs technical services in a pharmacy under the direct supervision of a pharmacist; and (2) is registered with the Board. (NRS 639.0113) Existing law provides that the ratio of pharmaceutical technicians to pharmacists must not allow more than one pharmaceutical technician to each pharmacist unless the Board expands this ratio by regulation. Existing law requires the Board to adopt regulations concerning pharmaceutical technicians, including requirements for the supervision of pharmaceutical technicians. If such regulations prescribe an expanded ratio of pharmaceutical technicians to pharmacists, existing law requires such regulations to be appropriate and necessary for a particular category of pharmacy at any time. (NRS 639.1371)

Existing regulations authorize a pharmacist to supervise more than one pharmaceutical technician in a hospital, in certain pharmacies and in any telepharmacy, remote site or satellite consultation site. (NAC 639.250) In a pharmacy that does not dispense, **section 1** of this regulation authorizes a pharmacist to supervise not more than: (1) eight pharmaceutical technicians; or (2) six pharmaceutical technicians and two pharmaceutical technicians in training. **Section 2** of this regulation makes a conforming change.

**Section 1.** NAC 639.250 is hereby amended to read as follows:

639.250 Except as otherwise provided in NAC 639.258:

1. Except as otherwise provided in ~~{this section,}~~ **subsection 5**, 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,}~~ **subsection 5**, in any pharmacy, other than a hospital pharmacy ~~{H}~~, **telepharmacy, remote site, satellite consultation site or nondispensing 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 any nondispensing pharmacy, 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.***

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.

**6. As used in this section, “nondispensing pharmacy” means a pharmacy that is licensed pursuant to this chapter and chapter 639 of NRS that does not dispense, including, without limitation, drugs, controlled substances, poisons, medicines or chemicals.**

**Sec. 2.** NAC 639.258 is hereby amended to read as follows:

639.258 1. A pharmaceutical technician in training who is registered with the Board may perform the duties of a pharmaceutical technician while he or she is participating in a program of training for pharmaceutical technicians that is approved by the Board pursuant to NAC 639.256. The registration of such a pharmaceutical technician in training:

- (a) Will specify the program of training in which he or she is participating; and
- (b) Expires when the enrollment of the pharmaceutical technician in the program terminates.

2. A person who is participating in a program of training for pharmaceutical technicians that is approved by the Board pursuant to NAC 639.256 may be trained in more than one pharmacy as a part of the program.

3. A pharmacist who is acting as an instructor for a program of training for pharmaceutical technicians that is approved by the Board pursuant to NAC 639.256 may, while acting as an instructor, supervise one pharmaceutical technician in training, in addition to the persons that he or she may supervise pursuant to **subsection 1, 2, 3 or 5 of** NAC 639.250, if the additional pharmaceutical technician in training:

(a) Has completed at least 9 months of a program of training for pharmaceutical technicians that is approved by the Board pursuant to NAC 639.256; and

(b) Has not yet successfully completed 240 hours of practical training.

4. A pharmacist shall not supervise an additional pharmaceutical technician in training pursuant to subsection 3 after that pharmaceutical technician in training has successfully completed 240 hours of practical training.



**20(2)**

**PROPOSED REGULATION OF THE  
STATE BOARD OF PHARMACY**

**LCB File No. R001-19**

June 14, 2019

EXPLANATION – Matter in *italics* is new; matter in brackets ~~omitted material~~ is material to be omitted.

AUTHORITY: §1, NRS 453.146 and 639.070.

A REGULATION relating to controlled substances; adding certain substances to the controlled substances listed in schedule II; and providing other matters properly relating thereto.

**Legislative Counsel's Digest:**

Existing law authorizes the State Board of Pharmacy to adopt regulations to add, delete or reschedule substances listed as controlled substances in schedules I, II, III, IV and V of the Uniform Controlled Substances Act. (NRS 453.146) Existing law also provides that if a substance is designated, rescheduled or deleted as a controlled substance pursuant to federal law, the Board is required, with certain limited exceptions, to similarly treat the substance under the Uniform Controlled Substances Act. (NRS 453.2182) The Drug Enforcement Administration of the United States Department of Justice has added dronabinol in an oral solution in a drug product approved for marketing by the United States Food and Drug Administration to the list of controlled substances in schedule II of the federal Controlled Substances Act. (21 C.F.R. § 1308.12) This regulation brings the treatment of dronabinol oral solution in a drug product into conformity with federal regulations by adding dronabinol oral solution in a drug product, approved by the United States Food and Drug Administration, to the list of controlled substances in schedule II of the Uniform Controlled Substances Act.

**Section 1.** NAC 453.520 is hereby amended to read as follows:

453.520 1. Schedule II consists of the drugs listed in this section, by whatever official, common, usual, chemical or trade name designated.

2. Unless specifically excepted or unless listed in another schedule, any of the following substances, whether produced directly or indirectly by extraction from substances of vegetable origin, or independently by means of chemical synthesis, or by combination of extraction and chemical synthesis, is hereby enumerated in schedule II:

(a) Opium and opiate, and any salt, compound, derivative or preparation of opium or opiate, excluding apomorphine, thebaine-derived butorphanol, dextrophan, nalbuphine, nalmeferene, naloxone and naltrexone, and their respective salts, but including:

Codeine;

Diprenorphine;

Ethylmorphine;

Etorphine hydrochloride;

Granulated opium;

Hydrocodone;

Hydrocodone combination product (meaning any product that contains hydrocodone in combination with any other active ingredient);

Hydromorphone;

Metopon;

Morphine;

Opium extracts;

Opium fluid;

Powdered opium;

Raw opium;  
 Oxycodone;  
 Oxymorphone;  
 Thebaine; and  
 Tincture of opium.

(b) Any salt, compound, isomer, derivative or preparation thereof which is chemically equivalent or identical with any of the substances referred to in paragraph (a) if they do not include the isoquinoline alkaloids of opium.

(c) Opium poppy and poppy straw.

(d) Cocaine hydrochloride salt prepared by a registered chemical or pharmaceutical manufacturer of the Drug Enforcement Administration of the Department of Justice which is properly labeled, including lot numbers, and is available for medicinal purposes through a distribution system approved by the Drug Enforcement Administration.

(e) Benzoylcegonine or ecgonine.

(f) Concentrate of poppy straw (meaning the crude extract of poppy straw in either liquid, solid or powder form and containing the phenanthrene alkaloids of the opium poppy).

3. Unless specifically excepted or unless listed in another schedule, any of the following opiates, including their isomers, esters, ethers, salts and salts of isomers, esters and ethers, whenever the existence of such isomers, esters, ethers and salts is possible within the specific chemical designation (dextrophan and levopropoxyphene excepted), are hereby enumerated on schedule II:

Alfentanil;  
Alphaprodine;  
Anileridine;  
Bezitramide;  
Bulk dextropropoxyphene (in nondosage forms);  
Carfentanil;  
Dihydrocodeine;  
Diphenoxylate;  
Fentanyl;  
Isomethadone;  
Levo-alphaacetylmethadol (some trade or other names: levo-alpha-acetylmethadol;  
levomethadyl acetate; LAAM);  
Levomethorphan;  
Levorphanol;  
Metazocine;  
Methadone;  
Methadone-Intermediate, 4-cyano-2-dimethylamino-4, 4-diphenylbutane;  
Moramide-Intermediate, 2-methyl-3-morpholino-1, 1-diphenylpropane-carboxylic acid;  
Pethidine (meperidine);  
Pethidine-Intermediate-A, 4-cyano-1-methyl-4-phenylpiperidine;  
Pethidine-Intermediate-B, ethyl-4-phenylpiperidine-4-carboxylate;

Pethidine-Intermediate-C, 1-methyl-4-phenylpiperidine-4-carboxylic acid;  
Phenazocine;  
Piminodine;  
Racemethorphan;  
Racemorphan;  
Ramifentanil;  
Sufentanil; or  
Tapentadol.

4. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system is hereby enumerated on schedule II:

- (a) Amphetamine, its salts, optical isomers and salts of optical isomers;
- (b) Phenmetrazine and its salts;
- (c) Unless specifically excepted, any preparation which contains any quantity of methamphetamine, including its salts, isomers and salts of isomers, prepared by a registered chemical or pharmaceutical manufacturer of the Drug Enforcement Administration of the Department of Justice, which is properly labeled, including lot numbers, and is available for medicinal purposes through a distribution system approved by the Drug Enforcement Administration;
- (d) Methylphenidate; or
- (e) Lisdexamfetamine.

5. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances having a depressant effect on the central nervous system, including their salts, isomers and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation, is hereby enumerated on schedule II:

Amobarbital;

Glutethimide;

Pentobarbital; or

Secobarbital.

6. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances is hereby enumerated on schedule II:

(a) Immediate precursors to phencyclidine (PCP):

1-Phenylcyclohexylamine; or

1-piperidinocyclohexanecarbonitrile (PCC).

(b) Immediate precursors to amphetamine and methamphetamine:

Phenylacetone (some trade or other names: phenyl-2-propanone; P2P; benzyl methyl ketone; methyl benzyl ketone).

7. Any material, compound, mixture or preparation which contains any quantity of Nabilone (commonly referred to as: (+)-trans-3-(1,1-dimethylheptyl)-6, 6a, 7,8,10,10a-hexahydro-1-hydroxy-6,6-dimethyl-9H- dibenzol[b,d]pyran-9-one) is hereby enumerated on schedule II.

***8. Dronabinol oral solution in a drug product approved by the United States Food and Drug Administration (some trade or other names: (6aR,10aR)-6a,7,8,10a-Tetrahydro-6,6,9-trimethyl-3-pentyl-6H-dibenzo[b,d]-pyran-1-ol; (-)-delta-9-trans-tetrahydrocannabinol; Syndros) is hereby enumerated on schedule II.***



**20(3)**

**PROPOSED REGULATION OF THE  
STATE BOARD OF PHARMACY**

**LCB File No. R005-19**

June 18, 2019

EXPLANATION – Matter in *italics* is new; matter in brackets ~~[omitted material]~~ is material to be omitted.

AUTHORITY: §1, NRS 639.070 and 639.170.

A REGULATION relating to pharmacy; authorizing the State Board of Pharmacy to require certain payments from applicants for a certificate, license or permit issued by the Board; and providing other matters properly relating thereto.

**Legislative Counsel's Digest:**

Existing law authorizes the State Board of Pharmacy to adopt regulations appertaining to the practice of pharmacy and authorizes the Board to charge and collect fees for the provision of certain services, including, without limitation, providing various licenses and registrations. (NRS 639.070, 639.170) This regulation authorizes the State Board of Pharmacy to require an applicant for a certificate, license or permit, including, without limitation, a person who holds a certificate, license or permit in another jurisdiction, to pay any costs of inspection incurred by the Board.

**Section 1.** NAC 639.220 is hereby amended to read as follows:

639.220 1. The Board hereby adopts the following schedule of fees:

For the examination of an applicant for registration as a pharmacist ..... Actual cost  
of the  
examination

|  |       |
|--|-------|
| For the investigation or registration of an applicant as a registered pharmacist.....                              | \$180 |
| For the investigation, examination or registration of an applicant as a registered pharmacist by reciprocity.....  | 180   |
| For the investigation or issuance of an original license to conduct a retail pharmacy .....                        | 500   |
| For the biennial renewal of a license to conduct a retail pharmacy .....   | 500   |
| For the investigation or issuance of an original license to conduct an institutional pharmacy .....                | 500   |
| For the biennial renewal of a license to conduct an institutional pharmacy .....                                   | 500   |
| For the investigation or issuance of an original license to conduct a pharmacy in a correctional institution ..... | 500   |
| For the biennial renewal of a license to conduct a pharmacy in a correctional institution.....                     | 500   |
| For the issuance of an original or duplicate certificate of registration as a registered pharmacist.....           | 50    |
| For the biennial renewal of registration as a registered pharmacist .....  | 180   |
| For the reinstatement of a lapsed registration (in addition to the fees for renewal for the period of lapse).....  | 100   |
| For the initial registration of a pharmaceutical technician or pharmaceutical technician in training.....          | 40    |

|  |    |
|--|----|
| For the biennial renewal of registration of a pharmaceutical technician or<br>pharmaceutical technician in training.....   | 40 |
| For the investigation or registration of an intern pharmacist .....  | 40 |
| For the biennial renewal of registration as an intern pharmacist .....   | 40 |
| For the investigation or registration of an advanced practice registered<br>nurse or a physician assistant to prescribe drugs that are not controlled<br>substances .....  | 80 |
| For the biennial renewal of registration of an advanced practice registered<br>nurse or a physician assistant to prescribe drugs that are not controlled<br>substances .....   | 80 |
| For authorization of a physician, advanced practice registered nurse,<br>physician assistant, euthanasia technician, ambulatory surgical center,<br>facility for treatment with narcotics, researcher, instructional user or<br>any other authorized person to prescribe or possess controlled<br>substances .....                         | 80 |
| For the biennial renewal of authorization of a physician, advanced<br>practice registered nurse, physician assistant, euthanasia technician,<br>ambulatory surgical center, facility for treatment with narcotics,<br>researcher, instructional user or any other authorized person to<br>prescribe or possess controlled substances ..... | 80 |

|  |     |
|--|-----|
| For the investigation or issuance of an original license to engage in<br>business as an authorized warehouse, medical products provider or<br>medical products wholesaler .....  | 500 |
| For the biennial renewal of a license to engage in business as an<br>authorized warehouse, medical products provider or medical products<br>wholesaler .....   | 500 |
| For the investigation or issuance of an original license to a manufacturer<br>or wholesaler.....   | 500 |
| For the biennial renewal of a license for a manufacturer or wholesaler .....   | 500 |
| For the reissuance of a license issued to a pharmacy, when no change of<br>ownership is involved, but the license must be reissued because of a<br>change in the information required thereon.....   | 50  |
| For authorization of a practitioner, other than a licensed veterinarian, to<br>dispense controlled substances or dangerous drugs, or both, for each<br>location where the practitioner will dispense controlled substances or<br>dangerous drugs, or both .....                        | 300 |
| For the biennial renewal of authorization of a practitioner, other than a<br>licensed veterinarian, to dispense controlled substances or dangerous<br>drugs, or both, for each location where the practitioner will dispense<br>controlled substances or dangerous drugs, or both..... | 300 |

For authorization of a licensed veterinarian to dispense controlled substances or dangerous drugs, or both .....150

For the biennial renewal of authorization of a licensed veterinarian to dispense controlled substances or dangerous drugs, or both .....150

2. The penalty for failure to pay the renewal fee for any license, permit or certificate within the statutory period, as provided in subsection 6 of NRS 639.170, is 50 percent of the renewal fee for each period of delinquency in addition to the renewal fee for each period of delinquency.

3. Any person who has been registered as a pharmacist in this State for at least 50 years is not required to pay the fee for the biennial renewal of a certificate of registration as a registered pharmacist.

4. The provisions of this section concerning the fee for the biennial renewal of the authorization to dispense controlled substances or dangerous drugs do not apply to an advanced practice registered nurse who is required to pay a fee pursuant to NAC 639.870.

5. A health center:

(a) Which is a federally qualified health center as defined in 42 U.S.C. § 1396d(l)(2)(B), as that section existed on March 1, 2000, that provides health care primarily to medically underserved persons in a community; and

(b) Which is not a medical facility as defined in NRS 449.0151,  
↪ is not required to pay the fee for the collective certification of advanced practice registered nurses in the employ of a public or nonprofit agency as set forth in subsection 1.

6. A practitioner employed by or serving as an independent contractor of a health center:

(a) Which is a federally qualified health center as defined in 42 U.S.C. § 1396d(l)(2)(B), as that section existed on March 1, 2000, that provides health care primarily to medically underserved persons in a community; and

(b) Which is not a medical facility as defined in NRS 449.0151,  
 ➤ is not required to pay a fee to the Board for a change of address or for an additional address at which the practitioner dispenses drugs.

7. A practitioner who is exempt from the payment of a fee pursuant to subsection 6 shall notify the Board in writing of each change of address or additional address, or both.

*8. In addition to any other fees paid by an applicant for a certificate, license or permit issued pursuant to chapter 639 of NRS, the Board may require that such an applicant, including, without limitation, a person who holds a certificate, license or permit in another jurisdiction, pay any costs of inspection incurred by the Board.*

**20(4)**



# **PROPOSED REGULATION OF THE STATE BOARD OF PHARMACY**

**LCB File No. R034-19**

August 2, 2019

EXPLANATION – Matter in *italics* is new; matter in brackets ~~omitted material~~ is material to be omitted.

AUTHORITY: §1, NRS 639.070 and 639.170.

A REGULATION relating to professions; increasing the fees charged by the State Board of Pharmacy for certain services; and providing other matters properly relating thereto.

**Legislative Counsel’s Digest:**

Existing law authorizes the State Board of Pharmacy to adopt regulations relating to the practice of pharmacy in this State. (NRS 639.070) Existing law requires the Board to charge and collect fees for certain services provided by the Board. (NRS 639.170) This regulation increases the fees charged and collected for certain services provided by the Board.

**Section 1.** NAC 639.220 is hereby amended to read as follows:

639.220 1. The Board hereby adopts the following schedule of fees:

|   |                                 |
|---|---------------------------------|
| For the examination of an applicant for registration as a pharmacist.....             | Actual cost                     |
|   | of the                          |
|   | examination                     |
|   |                                 |
| For the investigation or registration of an applicant as a registered pharmacist..... | <del>[\$180]</del> <b>\$200</b> |

|   |                    |
|---|--------------------|
| For the investigation, examination or registration of an applicant as a<br>registered pharmacist by reciprocity.....  | <del>180</del> 200 |
| For the investigation or issuance of an original license to conduct a<br>retail pharmacy .....                        | 500                |
| For the biennial renewal of a license to conduct a retail pharmacy .....  | 500                |
| For the investigation or issuance of an original license to conduct an<br>institutional pharmacy .....                | 500                |
| For the biennial renewal of a license to conduct an institutional<br>pharmacy .....                                   | 500                |
| For the investigation or issuance of an original license to conduct a<br>pharmacy in a correctional institution ..... | 500                |
| For the biennial renewal of a license to conduct a pharmacy in a<br>correctional institution.....                     | 500                |
| For the issuance of an original or duplicate certificate of registration as<br>a registered pharmacist .....          | 50                 |
| For the biennial renewal of registration as a registered pharmacist .....   | <del>180</del> 200 |
| For the reinstatement of a lapsed registration (in addition to the fees<br>for renewal for the period of lapse) ..... | 100                |
| For the initial registration of a pharmaceutical technician or<br>pharmaceutical technician in training.....          | <del>40</del> 50   |

|  |                    |
|--|--------------------|
| For the biennial renewal of registration of a pharmaceutical technician<br>or pharmaceutical technician in training .....  | <del>140</del> 50  |
| For the investigation or registration of an intern pharmacist.....   | 40                 |
| For the biennial renewal of registration as an intern pharmacist.....  | 40                 |
| For the investigation or registration of an advanced practice registered<br>nurse or a physician assistant to prescribe drugs that are not controlled<br>substances .....  | 80                 |
| For the biennial renewal of registration of an advanced practice<br>registered nurse or a physician assistant to prescribe drugs that are not<br>controlled substances .....   | 80                 |
| For authorization of a physician, advanced practice registered nurse,<br>physician assistant, euthanasia technician, ambulatory surgical center,<br>facility for treatment with narcotics, researcher, instructional user or<br>any other authorized person to prescribe or possess controlled<br>substances .....                         | <del>180</del> 200 |
| For the biennial renewal of authorization of a physician, advanced<br>practice registered nurse, physician assistant, euthanasia technician,<br>ambulatory surgical center, facility for treatment with narcotics,<br>researcher, instructional user or any other authorized person to<br>prescribe or possess controlled substances ..... | <del>180</del> 200 |

|   |     |
|---|-----|
| For the investigation or issuance of an original license to engage in business as an authorized warehouse, medical products provider or medical products wholesaler .....   | 500 |
| For the biennial renewal of a license to engage in business as an authorized warehouse, medical products provider or medical products wholesaler .....  | 500 |
| For the investigation or issuance of an original license to a manufacturer or wholesaler .....  | 500 |
| For the biennial renewal of a license for a manufacturer or wholesaler.....   | 500 |
| For the reissuance of a license issued to a pharmacy, when no change of ownership is involved, but the license must be reissued because of a change in the information required thereon.....  | 50  |
| For <sup>4</sup> authorization of a practitioner, other than a licensed veterinarian, to dispense controlled substances or dangerous drugs, or both, for each location where the practitioner will dispense controlled substances or dangerous drugs, or both .....           | 300 |
| For the biennial renewal of authorization of a practitioner, other than a licensed veterinarian, to dispense controlled substances or dangerous drugs, or both, for each location where the practitioner will dispense controlled substances or dangerous drugs, or both..... | 300 |

|  |     |
|--|-----|
| For authorization of a licensed veterinarian to dispense controlled substances or dangerous drugs, or both .....                         | 150 |
| For the biennial renewal of authorization of a licensed veterinarian to dispense controlled substances or dangerous drugs, or both ..... | 150 |

2. The penalty for failure to pay the renewal fee for any license, permit or certificate within the statutory period, as provided in subsection 6 of NRS 639.170, is 50 percent of the renewal fee for each period of delinquency in addition to the renewal fee for each period of delinquency.

3. Any person who has been registered as a pharmacist in this State for at least 50 years is not required to pay the fee for the biennial renewal of a certificate of registration as a registered pharmacist.

4. The provisions of this section concerning the fee for the biennial renewal of the authorization to dispense controlled substances or dangerous drugs do not apply to an advanced practice registered nurse who is required to pay a fee pursuant to NAC 639.870.

5. A health center:

(a) Which is a federally qualified health center as defined in 42 U.S.C. § 1396d(1)(2)(B), as that section existed on March 1, 2000, that provides health care primarily to medically underserved persons in a community; and

(b) Which is not a medical facility as defined in NRS 449.0151,  
 ➤ is not required to pay the fee for the collective certification of advanced practice registered nurses in the employ of a public or nonprofit agency as set forth in subsection 1.

6. A practitioner employed by or serving as an independent contractor of a health center:

(a) Which is a federally qualified health center as defined in 42 U.S.C. § 1396d(l)(2)(B), as that section existed on March 1, 2000, that provides health care primarily to medically underserved persons in a community; and

(b) Which is not a medical facility as defined in NRS 449.0151,  
➡ is not required to pay a fee to the Board for a change of address or for an additional address at which the practitioner dispenses drugs.

7. A practitioner who is exempt from the payment of a fee pursuant to subsection 6 shall notify the Board in writing of each change of address or additional address, or both.

**21**

**21(1)**



# Proposed Regulation of the Nevada State Board of Pharmacy

Workshop

September 5, 2019

Explanation – Language in *blue italics* is new; language in *red text* [~~omitted material~~] is language to be omitted, and language in *green text* indicates prior Board-approved amendments that are in the process of being codified.

AUTHORITY: NRS 639.070; NRS 639.1371; NRS 639.0727

**Section. 1. NAC 639.240 is hereby amended as follows:**

**NAC 639.240 Requirements for registration of pharmaceutical technicians.** (NRS 639.070, 639.1371)

1. No person may perform the duties of a pharmaceutical technician until the person has been issued a certificate of registration.

2. An applicant for registration as a pharmaceutical technician must:

(a) Be 18 years of age or older;

(b) Be a high school graduate or the equivalent;

~~(c) Not have been convicted of any felony or a misdemeanor involving moral turpitude, dishonesty or the unlawful possession, sale or use of drugs;~~

~~—(d) Have no history of drug abuse;~~ and

(*ce*) Have complied with one of the following requirements:

(1) The successful completion of a program of training for pharmaceutical technicians, including, but not limited to, a program of training offered by a postsecondary school, that is approved by the Board pursuant to NAC 639.256.

(2) Registration in another state as a pharmaceutical technician, if the requirements for registration in that state are equivalent to the requirements of this State, and the successful completion of at least 240 hours of employment as a pharmaceutical technician in a pharmacy in that state, which must be verified by the managing pharmacist of the pharmacy.

(3) If the state in which the applicant has been employed does not offer registration, licensure or certification as a pharmaceutical technician:

(I) The successful completion of at least 1,500 hours of experience in a pharmacy in that state performing the duties set forth in paragraph (c) of subsection 3 of NRS 639.1371 during the 3 years immediately preceding the date on which his or her application was submitted;

(II) The successful completion of at least 350 hours of employment in a pharmacy in this State; and

(III) The acquisition of a written statement to the Board from the managing pharmacist of the pharmacy referred to in sub-subparagraph (II) stating that the applicant, during his or her employment, demonstrated competence to perform the tasks assigned to him or her.

È Such an applicant must register as a pharmaceutical technician in training before he or she completes the requirements of sub-subparagraph (II).

(4) The successful completion of at least 1,500 hours of training and experience as a pharmaceutical technician in training. A pharmaceutical technician in training may accumulate certified hours of training from each place of employment.

(5) The successful completion of a program of training for pharmaceutical technicians conducted by a branch of the Armed Forces of the United States, the Indian Health Service of the United States Department of Health and Human Services or the United States Department of Veterans Affairs.

(6) Certification by the Pharmacy Technician Certification Board or the National Healthcareer Association as a pharmacy technician if:

(I) The applicant successfully completes a program of training for pharmaceutical technicians conducted by a postsecondary school in another state;

(II) The program is accredited or otherwise approved by the appropriate regulatory authority in that state; and

(III) The applicant successfully completes at least 240 hours of employment as a pharmaceutical technician in training in a pharmacy in another state, which must be verified by the managing pharmacist of the pharmacy.

3. An applicant who attended a school outside the United States must submit to an organization which evaluates educational credentials a copy of the transcript of his or her academic record from that school for a determination of whether the grades the applicant received are substantially equivalent to the grades required for an applicant who attended a school, or a program of training for pharmaceutical technicians that is accredited by the American Society of Health-System Pharmacists, in the United States. The applicant must ensure that a copy of the organization's evaluation of the transcript is submitted to the Board.

4. *The Board may deny the application if the applicant:*

*(a) Has been convicted of any felony or a misdemeanor involving moral turpitude, dishonesty or the unlawful possession, sale or use of drugs; or*

*(b) Has a history of drug abuse.*

5. Upon receipt of an application and the required fee, the Executive Secretary shall, unless he or she has good cause to deny the registration, issue a certificate of registration to the pharmaceutical technician.

## **Section. 2. NAC 639.242 is hereby amended as follows:**

**NAC 639.242 Registration of pharmaceutical technician in training; affidavit of managing pharmacist. (NRS 639.070, 639.1371)**

1. An applicant for registration as a pharmaceutical technician in training must:

(a) Be 18 years of age or older;

(b) Be a high school graduate or the equivalent;

~~*(c) Not have been convicted of any felony or a misdemeanor involving moral turpitude, dishonesty or the unlawful possession, sale or use of drugs;*~~

~~*(d) Have no history of drug abuse;*~~ and

*(ce)* Participate in training while on the job and acquire experience that is commensurate with the duties of his or her employment.

2. *The Board may deny the application if the applicant:*

*(a) Has been convicted of any felony or a misdemeanor involving moral turpitude, dishonesty or the unlawful possession, sale or use of drugs; or*

*(b) Has a history of drug abuse.*

3. A person may perform the duties of a pharmaceutical technician while the person is receiving the training and experience required by paragraph (e) of subsection 1 if he or she is registered with the Board.

43. Upon receipt of an application and the required fee, the Executive Secretary shall, unless he or she has good cause to deny the registration, issue a registration certificate for a pharmaceutical technician in training to the managing pharmacist of the pharmacy where the trainee will be employed.

54. Registration as a pharmaceutical technician in training is effective for 24 months after the date of issuance unless an extension is granted by the Board.

65. The registration certificate of a pharmaceutical technician in training who is receiving the training and experience required by paragraph (e) of subsection 1 will specify the pharmacy where he or she will be employed. Termination of that employment voids the registration, and the trainee must reapply for registration before his or her services may be used by another pharmacy. This subsection does not prohibit a trainee from accumulating certified hours of training from each place of employment.

76. The managing pharmacist of the pharmacy where a pharmaceutical technician in training is employed to receive the training and experience required by paragraph (e) of subsection 1 shall file with the Board a signed affidavit certifying:

- (a) The number of hours of training and experience the trainee has successfully completed;
- (b) The specific training and experience the trainee has completed; and
- (c) That the trainee is competent to perform the duties of a pharmaceutical technician.

### Section. 3. NAC 639.7425 is hereby amended as follows:

**NAC 639.7425 Dispensing technician: Requirements; application and fee for registration; provisional registration; issuance of certificate of registration; in-service training required for renewal of registration. (NRS 639.070, 639.0727)**

1. Except as otherwise provided in NAC 639.7423, no person may act as a dispensing technician unless the person is:

(a) A registered pharmaceutical technician; or

(b) Employed at a facility to which a certificate of registration has been issued pursuant to NAC 639.742 and the dispensing practitioner at that facility has registered the person as a dispensing technician.

2. A dispensing practitioner may apply to the Board to register a person as a dispensing technician by submitting to the Board the fee required by NAC 639.744 and proof satisfactory to the Board that the person:

(a) Is 18 years of age or older; *and*

(b) Has received a high school diploma or its equivalent;

~~(c) Not have been convicted of any felony or a misdemeanor involving moral turpitude, dishonesty or the unlawful possession, sale or use of drugs; and~~

~~(d) Have no history of drug abuse.~~

3. *The Board may deny the application if the applicant:*

*(a) Has been convicted of any felony or a misdemeanor involving moral turpitude, dishonesty or the unlawful possession, sale or use of drugs; or*

*(b) Has a history of drug abuse.*



4. Upon determining that a person for whom application for registration as a dispensing technician has been made by a dispensing practitioner satisfies the requirements of subsection 2, the Board will issue to the person a provisional registration as a dispensing technician for that practitioner.

54. A person acting as a dispensing technician pursuant to a provisional registration must complete at least 500 hours of training and experience provided by the dispensing practitioner relating to the skills that the person will be performing as a dispensing technician for that dispensing practitioner. Only that training and experience received by the person after the provisional registration is issued may be applied to satisfy the 500-hour requirement. In providing the training and experience, the dispensing practitioner shall supervise the training and experience of the person by observing the work of the person on a random basis at least three times each day during which the person is receiving training and experience.

65. A provisional registration issued to a person acting as a dispensing technician expires 12 months after it is issued or upon the expiration of the certificate of registration of the dispensing practitioner to whom the dispensing technician is registered, whichever is earlier. If a person acting as a dispensing technician pursuant to a provisional registration:

(a) Fails to complete the required 500 hours of training and experience before the expiration of the provisional registration, the person shall not act as a dispensing technician unless he or she is issued a new provisional registration pursuant to this section. Any hours of training and experience completed by the person while acting as a dispensing technician pursuant to a provisional registration that has expired may not be used to satisfy the 500-hour requirement for a new provisional registration.

(b) Completes the required 500 hours of training and experience before the expiration of the provisional registration, the dispensing practitioner shall file with the Board a signed affidavit certifying:

- (1) The number of hours of training and experience successfully completed by the person.
- (2) The specific training and experience received by the person.
- (3) That the person is, in the opinion of the dispensing practitioner, competent to perform the duties of a dispensing technician.

76. The Board, upon receiving the affidavit of the dispensing practitioner pursuant to subsection 5, will issue to the person a certificate of registration as a dispensing technician for that practitioner.

87. A dispensing technician shall complete at least 1 hour of in-service training during the 2-year period immediately preceding the renewal of the registration of the dispensing technician. The training must be a jurisprudence program approved or presented by the Board that relates to the practice of pharmacy or the law concerning pharmacy in this State. The dispensing technician shall retain a copy of the certificate from the Board or approved program certifying the completion of such in-service training. The copy must be:

- (a) Retained for at least 2 years; and
- (b) Readily accessible to a member of the Board or a person conducting an inspection or investigation on behalf of the Board.

**21(2)**

## Proposed Regulation of the Nevada State Board of Pharmacy

Workshop

September 5, 2019

Explanation – Language in *blue italics* is new; language in *red text* ~~[omitted material]~~ is language to be omitted, and language in *green text* indicates prior Board-approved amendments that are in the process of being codified.

AUTHORITY: NRS 639.070; NRS 639.220

**Section. 1.** Chapter 639 of NAC is hereby amended by adding thereto the following provisions:

*Within 1 year of approval as the managing pharmacist of a pharmacy pursuant to NRS 639.220, the managing pharmacist shall complete 2 extra hours of continuing education on pharmacy management, in addition to the continuing education units that must otherwise be completed pursuant to this chapter.*

**21(3)**

## Proposed Regulation of the Nevada State Board of Pharmacy

Workshop

September 5, 2019

Explanation – Language in *blue italics* is new; language in *red text* [~~omitted material~~] is language to be omitted, and language in *green text* indicates prior Board-approved amendments that are in the process of being codified.

AUTHORITY: NRS 453.241; NRS 639.070; NRS 639.255

**Section. 1. Chapter 639 of NAC is hereby amended by adding thereto the following provisions:**

- 1. Any discipline imposed by order of the Board pursuant to NRS 639.255 or NRS 453.241 shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r–2 and 45 CFR Part 60, and to any professional licensing board or agency of this state or another state that licenses a practitioner subject to discipline.*
- 2. If the Board issues a final decision pursuant to NRS 639.2895 that a person has engaged in unlicensed practice in this state, the Board’s decision shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r–2 and 45 CFR Part 60, and to any professional licensing board or agency of this state or another state that licenses a practitioner engaged in unlicensed practice in this state.*



**21(4)**

# Proposed Regulation of the Nevada State Board of Pharmacy

Workshop

September 5, 2019

Explanation – Language in *blue italics* is new; language in *red text* [~~omitted material~~] is language to be omitted, and language in *green text* indicates prior Board-approved amendments that are in the process of being codified.

AUTHORITY: NRS 453.221; NRS 639.070

**Section. 1. Chapter 453 of NAC is hereby amended by adding thereto the following provisions:**

1. *Upon notice that an occupational licensing board that licenses a practitioner has placed that license on inactive status, the Executive Secretary of the Board on behalf of the Board will, without a hearing, place any certificate of registration issued by the Board to that practitioner pursuant to NRS 453.226 on inactive status.*
2. *If the Board places the certificate of registration of a practitioner on inactive status, the practitioner may not dispense any controlled substance within this State during the period that his or her certificate of registration is placed on inactive status.*
3. *A registration placed on inactive status pursuant to subsection 1 will remain inactive until such time as the registrant presents proof to the Executive Secretary of the Board that the occupational licensing board that licenses the practitioner has reinstated that license to active status.*
4. *A registrant whose registration is placed on inactive status pursuant to subsection 1 may petition the Executive Secretary of the Board at any time for reinstatement of the registration to active status.*
5. *If a registration is placed on inactive status pursuant to subsection 1, the Board will provide written notice to the registrant as soon as practicable after the registration is placed on inactive status. The notice shall inform the registrant:*
  - (a) That the registrant may petition the Executive Secretary of the Board at any time for reinstatement of the registration to active status;*
  - (b) That the registrant's Internet access to the database of the program established pursuant to NRS 453.162 is suspended while the registration remains on inactive status; and*
  - (c) That the registrant may request a hearing before the Board to contest or appeal the placement of the registration on inactive status.*
6. *If the Executive Secretary of the Board denies a petition for reinstatement of the registration to active status, the Board will provide written notice to the registrant as soon as practicable after the denial of the petition. The notice shall inform the registrant that he or she may request a hearing before the Board to contest or appeal the denial of the petition.*
7. *To request a hearing before the Board to contest or appeal the placement of a registration on inactive status or the denial of a petition for reinstatement of the registration to active*

*status, the registrant must submit a written request for a hearing to the Board not later than 30 days after the date of issuance of the notice pursuant to subsection 4 or 5.*

- 8. If a registrant requests a hearing before the Board pursuant to subsection 6, the Board will conduct a hearing at the next regularly scheduled meeting of the Board, but in any event, the hearing must be instituted and determined within 45 days after the date of the request for a hearing, unless a continuance is requested by the registrant.*

**21(5)**

# Proposed Regulation of the Nevada State Board of Pharmacy

## Workshop

September 5, 2019

Explanation – Language in *blue italics* is new; language in *red text* ~~[omitted material]~~ is language to be omitted, and language in *green text* indicates prior Board-approved amendments that are in the process of being codified.

AUTHORITY: §1, NRS 639.070

**A REGULATION relating to increasing the number of pharmaceutical technicians that a pharmacist may supervise; requiring personnel handling prescription drugs to be licensed by the Board; and providing other matters properly relating thereto.**

**Section 1. NAC 639.250 is hereby amended as follows:** Except as otherwise provided in NAC 639.258:

1. Except as otherwise provided in this section, in a hospital,
  - (a) *A pharmacist who is dispensing prescriptions may not supervise more than a total of **four** ~~[three]~~ pharmaceutical technicians **or pharmaceutical technicians in training** at one time **and no more than one of those persons may be a pharmaceutical technician in training.** ~~[A pharmacist who is supervising distributive functions may not supervise more than a total of **four** ~~[two]~~ pharmaceutical technicians and one pharmaceutical technician in training while the trainee is performing technician functions in on the job training.]~~*
  - (b) *When there are two or more pharmacists on duty, a pharmacist who is performing non-chart order dispensing may not supervise more than one pharmaceutical technician or pharmaceutical technician in training. That pharmacist's presence in the facility cannot be included in calculating the ratio described in subsection 1(a) above.*
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 **four** ~~[three]~~ pharmaceutical technicians or **two** ~~[one]~~ pharmaceutical **technicians** ~~[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. 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.]~~

*4. Except as otherwise provided in NAC 639.520(4), no person may perform any task in a pharmacy where they come into contact with any prescription drug that is not packaged for final sale and verified by a pharmacist unless that person is registered with the Board as a pharmacist, intern pharmacist, pharmaceutical technician or pharmaceutical technician in training.*

*5. Subject to the limitations above, each holder of a pharmacy license issued by the Board shall establish the ratio of pharmacists to pharmaceutical technicians for its pharmacy. The managing pharmacist or pharmacist in charge of the pharmacy has discretion to reduce that ratio as necessary to promote patient safety and for the protection of the public. No other person, registrant or licensee may interfere with the exercise of the managing pharmacist or pharmacist in charge's independent professional judgment as to staffing and pharmacist to pharmaceutical technician ratios for that pharmacy.*

**Sec. 2.** **NAC 639.701 is hereby repealed.** ~~The following acts are not required to be performed by a pharmacist, intern pharmacist, pharmaceutical technician or pharmaceutical technician in training:~~

~~— 1. Entering information into the pharmacy's computer other than information contained in a new prescription concerning the prescription drug and the directions for its use.~~

~~— 2. Processing sales, including the operation of a cash register.~~

~~— 3. Stocking shelves.]~~

~~— 4. Delivering medication to a patient or to areas of a hospital where patients are cared for.]~~

**21(6)**



## Proposed Regulation of the Nevada State Board of Pharmacy

Workshop September 5, 2019

Explanation – Language in *blue italics* is new; language in *red text* [~~omitted material~~] is language to be omitted, and language in *green text* indicates prior Board-approved amendments that are in the process of being codified.

AUTHORITY: §1, NRS 639.070

**A REGULATION relating to controlled substances; adding certain substances to the controlled substances listed in Schedule I; and providing other matters properly relating thereto.**

**Section 1.** NAC 453.510 is hereby amended to read as follows:

453.510 1. Schedule I consists of the drugs and other substances listed in this section by whatever official, common, usual, chemical or trade name designated.

2. Unless specifically excepted or unless listed in another schedule, any of the following opiates, including, without limitation, their isomers, esters, ethers, salts and salts of isomers, esters and ethers, whenever the existence of such isomers, esters, ethers and salts is possible within the specific chemical designation:

Acetyl-alpha-methylfentanyl (N-[1-(1-methyl-2-phenethyl)-4-piperidinyl]-N-phenylacetamide);

Acetylmethadol;

*Acryl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylacrylamide) (some trade or other names: Acryloylfentanyl);*

Allylprodine;



Alphacetylmethadol (except levo-alphacetylmethadol, commonly referred to as levo-alpha-acetylmethadol, levomethadyl acetate or “LAAM”);

Alphameprodine;

Alphamethadol;

Alphamethylfentanyl (N-[1-(alpha-methyl-beta-phenyl)ethyl-4-piperidyl] propionanilide; 1-(1-methyl-2-phenylethyl)-4-(N-propanilido) piperidine);

Alpha-methylthiofentanyl (N-[1-methyl-2-(2-thienyl)ethyl-4-piperidiny]-N-phenylpropanamide);

Benzethidine;

Betacetylmethadol;

Beta-hydroxyfentanyl (N-[1-(2-hydroxy-2-phenethyl)-4-piperidiny]-N-phenylpropanamide);

Beta-hydroxy-3-methylfentanyl (other name: N-[1-(2-hydroxy-2-phenethyl)-3-methyl-4-piperidiny]-N-phenylpropanamide);

Beta-hydroxythiofentanyl (some other trade names: N-[1-[2-hydroxy-2-(thiophen-2-yl)ethyl]piperidin-4-yl]-N-phenylpropionamide; N-[1-[2-hydroxy-2-(2-thienyl)ethyl]-4-piperidiny]-N-phenylpropanamide);

Betameprodine;

Betamethadol;

Betaprodine;

Butyryl fentanyl (some other trade names: N-(1-phenethylpiperidin-4-yl)-N-phenylbutyramide; N-(1-phenethylpiperidin-4-yl)-N-phenylbutanamide);

Clonitazene;

*Cyclopentyl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylcyclopentanecarboxamide);*

*Cyclopropyl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-*

*phenylcyclopropanecarboxamide);*

Dextromoramide;

Diampromide;

Diethylthiambutene;

Difenoxin;

Dimenoxadol;

Dimepheptanol;

Dimethylthiambutene;

Dioxaphetyl butyrate;

Dipipanone;

Ethylmethylthiambutene;

Etonitazene;

Etoxidine;

*4-Fluoroisobutyryl fentanyl (N-(4-fluorophenyl)-N-(1-phenethylpiperidin-4-*

*yl)isobutyramide) (some trade or other names: Para-fluoroisobutyryl fentanyl);*

*Furanyl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylfuran-2-carboxamide);*

Furethidine;

Hydroxypethidine;

*Isobutyryl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylisobutyramide);*

Ketobemidone;

Levomoramide;

Levophenacetylmorphan;

3-Methylfentanyl (N-[3-methyl-1-(2-phenylethyl)-4-piperidyl]-N-phenylpropanamide);

3-Methylthiofentanyl (N-[(3-methyl-1-(2-thienyl)ethyl-4-piperidinyl]-N-phenylpropanamide);

*Methoxyacetyl fentanyl (2-methoxy-N-(1-phenethylpiperidin-4-yl)-N-phenylacetamide);*

Morpheridine;

MPPP (1-methyl-4-phenyl-4-propionoxypiperidine);

Noracymethadol;

Norlevorphanol;

Normethadone;

Norpipanone;

*Ocfentanil (N-(2-fluorophenyl)-2-methoxy-N-(1-phenethylpiperidin-4-yl)acetamide*

*Para-chloroisobutyryl fentanyl (N-(4-chlorophenyl)-N-(1-phenethylpiperidin-4-yl)isobutyramide);*

Para-fluorofentanyl (N-(4-fluorophenyl)-N-[1-(2-phenethyl)-4-piperidinyl]propanamide);

*Para-fluorobutyryl fentanyl (N-(4-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)butyramide);*

*Para-methoxybutyryl fentanyl (N-(4-methoxyphenyl)-N-(1-phenethylpiperidin-4-yl)butyramide);*

PEPAP (1-(2-phenethyl)-4-phenyl-4-acetoxypiperidine);

Phenadoxone;

Phenampromide;

Phenomorphane;

Phenoperidine;

Piritramide;

Proheptazine;

Properidine;

Propiram;

Racemoramide;

*Tetrahydrofuranyl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenyltetrahydrofuran-2-carboxamide);*

Thiofentanyl (N-phenyl-N-[1-(2-thienyl)ethyl-4-piperidiny]-propanamide);

Tilidine; or

Trimeperidine.

*Valeryl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylpentanamide);*

3. Unless specifically excepted or unless listed in another schedule, any of the following opium derivatives, including, without limitation, their salts, isomers and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation:

Acetorphine;

Acetyldihydrocodeine;

Acetylfentanyl;

Benzylmorphine;

Codeine methylbromide;

Codeine-N-Oxide;

Cyprenorphine;

Desomorphine;  
Dihydromorphine;  
Drotebanol;  
Etorphine (except hydrochloride salt);  
Heroin;  
Hydromorphenol;  
Methyldesorphine;  
Methyldihydromorphine;  
Morphine methylbromide;  
Morphine methylsulfonate;  
Morphine-N-Oxide;  
Myrophine;  
Nicocodeine;  
Nicomorphine;  
Normorphine;  
Pholcodine; or  
Thebacon.

4. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following hallucinogenic substances, including, without limitation, their salts, isomers and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation:

Alpha-ethyltryptamine (some trade or other names: ET, Trip);

Alpha-methyltryptamine (some trade or other names: AMT);

1,4-Butanediol (some trade or other names: 1,4-butyleneglycol, dihydroxybutane, tetramethylene glycol, butane 1,4-diol, SomatoPro, Soma Solutions, Zen);

4-bromo-2,5-dimethoxyamphetamine (some trade or other names: 4-bromo-2,5-dimethoxy-alpha-methylphenethylamine; 4-bromo-2,5-DMA);

4-bromo-2,5-dimethoxyphenethylamine (some trade or other names: Nexus, 2C-B);

1-Butyl-3-(1-naphthoyl)indole-7173 (some trade or other names: JWH-073);

2-(4-Chloro-2,5-dimethoxyphenyl)ethanamine (some trade or other names: 2C-C);

1-cyclohexylethyl-3-(2-methoxyphenylacetyl)indole (some trade or other names: SR-18; BTM-8; RCS-8);

2,5-dimethoxyamphetamine (some trade or other names: 2,5-dimethoxy-alpha-methylphenethylamine; 2,5-DMA);

2,5-dimethoxy-4-ethylamphet-amine (some trade or other names: DOET);

2-(2,5-Dimethoxy-4-ethylphenyl)ethanamine (some trade or other names: 2C-E);

2-(2,5-Dimethoxy-4-methylphenyl)ethanamine (some trade or other names: 2C-D);

2-(2,5-Dimethoxy-4-nitro-phenyl)ethanamine (some trade or other names: 2C-N);

All 2,5-Dimethoxy-N-(2-methoxybenzyl) phenethylamine (NBOMe) derivatives (some trade or other names: 2C-X-NBOMe; N-benzylated phenethylamines; N-o-methoxybenzyl analogs; NBOMe; 25H-NBOMe; 25B-NBOMe; 25C-BOMe; 25D-NBOMe; 25E-NBOMe; 25I-NBOMe; 25N-NBOMe; 25P-NBOMe; 25T2-NBOMe; 25T4-NBOMe; 25T7-NBOMe)

2-(2,5-Dimethoxy-4-(n)-propylphenyl)ethanamine (some trade or other names: 2C-P);

2,5-dimethoxy-4-(n)-propylthiophenethylamine (some trade or other names: 2C-T-7);

2-(2,5-Dimethoxyphenyl)ethanamine (some trade or other names: 2C-H);

3-[2-(Dimethylamino)ethyl]-1H-indol-4-yl acetate (some trade or other names: 4-acetoxy-N,N-dimethyltryptamine; 4-AcO-DMT; psilacetin; O-acetylpsilocin; 4-acetoxy-DMT)

5-(1,1-Dimethylheptyl)-2-[(1R,3S)-3-hydroxycyclohexyl]-phenol-7297 (some trade or other names: CP-47,497);

5-(1,1-Dimethyloctyl)-2-[(1R,3S)-3-hydroxycyclohexyl]-phenol-7298 (some trade or other names: cannabicyclohexanol; CP-47,497 C8 homologue);

*Ethyl 2-(1-(5-fluoropentyl)-1H-indazole-3-carboxamido)-3,3-dimethylbutanoate (some trade or other names: 5F-EDMB-PINACA);*

4-ethylnaphthalen-1-yl-(1-pentylindol-3-yl)methanone (some trade or other names: (4-ethyl-1-naphthalenyl)(1-pentyl-1H-indol-3-yl)-methanone; JWH-210);

2-[4-(Ethylthio)-2,5-dimethoxyphenyl]ethanamine (some trade or other names: 2C-T-2);  
*(1-(4-fluorobenzyl)-1H-indol-3-yl)(2,2,3,3-tetramethylcyclopropyl)methanone (some trade or other names: FUB-144);*

*2-(1-(4-fluorobenzyl)-1H-indazole-3-carboxamido)-3-methylbutanoate (Some trade or other names: FUB-AMB; MMB-FUBINACA)*

[1-(5-fluoropentyl)-1H-indazol-3-yl](naphthalen-1-yl)methanone (some trade or other names: THJ-2201; 5-fluoro THJ 018; AM2201 indazole analog; fluoropentyl JWH 018 indazole);

[1-(5-fluoropentyl)-1H-indol-3-yl]-1-naphthalenyl-methanone (some trade or other names: 1-(5-fluoropentyl)-3-(1-naphthoyl)indole; AM-2201);

[1-(5-fluoropentyl)-1H-indol-3-yl]-(2-iodophenyl)-methanone (some trade or other names: 1-(5-fluoropentyl)-3-(2-iodobenzoyl)indole; AM-694);

(1-(5-fluoropentyl)-1H-indol-3-yl)(2,2,3,3-tetramethylcyclopropyl)methanone (some trade or other names: XLR-11);

*1-(5-fluoropentyl)-N-(2-phenylpropan-2-yl)-1H-indazole-3-carboxamide (some trade or other names: 5F-CUMYL-PINACA; SGT-25);*

1-(5-fluoropentyl)-N-(tricyclo[3.3.1.1<sup>3,7</sup>]dec-1-yl)-1H-indazole-3-carboxamide (some trade or other names: N-((3s,5s,7s)-adamantan-1-yl)-1-(5-fluoropentyl)-1H-indazole-3-carboxamide; APINACA 5-fluoropentyl analog; 5F-AKB48; 5-Fluoro-AKB48; 5F-APINACA; 5-Fluoro-APINACA)

1-(5-fluoropentyl)-8-quinolinyl ester-1H-indole-3-carboxylic acid (some trade or other names: 1-(5-fluoropentyl)-1H-indole-3-carboxylic acid 8-quinolinyl ester; 5-Fluoro-PB-22; 5F-PB-22)

2-(4-Iodo-2,5-dimethoxyphenyl)ethanamine (some trade or other names: 2C-I);

2-[4-(Isopropylthio)-2,5-dimethoxyphenyl]ethanamine (some trade or other names: 2C-T-4);

1-hexyl-3-(1-naphthoyl)indole (some trade or other names: JWH-019);

4-methoxyamphetamine (some trade or other names: 4-methoxy-alpha-methylphenethylamine; para-methoxyamphetamine; PMA);

(4-methoxy-1-naphthalenyl)(1-pentyl-1H-indol-3-yl)-methanone (some trade or other names: JWH-081);

5-methoxy-3,4-methylenedioxyamphetamine (*some trade or other names: MDMA*);

5-methoxy-N, N-diisopropyltryptamine (some trade or other names: 5-meO-DIPT);



4-methyl-2,5-dimethoxyamphetamine (some trade or other names: 4-methyl-2,5-dimethoxy-alpha-methylphenethylamine; “DOM”; “STP”);

(4-methyl-1-naphthalenyl)(1-pentyl-1H-indol-3-yl)-methanone (some trade or other names: JWH-122);

*Methyl 2-(1-(5-fluoropentyl)-1H-indazole-3-carboxamido)-3,3-dimethylbutanoate (some trade or other names: 5F-ADB; 5F-MDMB-PINACA);*

*Methyl 2-(1-(5-fluoropentyl)-1H-indole-3-carboxamido)-3,3-Dimethylbutanoate (some trade or other names: 5F-MDMB-PICA);*

[3,4-m]Methylenedioxyamphetamine (some trade or other names: MDA);

[3,4-m]Methylenedioxymethamphetamine (MDMA);

[3,4-m]Methylenedioxy-N-ethylamphetamine (commonly referred to as N-ethyl-alpha-methyl-3,4(methylenedioxy) phenethylamine, N-ethyl MDA, MDE, MDEA);

1-[2-(4-Morpholinyl)ethyl]-3-(1-naphthoyl)indole-7200 (some trade or other names: JWH-200);

*N-(adamantan-1-yl)-1-(4-fluorobenzyl)-1H-indazole-3-carboxamide (some trade or other names: FUB-AKB48; FUB-APINACA; AKB48 N-(4-fluorobenzyl);*

N-(1-adamantyl)-1-pentyl-1H-indazole-3-carboxamide (some trade or other names: 1-pentyl-N-tricyclo[3.3.1.1<sup>3,7</sup>]dec-1-yl-1H-indazole-3-carboxamide; APINACA; AKB48)

N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-(cyclohexylmethyl)-1H-indazole-3-carboxamide (some trade or other names: ADB-CHMINCA or MAB-CHMINCA )

N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-pentyl-1H-indazole-3-carboxamide (some trade or other names: ADB-PINACA)

N-(1-amino-3-methyl-1-oxobutan-2-yl)-1-pentyl-1H-indazole-3-carboxamide (some trade or other names: AB-PINACA);

N-(1-amino-3-methyl-1-oxobutan-2-yl)-1-(4-fluorobenzyl)-1H-indazole-3-carboxamide (some trade or other names: AB-FUBINACA)

N-[(1S)-1-(aminocarbonyl)-2-methylpropyl]-1-(cyclohexylmethyl)-1H-indazole-3-carboxamide (some trade or other names: AB-CHMINACA)

N-hydroxy-3,4-methylenedioxyamphetamine (commonly referred to as N-hydroxy-alpha-methyl-3,4(methylenedioxy) phenethylamine, N-hydroxy MDA);

2-(2-methoxyphenyl)-1-(1-pentylindol-3-yl)ethanone (some trade or other names: 1-(1-pentyl-1H-indol-3-yl)-2-(2-methoxyphenyl)-ethanone; 1-pentyl-3-(2-methoxyphenylacetyl)indole; JWH-250);

1-Pentyl-3-(2-chlorophenylacetyl)indole (some trade or other names: JWH-203);

1-Pentyl-3-(4-chloro-1-naphthoyl)indole (some trade or other names: JWH-398);

1-Pentyl-3-[(4-methoxy)-benzoyl]indole (some trade or other names: SR-19; BTM-4; RCS-4);

1-Pentyl-3-(1-naphthoyl)indole-7118 (some trade or other names: JWH-018; AM678);

(1-pentylindol-3-yl)-(2,2,3,3-tetramethylcyclopropyl)methanone (some trade or other names: UR-144);

1-pentyl-N-(tricyclo[3.3.1.1<sup>3,7</sup>]dec-1-yl)-1H-indole-3 carboxamide (some trade or other names: APICA; JWH-018 adamantyl carboxamide; 2NE1; SDB-001);

1-pentyl-8-quinolinyl ester-1H-indole-3-carboxylic acid (some trade or other names: 1-pentyl-1H-indole-3-carboxylic acid 8-quinolinyl ester; PB-22; QUPIC)

3,4,5-trimethoxyamphetamine;

Bufotenine (some trade or other names: 3-(beta-dimethylaminoethyl)-5-hydroxyindole;

3-(2-dimethyl-aminoethyl)-5-indolol; N, N-dimethylserotonin; 5-hydroxy-N, N-

dimethyltryptamine; mappine);

Diethyltryptamine (some trade or other names: DET; N,N-Diethyltryptamine);

Dimethyltryptamine (some trade or other names: DMT; N,N-DMT; N,N-

Dimethyltryptamine);

Ethylamine analog of phencyclidine (some trade or other names: N-ethyl-1-

phenylcyclohexylamine; (1-phenylcyclohexyl) ethylamine; N-(1-phenylcyclohexyl)

ethylamine; cyclohexamine; PCE);

Fluorophenylpiperazine (some trade or other names: FPP, pFPP, 2-

fluorophenylpiperazine, 3-fluorophenylpiperazine, 4-fluorophenylpiperazine);

Gamma butyrolactone (some trade or other names: GBL, Gamma Buty Lactone, 4-

butyrolactone, dihydro-2(3H)-furanone, tetrahydro-2-furanone, Gamma G, GH Gold);

Gamma hydroxy butyric acid (some trade or other names: GHB);

Ibogaine (some trade or other names: 7-ethyl-6, 6 beta, 7, 8, 9, 10, 12, 13-octahydro-2-

methoxy-6, 9-methano-5H-pyrido (1',2':1,2) azepino (5,4-b) indole; Tabernanthe

iboga);

Lysergic acid diethylamide;

Marijuana;

Mescaline;

Methoxyphenylpiperazine (some trade or other names: MeOPP, pMPP, 4-MPP, 2-

MeOPP, 3-MeOPP, 4-MeOPP);

Parahexyl (some trade or other names: 3-Hexyl-1-hydroxy-7, 8, 9, 10-tetrahydro-6,6,9-trimethyl-6H-dibenzo[b,d]pyran; Synhexyl);

Peyote (meaning all parts of the plant presently classified botanically as *Lophophora williamsii* Lemaire, whether growing or not, the seeds thereof, any extract from any part of such plant, and every compound, manufacture, salts, derivative, mixture, or preparation of such plant, its seeds or extracts);

N-benzylpiperazine (some trade or other names: BZP, 1-benzylpiperazine);

N-ethyl-3-piperidyl benzilate;

N-methyl-3-piperidyl benzilate;

Psilocybin;

Psilocin;

Pyrrolidine analog of phencyclidine (some trade or other names: 1-(1-phenylcyclohexyl)-pyrrolidine; PCPy; PHP);

Salvinorin A (some trade or other names: Divinorin A; Methyl (2S,4aR,6aR,7R,9S,10aS,10bR)-9-(acetyloxy)-2-(furan-3-yl)-6a,10b-dimethyl-4,10-dioxododecahydro-2H-benzo[f]isochromene-7-carboxylate);

1-(1-(2-thienyl)-cyclohexyl)-pyrrolidine (some trade or other names: TCPy); or

Thiophene analog of phencyclidine (some trade or other names: 1-(1-(2-thienyl)-cyclohexyl)-piperidine; 2-thienyl analog of phencyclidine; TPCP; TCP).

Trifluoromethylphenylpiperazine (some trade or other names: 1-(3-trifluoromethylphenyl)piperazine; 3-trifluoromethylphenylpiperazine; TFMPP)

➤ For the purposes of this subsection, “isomer” includes, without limitation, the optical, position or geometric isomer.

5. All parts of the plant presently classified botanically as *Datura*, whether growing or not, the seeds thereof, any extract from any part of such plant or plants, and every compound, manufacture, salt derivative, mixture or preparation of such plant or plants, its seeds or extracts, unless substances consistent with those found in such plants are present in formulations that the Food and Drug Administration of the United States Department of Health and Human Services has approved for distribution.

6. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of phencyclidine, mecloqualone or methaqualone having a depressant effect on the central nervous system, including, without limitation, their salts, isomers and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation.

7. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including, without limitation, their salts, isomers and salts of isomers:

*Alpha-pyrrolidinoheptaphenone (some trade or other names: PV8);*

*Alpha-pyrrolidinohexanophenone (some trade or other names: Alpha-PHP);*

Alpha-PVP (some trade or other names: 1-phenyl-2-(1-pyrrolidinyl)-1-pentanone, alpha-pyrrolidinopentiophenone, alpha-pyrrolidinovalerophenone);

Aminorex;

Butylone (some trade or other names:  $\beta$ -keto-N-methylbenzodioxolylpropylamine, bk-MBDB);

Cathinone (some trade or other names: 2-amino-1-phenyl-1-propanone; alpha-aminopropiophenone; 2-aminopropiophenone; norephedrone);

*4-chloro-alpha-pyrrolidinovalerophenone (some trade or other names: 4-chloro-a-PVP);*

Dimethylone (some trade or other names: 3,4-methylenedioxy-N,N-dimethylcathinone; N,N-dimethyl MDCATH; N,N-dimethyl-3,4-methylenedioxycathinone; N,N-dimethyl- $\beta$ -keto-3,4-methylenedioxyamphetamine; 1-(1,3-benzodioxol-5-yl)-2-(dimethylamino)propan-1-one; bk-MDDMA)

*N-ethylhexedrone;*

Ethylone (some trade or other names: N-ethyl-3,4-methylenedioxycathinone; 1-(1,3-benzodioxol-5-yl)-2-(ethylamino)propan-1-one; MDEC; bk-MDEA)

*N-ethylpentylone (1-(1,3-benzodioxol-5-yl)-2-ethylamino)-pentan-1-one (some trade or other names: Ephylone)*

Fenethylamine;

Fluoroamphetamine (some trade or other names: 2-fluoroamphetamine, 3-fluoroamphetamine, 4-fluoroamphetamine, 2-FA, 3-FA, 4-FA, PFA);

Fluoromethcathinone (some trade or other names: 4-Fluoromethcathinone (Flephedrone), and 3-Fluoromethcathinone, (3-FMC);

*4-methyl-alpha-ethylaminopentiophenone (some trade or other names: 4-MEAP);*

*4'-methyl-alpha-pyrrolidinohexiophenone (some trade or other names: MPHP)*

Mephedrone (some trade or other names: Methylmethcathinone, 4-Methylmethcathinone, 4-MMC, 4-Methylephedrone);

Methamphetamine;

Methcathinone (some trade or other names: N-Methylcathinone, cat);

Methedrone (some trade or other names: Methoxymethcathinone, 4-

Methoxymethcathinone, bk-PMMA, methoxyphedrine);

(±)cis-4-methylaminorex ((+)cis-4,5-dihydro-4-methyl-5-phenyl-2-oxazoline);

Methylenedioxypropylone (some trade or other names: 3,4-

Methylenedioxypropylone, MDPV);

Methylethcathinone (some trade or other names: 2-(ethylamino)-1-(4-

methylphenyl)propan-1-one, 4-MEC, 4-methyl-N-ethylcathinone);

Methylone (some trade or other names: Methylenedioxy-N-methylcathinone,

Methylenedioxymethcathinone, 3,4-Methylenedioxy-N-methylcathinone, bk-MDMA);

N,N-dimethylamphetamine (commonly referred to as N,N-alpha-trimethyl-

benzeneethanamine; N,N-alpha-trimethylphenethylamine); or

N-ethylamphetamine.

Pentylone (some other trade names: 1-(1,3-benzodioxol-5-yl)-2-(methylamino)pentan-1-

one; beta-keto-methylbenzodioxolypentanamine; bk-MBDP; bk-methyl-K)

8. Unless specifically listed in another schedule, coca leaves, cocaine base or free base, or a salt, compound, derivative, isomer or preparation thereof which is chemically equivalent or identical to such substances, and any quantity of material, compound, mixture or preparation which contains coca leaves, cocaine base or cocaine free base or its isomers or any of the salts of cocaine, except decocainized coca leaves or extractions which do not contain cocaine or ecgonine.

9. Unless specifically listed in another schedule Tetrahydrocannabinols (natural or synthetic equivalents of the substances contained in the plant, or in the resinous extractives of

Cannabis, sp. or synthetic substances, derivatives and their isomers with similar chemical structure and pharmacological activity such as the following:

Delta 9 cis or trans tetrahydrocannabinol, and their optical isomers, also known as;

Delta 1 cis or trans tetrahydrocannabinol, and their optical isomers,

Delta 8 cis or trans tetrahydrocannabinol, and their optical isomers, also known as;

Delta 6 cis or trans tetrahydrocannabinol, and their optical isomers,

Delta 3, 4 cis or trans tetrahydrocannabinol, and its optical isomers;

Tetrahydrocannabinols contained in the genus Cannabis or in the resinous extractives of the genus

Cannabis; or Synthetic equivalents of tetrahydrocannabinol substances or synthetic

substances, derivatives and their isomers with a similar chemical structure.

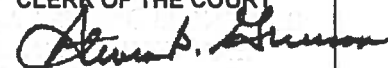
since nomenclature of these substances is not internationally standardized, compounds of these structures, regardless of numerical designation of atomic positions covered).

10. Unless specifically listed in another schedule, any material, compound, mixture or preparation which contains any quantity of CBD (natural or synthetic equivalents of the substances contained in the plant or the resinous extractives of Cannabis sp. or synthetic substances. Derivatives and their isomers with similar chemical structure and pharmacological activity).



**22**

Electronically Filed  
8/8/2019 3:10 PM  
Steven D. Grierson  
CLERK OF THE COURT



1 **NEOJ**  
2 Constance L. Akridge  
3 Nevada Bar No. 3353  
4 James M. DeVoy  
5 Nevada Bar No. 11950  
6 Brittany L. Walker  
7 Nevada Bar No. 14641  
8 HOLLAND & HART LLP  
9 9555 Hillwood Drive, 2nd Floor  
10 Las Vegas, NV 89134  
11 Phone: 702.669.4600  
12 Fax: 702.669.4650  
13 clakridge@hollandhart.com  
14 jmdevoy@hollandhart.com  
15 blwalker@hollandhart.com

16 *Attorneys for Plaintiffs*

17 **DISTRICT COURT**

18 **CLARK COUNTY, NEVADA**

19 ACRX SPECIALTY PHARMACY, INC. a  
20 Nevada corporation; and EGHOMWARE  
21 IGBINOVIA, a/k/a JERRY IGBINOVIA, an  
22 individual,

23 Plaintiffs,

24 v.

25 NEVADA STATE BOARD OF PHARMACY;  
26 DOES I-X; and ROE CORPORATIONS XI-  
27 XX,

28 Defendants.

Case No. A-19-798928-C  
Dept. No. II

**NOTICE OF ENTRY OF ORDER  
GRANTING PLAINTIFFS' EX PARTE  
APPLICATION FOR TEMPORARY  
RESTRAINING ORDER AND  
PRELIMINARY INJUNCTION, AND  
SETTING HEARING ON  
PRELIMINARY INJUNCTION**

29 **YOU, AND EACH OF YOU,** will please take notice that an Order Granting Plaintiffs'  
30 Ex Parte Application for Temporary Restraining Order and Preliminary Injunction, and Setting  
31 Hearing on Preliminary Injunction was entered on the 8th day of August, 2019.

32 ///

33 ///

34 ///

35 ///

36 ///

1 A copy of said Order is attached hereto.

2 DATED this 8th day of August, 2019.

3 HOLLAND & HART LLP

4  
5 /s/ James M. DeVoy

6 Constance L. Akridge

7 James M. DeVoy

8 Brittany L. Walker

9 9555 Hillwood Drive, 2nd Floor

10 Las Vegas, NV 89134

11 *Attorneys for Plaintiffs*

12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
HOLLAND & HART LLP  
9555 HILLWOOD DRIVE, 2ND FLOOR  
LAS VEGAS, NV 89134

**CERTIFICATE OF SERVICE**

I hereby certify that on the 8th day of August, 2019, a true and correct copy of the foregoing **MASTER CAPTION** was served by the following method(s):

☐ Electronic: by submitting electronically for filing and/or service with the Eighth Judicial District Court's e-filing system and served on counsel electronically in accordance with the E-service list to the following email addresses:

☒ U.S. Mail: by depositing same in the United States mail, first class postage fully prepaid to the persons and addresses listed below:

Brett Kandt, Esq.  
General Counsel  
Nevada State Board of Pharmacy  
985 Damonte Ranch Parkway  
#206  
Reno, NV 89521

☐ Email: by electronically delivering a copy via email to the following e-mail address:

☐ Facsimile: by faxing a copy to the following numbers referenced below:

☐ Receipt of Copy:

/s/ Joyce Heilich

An Employee of Holland & Hart LLP

HOLLAND & HART LLP  
9555 HILLWOOD DRIVE, 2ND FLOOR  
LAS VEGAS, NV 89134

Electronically Filed  
8/8/2019 11:50 AM  
Steven D. Grierson  
CLERK OF THE COURT



**ORDR**

Constance L. Akridge  
Nevada Bar No. 3353  
J. Malcolm DeVoy  
Nevada Bar No. 11950  
Brittany L. Walker  
Nevada Bar No. 14641  
HOLLAND & HART LLP  
9555 Hillwood Drive, 2nd Floor  
Las Vegas, NV 89134  
Phone: 702.669.4600  
Fax: 702.669.4650  
clakridge@hollandhart.com  
jmdevoy@hollandhart.com  
blwalker@hollandhart.com

*Attorneys for Plaintiffs*

**DISTRICT COURT**

**CLARK COUNTY, NEVADA**

ACRX SPECIALTY PHARMACY, INC. a  
Nevada corporation; and EGHOMWARE  
IGBINOVIA, a/k/a JERRY IGBINOVIA, an  
individual,

Plaintiffs,

v.

NEVADA STATE BOARD OF PHARMACY;  
DOES I-X; and ROE CORPORATIONS XI-  
XX,

Defendant.

Case No. A-19-798928-C  
Dept. No. II

**ORDER GRANTING PLAINTIFFS' EX  
PARTE APPLICATION FOR  
TEMPORARY RESTRAINING ORDER  
AND PRELIMINARY INJUNCTION,  
AND SETTING HEARING ON  
PRELIMINARY INJUNCTION**

Hearing Date: July 26, 2019  
Hearing Time: 9:00 a.m.

On July 26, 2019 at 9:00 a.m., the matter of Plaintiffs' Ex Parte Motion for Temporary Restraining Order and Preliminary Injunction, submitted to the Court on July 22, 2019 on an Order Shortening Time by Plaintiffs ACRX Specialty Pharmacy Inc. ("ACRX") and Eghomware Igbinovia, a/k/a Jerry Igbinovia ("Igbinovia"), collectively the "Plaintiffs," came on for hearing and was argued by Constance L. Akridge, Esq. and J. Malcolm DeVoy, Esq. of Holland & Hart LLP for Plaintiffs, and Brett Kandt, Esq. of the Nevada State Board of Pharmacy ("Board," or the "Defendant") for Defendant.

AUG 02 2019

1 This Court, having reviewed Plaintiffs' Motion and all attachments, the Complaint filed  
2 herein, considered the arguments of counsel for both Plaintiffs and Defendant, counsel for  
3 Plaintiffs having provided copies of the Motion and Complaint to general counsel for Defendant,  
4 and good cause appearing, hereby finds that this is a proper instance for a temporary restraining  
5 order to be issued because if Defendant is not restrained and enjoined by order of this Court,  
6 Plaintiffs will suffer immediate and irreparable injury through deprivation of their valid business  
7 interests and damage to their property interests in their professional licenses issued and governed  
8 by the Board. In addition to the declarations supporting the Motion pursuant to Nev. R. Civ. P.  
9 65(b)(2), the Court makes the following findings of fact and conclusions of law as a basis for this  
10 Order as required by Nev. R. Civ. P. 65(d)(1)(A)-(C):

11 **I. FINDINGS OF FACT**

12 1. On June 20, 2019, the Nevada State Board of Pharmacy ("Board") involuntarily  
13 closed ACRX when law federal enforcement agencies seized nine (9) computers from ACRX and  
14 arrested Igbinovia. Despite these events, Igbinovia was processed and released from custody on  
15 his own recognizance that very same day, without the requirement to post any bond.

16 2. Igbinovia submitted evidence to the Court that he had maintained a backup of all  
17 data found on the nine (9) computers seized from ACRX by law enforcement officers.

18 3. Neither the Board nor any other governmental entity has obtained any order or other  
19 form of relief requiring ACRX to close.

20 4. The Board neither complied with NRS 233B.127(3) nor intended that its actions  
21 constitute a summary suspension of ACRX's pharmacy license under this provision.

22 5. Before the hearing, the Board had refused to re-open ACRX.

23 6. Patients who are not parties to this action have been affected by the Board's actions,  
24 and have had their access to medication disrupted by the Board's closure of ACRX; the Court finds  
25 that those affected patients' needs for prescribed, necessary, and life-saving medications is the  
26 most relevant measure of the public's interest in any injunctive relief.

27 7. Plaintiffs and Defendant have represented and stipulated through their above-  
28 identified counsel that any Temporary Restraining Order shall be converted into a Preliminary

1 Injunction and remain in effect through the date of the Preliminary Injunction hearing specified  
2 within this Order.

3 **II. CONCLUSIONS OF LAW**

4 1. The provisions of NAC 639.570 and NRS 639.070 do not permit the Board to close  
5 ACRX and exclude Plaintiffs from the pharmacy's location without adequate notice and hearing  
6 required under NRS 233B.121 and 233B.127. Instead, NAC 639.570 merely prescribes  
7 procedures for the Board to follow in the event of an involuntary closure of a pharmacy as a result  
8 of governmental action, which has not happened in this case. *See* NAC 639.570(5).

9 2. Plaintiffs have shown a reasonable probability of success on the merits of their  
10 claims against Defendant.

11 3. Plaintiffs have shown a reasonable probability of demonstrating they are suffering  
12 and will continue to suffer irreparable harm if this Court does not issue an injunction.

13 4. The public interest, balancing both the need to constrain governmental action  
14 according to the terms of the Nevada Revised Statutes and the Nevada Administrative Code, and  
15 the public's interest in enforcing laws regarding the distribution of regulated drugs, weigh in favor  
16 of this Court granting the Plaintiffs' motion and allowing ACRX to re-open, restoring the status  
17 quo that existed before the Board's June 20, 2019 closure of the pharmacy.

18 5. The Court finds that the circumstances and conditions presented by Plaintiffs are  
19 exigent and, due to the threatened harm to Plaintiffs' business, warrants immediate relief in the  
20 form of the temporary restraining order granted herein.

21 Accordingly, for all the foregoing reasons:

22 IT IS HEREBY ORDERED that a Temporary Restraining Order shall be issued pursuant  
23 to Nev. R. Civ. P. 65(b) restraining Defendant from further restricting Plaintiffs from operating  
24 their pharmacy pursuant to the Board's June 21, 2019 Notice of Involuntary Closure;

25 IT IS FURTHER ORDERED that, pursuant to the stipulation of Plaintiffs and Defendant  
26 made on the record before this Court, the Temporary Restraining Order shall be converted into a  
27 Preliminary Injunction under Nev. R. Civ. P. 65(d), and continue in effect through the date of the  
28 hearing specified within this Order;

1 IT IS FURTHER ORDERED that the Board is hereby ENJOINED from any continued  
2 enforcement of its June 21, 2019 Notice of Involuntary Closure against Plaintiffs, including the  
3 denial of access to ACRX and cessation of its operations pursuant to that notice;

4 IT IS FURTHER ORDERED that the Board is hereby ENJOINED from denying Plaintiffs  
5 access to their place of business pursuant to its June 21, 2019 Notice of Involuntary Closure;

6 IT IS FURTHER ORDERED that the foregoing provisions of this Order, and the Court's  
7 purpose and intent in entering this Order, shall not be construed to impair or limit the Board's  
8 authority to regulate Plaintiffs in conformity with Nevada law;

9 IT IS FURTHER ORDERED that the Board shall allow Plaintiffs to reopen ACRX *forthwith*  
10 and without delay, including conducting all necessary reviews and inspections prior to ACRX re-  
11 opening, and the Board shall take all steps necessary to restore Plaintiffs' access to ACRX's  
12 facilities immediately upon receipt of this Order;

13 IT IS FURTHER ORDERED that, pursuant to Nev. R. Civ. P. 65(c), Plaintiffs shall file a  
14 bond for costs and damages that may be incurred by any party who may be found to be wrongfully  
15 restrained or enjoined from this Order in the total sum of \$500.00;

16 IT IS FURTHER ORDERED that an evidentiary hearing on Plaintiffs' motion for a  
17 preliminary injunction shall be held on the 5th day of September, 2019, at 10:00 a.m. in  
18 Department II of the above-entitled Court;

19 IT IS FURTHER ORDERED that two weeks prior to the September 5, 2019 evidentiary  
20 hearing, the parties shall exchange lists identifying their proposed witnesses and the documents  
21 they intend to rely upon at that hearing, provided further that each party must provide immediate  
22 notice to opposing counsel identifying any witnesses presented at the Board's September 4, 2019  
23 hearing regarding Plaintiffs that could not have been previously disclosed; and

24 //

25 //

26 //

27 //

28 //



1 IT IS FURTHER ORDERED that this Preliminary Injunction shall be in effect and enjoin  
 2 the conduct of the Board until the September 5, 2019 hearing specified above, unless further  
 3 extended, or modified by order of this Court or stipulation of the parties.

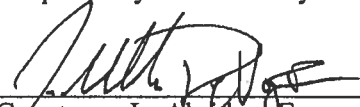
4  
 5 DATED this \_\_\_\_ day of August, 2019.

6  
 7  
 8 DISTRICT COURT JUDGE

A 798 928

9  
 10 Respectfully submitted by:

Approved as to form:

11   
 12 Constance L. Akridge, Esq.  
 13 J. Malcolm DeVoy, Esq.  
 14 Brittany L. Walker, Esq.  
 15 HOLLAND & HART LLP  
 16 9555 Hillwood Drive, 2nd Floor  
 17 Las Vegas, NV 89134

Brett Kandt, Esq.  
 General Counsel  
 Nevada State Board of Pharmacy  
 985 Damonte Ranch parkway # 206  
 Reno, NV 89521

Attorneys for Plaintiffs

Attorney for Defendant

18  
 19  
 20  
 21  
 22  
 23  
 24  
 25  
 26  
 27  
 28  
 13357853\_v4

HOLLAND & HART LLP  
 9555 HILLWOOD DRIVE, 2ND FLOOR  
 LAS VEGAS, NV 89134

1 IT IS FURTHER ORDERED that this Preliminary Injunction shall be in effect and enjoin  
 2 the conduct of the Board until the September 5, 2019 hearing specified above, unless further  
 3 extended, or modified by order of this Court or stipulation of the parties.

4  
 5 DATED this 2nd day of August, 2019.

6  
 7  
 8   
 9 DISTRICT COURT JUDGE  
 TM

10 Respectfully submitted by:

Approved as to form:

11  
 12 \_\_\_\_\_  
 13 Constance L. Akridge, Esq.  
 14 J. Malcolm DeVoy, Esq.  
 15 Brittany L. Walker, Esq.  
 16 HOLLAND & HART LLP  
 17 9555 Hillwood Drive, 2nd Floor  
 18 Las Vegas, NV 89134

19 *Attorneys for Plaintiffs*

20  
 21 \_\_\_\_\_  
 22 Brett Kang, Esq.  
 23 General Counsel  
 24 Nevada State Board of Pharmacy  
 25 985 Damonte Ranch parkway # 206  
 26 Reno, NV 89521

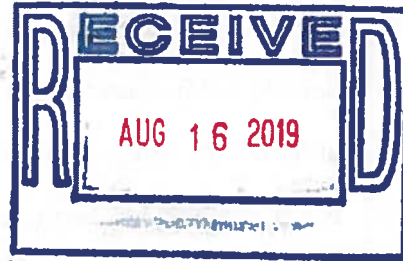
27 *Attorney for Defendant*

28  
 13357853\_v4

HOLLAND & HART LLP  
 9555 HILLWOOD DRIVE, 2ND FLOOR  
 LAS VEGAS, NV 89134

**SUMM**

Constance L. Akridge  
 Nevada Bar No. 3353  
 James M. DeVoy  
 Nevada Bar No. 11950  
 Brittany L. Walker  
 Nevada Bar No. 14641  
 HOLLAND & HART LLP  
 9555 Hillwood Drive, 2nd Floor  
 Las Vegas, NV 89134  
 Phone: 702.669.4600  
 Fax: 702.669.4650  
 clakridge@hollandhart.com  
 jmdevoy@hollandhart.com  
 blwalker@hollandhart.com



*Attorneys for Plaintiffs*

**DISTRICT COURT****CLARK COUNTY, NEVADA**

ACRX SPECIALTY PHARMACY, INC. a  
 Nevada corporation; and EGHOMWARE  
 IGBINOVIA, a/k/a JERRY IGBINOVIA, an  
 individual,

Plaintiffs,

v.

NEVADA STATE BOARD OF PHARMACY;  
 DOES I-X; and ROE CORPORATIONS XI-  
 XX,

Defendants.

Case No. A-19-798928-C  
 Dept. No. 2

**SUMMONS – CIVIL**

(NEVADA STATE BOARD OF  
 PHARMACY, C/O JASON PENROD,  
 PRESIDENT OF THE BOARD  
 OF PHARMACY)

**NOTICE! YOU HAVE BEEN SUED. THE COURT MAY DECIDE AGAINST YOU  
 WITHOUT YOUR BEING HEARD UNLESS YOU RESPOND WITHIN 21 DAYS. READ  
 THE INFORMATION BELOW.**

**TO THE DEFENDANT, NEVADA STATE BOARD OF PHARMACY, C/O JASON  
 PENROD, PRESIDENT OF THE BOARD OF PHARMACY. A civil First Amended  
 Complaint has been filed by the Plaintiff(s) against you for the relief set forth in the First Amended  
 Complaint. If you intend to defend this lawsuit, within 21 days after this Summons is served on  
 you, exclusive of the day of service, you must do the following: File with the Clerk of this Court.**

HOLLAND & HART LLP  
9555 HILLWOOD DRIVE, 2ND FLOOR  
LAS VEGAS, NV 89134

whose address is shown below, a formal written response to the First Amended Complaint in accordance with the rules of the Court, with the appropriate filing fee. Serve a copy of your response upon the attorney whose name and address is shown below. Unless you respond, your default will be entered upon application of the Plaintiff(s) and failure to so respond will result in a judgment of default against you for the relief demanded in the First Amended Complaint, which could result in the taking of money or property or other relief requested in the First Amended Complaint. If you intend to seek the advice of an attorney in this matter, you should do so promptly so that your response may be filed on time. The State of Nevada, its political subdivisions, agencies, officers, employees, board members, commission members and legislators each have 45 days after service of this Summons within which to file an Answer or other responsive pleading to the First Amended Complaint.

Submitted by:

HOLLAND & HART LLP

/s/ Constance L. Akridge  
Constance L. Akridge  
James M. DeVoy  
Brittany L. Walker  
9555 Hillwood Drive, 2nd Floor  
Las Vegas, NV 89134

*Attorneys for Plaintiffs*

STEVEN D. GRIERSON  
CLERK OF COURT

*[Signature]*  
Deputy Clerk Ofelia David  
Regional Justice Center  
200 Lewis Avenue  
Las Vegas, NV 89155

8/16/2019

Date

**NOTE: When service is by publication, add a brief statement of the object of the action. See Nevada Rules of Civil Procedure 4(b).**

# AFFIDAVIT OF SERVICE

STATE OF NEVADA )  
COUNTY OF CLARK ) ss:

\_\_\_\_\_, being duly sworn, says: That at all times herein affiant was and is over 18 years of age, not a party to nor interested in the proceeding in which this affidavit is made. That affiant received \_\_\_\_\_ copy(ies) of the Summons and First Amended Complaint, \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 2019, and served the same on the \_\_\_\_\_ day of \_\_\_\_\_, 2019 by: (Affiant must complete the appropriate paragraph)

Delivering and leaving a copy with the Defendant, **NEVADA STATE BOARD OF PHARMACY**, care of Jason Penrod, President at (state address)

\_\_\_\_\_. Serving the Defendant, **NEVADA STATE BOARD OF PHARMACY**, by personally delivering and leaving a copy with \_\_\_\_\_, a person of suitable age and discretion residing at the Defendant's usual place of abode located at (state address) \_\_\_\_\_.

[Use paragraph 3 for service upon agent, completing (a) or (b)] Serving the Defendant, **NEVADA STATE BOARD OF PHARMACY**, by personally delivering and leaving a copy at (state address) \_\_\_\_\_. With

\_\_\_\_\_ as \_\_\_\_\_, an agent lawfully designated by statute to accept service of process; With \_\_\_\_\_, pursuant to NRS 14.020 as a person of suitable age and discretion at the above address, which address is the address of the resident agent as shown on the current certificate of designation filed with the Secretary of State.

Personally depositing a copy in a mail box of the United States Post Office, enclosed in a sealed envelope, postage prepaid (Check appropriate method): ☐ Ordinary mail ☐ Certified mail, return receipt requested ☐ Registered mail, return receipt requested addressed to the Defendant,

///

///

///

1 NEVADA STATE BOARD OF PHARMACY, at Defendant's last known address which is (state  
2 address) \_\_\_\_\_. I declare under penalty of perjury under  
3 the law of the State of Nevada that the foregoing is true and correct.

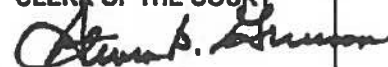
4 EXECUTED this \_\_\_\_ day of \_\_\_\_\_, 2019.

6 \_\_\_\_\_  
Signature of person making service

HOLLAND & HART LLP  
9555 HILLWOOD DRIVE, 2ND FLOOR  
LAS VEGAS, NV 89134

13430901\_v1 106567.0001

Electronically Filed  
8/14/2019 5:46 PM  
Steven D. Grierson  
CLERK OF THE COURT



1 **ACOM**  
2 Constance L. Akridge  
3 Nevada Bar No. 3353  
4 J. Malcolm DeVoy  
5 Nevada Bar No. 11950  
6 Brittany L. Walker  
7 Nevada Bar No. 14641  
8 HOLLAND & HART LLP  
9 9555 Hillwood Drive, 2nd Floor  
10 Las Vegas, NV 89134  
11 Phone: 702.669.4600  
12 Fax: 702.669.4650  
13 clakridge@hollandhart.com  
14 jmdevoy@hollandhart.com  
15 blwalker@hollandhart.com

16 *Attorneys for Plaintiffs*

17 **DISTRICT COURT**

18 **CLARK COUNTY, NEVADA**

19 ACRX SPECIALTY PHARMACY, INC. a  
20 Nevada corporation; and EGHOMWARE  
21 IGBINOVIA, a/k/a JERRY IGBINOVIA, an  
22 individual,

23 **Plaintiffs,**

24 **v.**

25 NEVADA STATE BOARD OF PHARMACY;  
26 DOES I-X; and ROE CORPORATIONS XI-  
27 XX,

28 **Defendants.**

Case No. A-19-798928-C  
Dept. No. II

**FIRST AMENDED COMPLAINT**

**ARBITRATION EXEMPTION CLAIMED:  
Action for Declaratory Relief**

**JURY TRIAL DEMANDED**

Plaintiffs ACRX Specialty Pharmacy Inc. ("ACRX") and Eghomware Igbinovia, a/k/a Jerry Igbinovia ("Igbinovia"), collectively the "Plaintiffs," by and through their attorneys of the law firm of Holland & Hart LLP, file this First Amended Complaint against the Nevada State Board of Pharmacy (the "Board"), alleging as follows:

**THE PARTIES**

1. Plaintiff ACRX is a corporation created pursuant to the laws of the State of Nevada and is authorized to do business in Clark County, Nevada.
2. Plaintiff Igbinovia is a resident of Clark County, Nevada.
3. Defendant Board is an agency of the State of Nevada.

1           4. Defendants Does I through X and Roe Corporations XI through XX are persons or  
2 entities whose acts, activities, misconduct or omissions at all times material hereto make them  
3 jointly and severally liable under the claims for relief set forth herein. The true names and  
4 capacities of the Doe Defendants and Roe Corporate Defendants are presently unknown, but when  
5 ascertained, Plaintiffs request leave of the Court to amend the Complaint to substitute their true  
6 names and capacities.

7                                   **JURISDICTION AND VENUE**

8           5. This Court has subject matter jurisdiction pursuant to Article VI of the Nevada  
9 Constitution, and personal jurisdiction over the Defendants under with NRS 14.065, as this Court's  
10 jurisdiction is not inconsistent with the Nevada Constitution or the United States Constitution, and  
11 in accordance with NRS 41.031, under which the State of Nevada waives its sovereign immunity.

12           6. Venue is proper in the Eighth Judicial District Court in accordance NRS 41.031.

13                                   **GENERAL ALLEGATIONS**

14           7. ACRX is a specialty compounding pharmacy that conducts business in Clark  
15 County, and holds all required licenses to operate as such.

16           8. Igbinovia is a duly licensed pharmacist in the State of Nevada, and the sole owner,  
17 officer, and managing pharmacist of ACRX.

18           9. Plaintiffs are engaged in the business of operating a compounding pharmacy, which  
19 is regulated by the Nevada State Board of Pharmacy. Under NRS 639.0053, "compounding" is  
20 defined as forming or making up a composite product by combining two or more different  
21 ingredients. One of the drugs that Plaintiffs regularly compounded was buprenorphine, a substance  
22 that aids individuals in treating and overcoming opioid addiction.

23           10. For many months, Plaintiffs have been the subject of threatening and harassing  
24 conduct by the Board that exceeds its legal authority. In addition to conducting its own  
25 investigations that, to date, have not resulted in a single accusation (hereinafter an "Accusation,"  
26 as defined in NRS 639.241) filed against either of the Plaintiffs, the Board recruited the Food and  
27 Drug Administration ("FDA") and the Drug Enforcement Administration ("DEA") to further  
28 investigate Plaintiffs; neither investigation yielded a closure of ACRX.



1           11.     Since June 20, 2019, when the Board instituted an “involuntary closure” of ACRX,  
2     Plaintiffs have been unable to continue their regular business activities despite being legally  
3     entitled to do so.

4     **A. The Board’s Purported Involuntary Closure of ACRX.**

5           12.     On June 20, 2019, the Board purported to effect an involuntary closure of ACRX.

6           13.     In a Notice of Involuntary Closure of Pharmacy dated June 21, 2019 (the  
7     “Involuntary Closure Notice”), the Board’s Office of the General Counsel cited NAC 639.570 as  
8     its sole basis for closing ACRX, and stated that “involuntary closure was necessary after federal  
9     law enforcement agents arrested [Igbinovia] and seized ACRX Specialty Pharmacy’s computer  
10    system on June 20, 2019, rendering the pharmacy unable to operate in conformance with  
11    applicable law.”

12          14.     NAC 639.570 does not, as a matter of law, empower the Board to shut down ACRX  
13    or any other pharmacy.

14          15.     Despite the limitations of NAC 639.570, the Board falsely stated to at least one  
15    agent of the FBI that ACRX’s pharmacy license had been revoked. Despite this false statement to  
16    the FBI, a Board representative told an ACRX employee on the evening of June 20, 2019, that  
17    despite what the Board had said that day—including, presumably, to the FBI—ACRX’s license  
18    was still valid, active, and in good standing in the State of Nevada.

19          16.     The Involuntary Closure Notice did not specify what provisions of “applicable law”  
20    applied to Plaintiffs, and did not specify whether and how Plaintiffs had violated any law.

21          17.     Since June 20, 2019, the conditions that the Board identified as “necessary” for  
22    ACRX’s involuntary closure have abated.

23          18.     On June 20, 2019, Igbinovia was released from custody on his personal  
24    recognizance. The United States District Court for the District of Nevada did not impose any  
25    restrictions on his ability to operate ACRX, or to otherwise engage in pharmaceutical practice, as  
26    conditions of his release.

27          19.     In fact, no department or agency of the United States has obtained any order or  
28    taken any action to close ACRX (or prohibit it from operating under the management of any

1 pharmacist other than Igbinovia) or to stop, enjoin, or otherwise prohibit Igbinovia from practicing  
2 as a pharmacist or operating ACRX.

3 20. Specifically, the United States Department of Justice and the Drug Enforcement  
4 Administration have not suspended or revoked Plaintiffs' DEA Registration under 21 U.S.C. § 824  
5 or 21 C.F.R. § 1301.36, and have not commenced any proceedings to do so under those authorities,  
6 which specifically allow the United States to cease the Plaintiffs' pharmacy operations.

7 21. Additionally, Igbinovia retained and has access to a full, complete, and secure  
8 backup of all data seized from ACRX on June 20, 2019, and is capable of re-installing this data on  
9 a new computer, or computer system, to be used in ACRX's operations.

10 22. As all the conditions the Board deemed necessary to involuntarily close ACRX  
11 under NAC 639.570 had been abated, Plaintiffs sought to re-open their pharmacy and resume  
12 business. Nonetheless, the Board refused—and refuses to this day—to re-open ACRX, or to grant  
13 Igbinovia access to ACRX for any purpose.

14 **B. The Board's Ad Hoc Rationales for Refusing to Re-Open the Pharmacy.**

15 23. Plaintiffs attempted to engage the board and re-open the pharmacy on the basis that  
16 the limited grounds for the Board's involuntary closure of ACRX on June 20, 2019 under NAC  
17 639.570 had ceased to be in effect. The Board, however, refused to allow Plaintiffs to re-open  
18 their pharmacy for varied and constantly changing reasons.

19 24. During telephonic conversations with Plaintiffs' counsel, the Board represented  
20 that it would allow ACRX to re-open if it ceased any distribution of controlled substances, as  
21 defined under the Controlled Substances Act, 21 U.S.C. § 802(6), and NRS Chapter 453, and  
22 turned over any controlled substances in ACRX's possession to the Board.

23 25. Plaintiffs' counsel and the Board continued to discuss this proposal and its  
24 feasibility based on ACRX's business model. Plaintiffs considered this proposal until the Board  
25 suddenly changed its position and demanded new conditions and restrictions on ACRX's activities  
26 as a condition of re-opening.

27 26. On or about July 10, 2019, the Board informed Plaintiffs' counsel that if they were  
28 to allow ACRX to resume operations, an additional requirement—beyond the cessation and

1 surrender of ACRX's controlled substances—was necessary: Plaintiffs would have to cease all  
2 compounding activities as well.

3 27. Plaintiffs believe and therefore allege that these sudden new conditions sought by  
4 the Board, before ever filing an accusation against them, are evidence of the Board's dilatory  
5 conduct, and show the Board never intended to allow ACRX to re-open.

6 28. The Board's rationale for this demand was based upon two complaints the Board  
7 purported to have received, and which were subject to the Board's investigation. Plaintiffs were  
8 not aware of either complaint or investigation prior to the July 10, 2019 telephone call between  
9 their counsel and the Board.

10 29. Upon further inquiry by Plaintiffs' counsel, the Board confirmed that it had not  
11 filed an Accusation against either of the Plaintiffs in connection with these complaints. The Board  
12 refused to identify any details regarding these complaints, including the alleged conduct at issue  
13 and what, if any, public harm was implicated by the undisclosed conduct.

14 30. As the Board is created by statute and has its powers defined by the legislature, its  
15 jurisdiction is limited to oversight of pharmacies and pharmacist licenses, and the Board is further  
16 constrained by the due process requirements contained within Chapters 233B and 639 of the  
17 Nevada Revised Statutes.

18 31. The Board has already closed ACRX citing NAC 639.570 as its authority for doing  
19 so, despite NAC 639.570 being a regulation which provides the Board no authority to close ACRX,  
20 and the Board has maintained its actions based on causes that have been resolved since the Board's  
21 involuntary closure of ACRX. The Board's continued closure of ACRX is unauthorized and  
22 directly affects ACRX's business, depriving Plaintiffs the use of their respective Board-issued  
23 licenses without any opportunity for notice and hearing.

24 32. Moreover, without any hearing or proper notice, the Board has, through its General  
25 Counsel, engaged in apparent negotiations to limit the scope of ACRX's operations if it were to  
26 re-open.

27 33. Like the Board's closure of ACRX itself, such negotiations are unauthorized and  
28 appear to be conducted in bad faith, as the Board's conditions for ACRX's re-opening change

1 frequently and are increasingly more restrictive regarding the kind of license conduct in which  
2 ACRX may engage once re-opened.

3 34. Illustrating the Board's arbitrary and capricious conduct, the Board's latest  
4 justification for its requirement that Plaintiffs not engage in compounding as a condition of re-  
5 opening is the undisclosed content of complaints the Board claims to have received against one or  
6 both Plaintiffs. Yet, the Board has not filed any formal Accusation against either Plaintiff to which  
7 he or it may respond and be heard.

8 **C. The Board's Deficient Attempt to Provide ACRX with Notice of an Opportunity to**  
9 **Defend Itself Against Unspecified Claims.**

10 35. On July 11, 2019, the Board issued ACRX (but not Igbinovia) a Statement to the  
11 Respondent and Notice of Hearing (the "Statement") regarding its involuntary closure of the  
12 pharmacy.

13 36. The Statement reiterated that due to the seizure of the pharmacy's computers and  
14 arrest of Igbinovia, "the pharmacy was left unable to operate in conformance with applicable law,"  
15 but does not specify what "applicable law" applied or could not be complied with by Plaintiffs.

16 37. The Statement advised ACRX that on July 18, 2019, the Board would hold a  
17 hearing regarding its involuntary closure of ACRX, and that "ACRX will have the opportunity to  
18 show the Board that the pharmacy is now able to operate in conformance with Nevada law." Like  
19 the Notice of Involuntary Closure, the Statement also failed to provide ACRX with any notice of  
20 the laws, regulations, or other authorities allegedly violated, and deprived ACRX of notice of the  
21 allegations against it and an opportunity to meaningfully defend itself.

22 **D. The Board's Ongoing Irreparable Harm Inflicted Upon the Plaintiffs.**

23 38. Due to the Board's unauthorized and unlawful actions, Plaintiffs are prevented from  
24 conducting any business, including the distribution of controlled substances and engagement of  
25 any compounding activities, which has caused irreparable harm and threatens to totally destroy  
26 Plaintiffs' business.

27 39. The Board's unlawful closure of ACRX has caused other harm in the form of  
28 patients being unable to receive their medication. Because the Board completely shut Igbinovia

1 and other employees out of ACRX, Plaintiffs have been unable to take desired steps to aid patients  
2 in finding other sources to fill their prescriptions.

3 40. Additionally, the Board's closure of ACRX has led to a slew of other harms,  
4 ranging from wholesalers cancelling their agreements with ACRX and debtors not paying ACRX,  
5 to the pharmacy being unable to receive and deposit payments necessary for ACRX's bills and  
6 utilities. ACRX's eight (8) employees also are affected by the Board's unjustified closure of the  
7 pharmacy. In short, the Board's closure and refusal to re-open ACRX has harmed, and is  
8 continuing to harm, every aspect of its operations.

9 41. The Board's continued closure of the Plaintiffs' business and refusal to allow  
10 Plaintiffs to conduct their business currently is causing irreparable harm; additionally, the Board's  
11 actions in prohibiting Plaintiffs to operate have adversely affected and harmed Plaintiffs'  
12 customers, some of whom include hospice and palliative care patients who rely on ACRX and  
13 Igbinovia to receive their life-saving prescription medication, including prescription refills.

14 42. The Board's unlawful closure of ACRX and disruption of Plaintiffs' business will  
15 force their customers to seek the services of other pharmacies to full their prescriptions and seek  
16 replacement services, and those customers will be lost indefinitely—not merely for the time ACRX  
17 is unlawfully closed based upon the Board's conduct.

18 43. Plaintiffs' loss of business, loss of commercial goodwill, and loss of customers to  
19 competing pharmacies constitutes irreparable harm, and one caused solely and proximately by the  
20 Board's failure to respect Plaintiffs' due process rights to notice and hearing before taking  
21 Plaintiffs' property rights.

22 44. Based on the Board's ad hoc treatment of Plaintiffs' right to conduct business and  
23 potential conditions for ACRX's reopening, any further proceedings prior to seeking judicial relief  
24 would be futile in the face of the irreparable harm caused by the Board's misconduct, which require  
25 emergency intervention by this Court.

26 ///

27 ///

28 ///

# **FIRST CLAIM FOR RELIEF**

## **(Declaratory Relief)**

45. Plaintiffs hereby repeat, reallege, and incorporate all of the allegations contained in the preceding paragraphs as though fully set forth herein.

46. A true and ripe controversy exists between Plaintiffs and the Board as to whether the Board may continue to force the closure of Plaintiffs' business.

47. Specifically, a true and ripe controversy exists between Plaintiffs and the Board as to whether the Board is acting in excess of its authority and in violation of Nevada law in (a) effecting an involuntary closure of ACRX; (b) refusing to re-open ACRX without conditions or limitations based on the resolution of the circumstances the Board identified as requiring ACRX's involuntary closure; and (c) effecting a de facto taking of Plaintiffs' pharmacy licenses without proper notice or hearing under NRS 233B.121 and NRS 233B.127.

48. A true and ripe controversy exists between Plaintiffs and the Board as to whether the Board is entitled to "[c]losure as a result of action by the Federal Government" when the Government has not taken any action to suspend or revoke the ACRX's DEA Registration under 21 U.S.C. § 824 or 21 C.F.R. § 1301.36.

49. A true and ripe controversy exists between Plaintiffs and the Board as to whether the Board is entitled to deprive Plaintiffs from conducting their pharmacy business when neither Plaintiff has been convicted of any crime that would result in immediate suspension of their licenses under NRS 639.2121,<sup>1</sup> as neither Plaintiff has been convicted of any crime.

50. A true and ripe controversy exists between Plaintiffs and the Board as to whether the Board may close, and continue to keep closed, Plaintiffs' business without the filing of an Accusation to initiate suspension proceedings against either or both of them.

///

---

<sup>1</sup> "The conviction of any person who holds a certificate, license, registration or permit issued pursuant to this chapter of a felony for a violation of any federal law or law of any state concerning drugs or chemicals operates as an immediate suspension of the certificate, license, registration or permit." NRS 639.2121. "Conviction" is defined in NRS 639.006 as "a plea or verdict of guilty but mentally ill or a conviction following a plea of nolo contendere to a charge of felony, any offense involving moral turpitude or any violation of the provisions of this chapter or chapter 453 or 454 of NRS."

1           51.     A true and ripe controversy exists between Plaintiffs and the Board as to whether  
2 the Board may close, and continue to keep closed, Plaintiffs' business without providing proper  
3 notice identifying the provisions of law allegedly violated by Plaintiffs in their pharmacy  
4 operations.

5           52.     Declaratory relief is necessary to declare whether the Board is acting in excess of  
6 its authority and/or in violation of Nevada law in taking any of the actions described herein.

7           53.     Declaratory relief is necessary to declare whether the Board's Notice of Involuntary  
8 Closure provided adequate notice to Plaintiffs regarding what statutes, regulations, or other  
9 authorities they purportedly were "unable to operate in conformance with" as alleged by the Board.

10          54.     Declaratory relief is necessary to declare whether the Board is required to file a new  
11 Accusation and hold a hearing before taking any of the actions described herein.

12          55.     Plaintiffs seek a declaration that the Board is acting in excess of its authority and/or  
13 in violation of Nevada law in taking the actions described herein, including (a) the closure of  
14 ACRX, (b) its refusal to re-open ACRX, and (c) its ad hoc negotiations regarding limits to be  
15 imposed on Plaintiffs as a condition of re-opening ACRX without notice or hearing.

16          56.     Plaintiffs seek a declaration that the Board is required to file an Accusation and  
17 hold a hearing before taking any of the actions described herein.

18                   **SECOND CLAIM FOR RELIEF**

19                   **(Intentional Interference with Contract)**

20          57.     Plaintiffs hereby repeat, reallege, and incorporate all of the allegations contained in  
21 the preceding paragraphs as though fully set forth herein.

22          58.     At all relevant times, Plaintiffs possessed certain contractual rights that were  
23 economically valuable and important to Plaintiffs, including long-term contracts with vendors and  
24 product suppliers, and the lease for the real property where ACRX conducted business.

25          59.     Upon information and belief, Defendant knew of these contractual relationships  
26 and knew that the actions referenced within this Complaint would interfere with and damage those  
27 contractual relationships.

28     ///



69. Plaintiffs hereby repeat, reallege, and incorporate all of the allegations contained in the preceding paragraphs as though fully set forth herein.



1       70. At all relevant times, Plaintiffs possessed certain economically beneficial  
2 relationships and business expectancies with third parties, including relationships with ACRX's  
3 employees.

4       71. Upon information and belief, Defendant knew of these ongoing and prospective  
5 economic relationships and knew that the actions referenced within this Complaint would interfere  
6 with and damage those relationships.

7       72. By improperly closing ACRX and depriving Plaintiffs the use of their State-issued  
8 licenses under NAC 639.570, without legal authority to do so and without following the procedures  
9 set forth in NRS 233B.121 and NRS 233B.127, Defendant took intentional and improper steps to  
10 harm Plaintiffs and interfere with these relationships.

11       73. Defendant, through its employees and agents, took other steps to interfere with  
12 Plaintiffs' relationships with third parties. On June 20, 2019, an employee or agent of Defendant  
13 told an employee of ACRX to quit her job and find other work due to the pharmacy's closure.  
14 Defendant made this statement despite the improper nature in which it closed ACRX.

15       74. The ACRX employee to whom Defendant's agent or employee made this statement  
16 subsequently quit her employment with ACRX.

17       75. Defendant's closure of ACRX has damaged and destroyed ongoing economic  
18 relationships between ACRX and its patients, and also between both Plaintiffs and the health care  
19 facilities, physicians, and medical practices that would refer patients to Plaintiffs due to their  
20 compounding capabilities.

21       76. Plaintiffs have been informed by the physicians and facilities that have ceased  
22 referring patients to ACRX that the Board's closure of the pharmacy was the reason for the loss of  
23 such relationships.

24       77. Additionally, Defendant's improper and unlawful closure of ACRX caused third  
25 party wholesalers and suppliers of pharmaceutical supplies to cancel their contracts with Plaintiffs.  
26 These wholesalers and suppliers would not have terminated these contracts but for Defendant's  
27 improper and unlawful closure of ACRX.

28     ///

78. Defendant's conduct has damaged Plaintiffs' prospective economic relationships with third parties, including ACRX's now-former employees, and Plaintiffs have suffered foreseeable harm as a result of Defendant's actions.

79. Defendant's improper conduct was not privileged or justified.

80. As a result of Defendant's conduct, Plaintiffs have been damaged in an amount exceeding \$15,000.00

81. Plaintiffs have been forced to retain the services of an attorney to prosecute this action, and are entitled to recover their attorneys' fees and costs.

#### **PRAYER FOR RELIEF**

WHEREFORE, Plaintiffs demand judgment against the Defendant Board as follows:

82. For declaratory relief as described herein;

83. For compensatory, consequential, and incidental damages in excess of \$15,000.00 for the claims asserted herein;

84. For an award of Plaintiffs' reasonable attorney's fees and costs;

85. For a jury trial of all the issues so triable in the above-captioned matter;

86. For a temporary restraining order, preliminary injunctive relief, and permanent injunctive relief enjoining the Board from its continued closure of ACRX, and further from preventing Plaintiffs from operating ACRX, including the compounding of drugs and distribution of controlled substances, in compliance with Nevada law; and

87. For such other and further relief as the Court deems just and proper.

DATED this 14th day of August, 2019.

HOLLAND & HART LLP

/s/ Constance L. Akridge

Constance L. Akridge

J. Malcolm DeVoy

Brittany L. Walker

9555 Hillwood Drive, 2nd Floor

Las Vegas, NV 89134

Attorneys for Plaintiffs

**CERTIFICATE OF SERVICE**

I hereby certify that on the 14th day of August, 2019, a true and correct copy of the foregoing **FIRST AMENDED COMPLAINT** was served by the following method(s):

☐ **Electronic:** by submitting electronically for filing and/or service with the Eighth Judicial District Court's e-filing system and served on counsel electronically in accordance with the E-service list to the following email addresses:

☒ **U.S. Mail:** by depositing same in the United States mail, first class postage fully prepaid to the persons and addresses listed below:

Brett Kandt, Esq.  
General Counsel  
Nevada State Board of Pharmacy  
985 Damonte Ranch Parkway  
#206  
Reno, NV 89521

☐ **Email:** by electronically delivering a copy via email to the following e-mail address:

☐ **Facsimile:** by faxing a copy to the following numbers referenced below:

☐ **Receipt of Copy:**

/s/ Joyce Heilich  
An Employee of Holland & Hart LLP

HOLLAND & HART LLP  
9555 HILLWOOD DRIVE, 2ND FLOOR  
LAS VEGAS, NV 89134

**23**

## BOARD MEETING DATES 2020

|                     |           |
|---------------------|-----------|
| January 15-16, 2020 | Las Vegas |
| March 4-5, 2020     | Reno      |
| April 15-16, 2020   | Las Vegas |
| June 3-4, 2020      | Reno      |
| July 15-16, 2020    | Las Vegas |
| September 2-3, 2020 | Reno      |
| October 14-15, 2020 | Las Vegas |
| December 2-3, 2020  | 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              | 1 1 2 3 4 5 6 7      | 1 1 2 3 4 5 6 7      | 1 2 3 4              | 1 2                  | 1 2 3 4 5 6          |
| 5 6 7 8 9 10 11      | 2 3 4 5 6 7 8        | 8 9 10 11 12 13 14   | 5 6 7 8 9 10 11      | 3 4 5 6 7 8 9        | 7 8 9 10 11 12 13    |
| 12 13 14 15 16 17 18 | 9 10 11 12 13 14 15  | 15 16 17 18 19 20 21 | 12 13 14 15 16 17 18 | 10 11 12 13 14 15 16 | 14 15 16 17 18 19 20 |
| 19 20 21 22 23 24 25 | 16 17 18 19 20 21 22 | 22 23 24 25 26 27 28 | 19 20 21 22 23 24 25 | 17 18 19 20 21 22 23 | 21 22 23 24 25 26 27 |
| 26 27 28 29 30 31    | 23 24 25 26 27 28 29 | 29 30 31             | 26 27 28 29 30       | 24 25 26 27 28 29 30 | 28 29 30             |
|                      |                      |                      |                      | 31                   |                      |
| 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              | 1                    | 1 2 3 4 5            | 1 2 3                | 1 2 3 4 5 6 7        | 1 2 3 4 5            |
| 5 6 7 8 9 10 11      | 2 3 4 5 6 7 8        | 6 7 8 9 10 11 12     | 4 5 6 7 8 9 10       | 8 9 10 11 12 13 14   | 6 7 8 9 10 11 12     |
| 12 13 14 15 16 17 18 | 9 10 11 12 13 14 15  | 13 14 15 16 17 18 19 | 11 12 13 14 15 16 17 | 15 16 17 18 19 20 21 | 13 14 15 16 17 18 19 |
| 19 20 21 22 23 24 25 | 16 17 18 19 20 21 22 | 20 21 22 23 24 25 26 | 18 19 20 21 22 23 24 | 22 23 24 25 26 27 28 | 20 21 22 23 24 25 26 |
| 26 27 28 29 30 31    | 23 24 25 26 27 28 29 | 27 28 29 30          | 25 26 27 28 29 30 31 | 29 30                | 27 28 29 30 31       |
|                      | 30 31                |                      |                      |                      |                      |

## ANNUAL MEETINGS

|                         |                     |                 |
|-------------------------|---------------------|-----------------|
| APhA Annual Meeting     | March 24-27, 2020   | Washington, DC  |
| NACDS Annual Meeting    | April 25-28, 2020   | Scottsdale, AZ  |
| NABP Annual Meeting     | May 14-16, 2020     | Baltimore, MD   |
| ASHP Summer Meeting     | June 6-10, 2020     | Seattle, WA     |
| NASCSA Annual Meeting   | Oct. 19-22, 2020    | Birmingham, AL  |
| ASHP Mid Year Meeting   | December 6-10, 2020 | New Orleans, LA |
| NABP District 8 Meeting | ?                   |                 |

## STATE HOLIDAYS (observed)

|                               |                                |
|-------------------------------|--------------------------------|
| New Years Day                 | January 1, 2020                |
| Martin Luther King's Birthday | January 20, 2020               |
| President's Birthday          | February 17, 2020              |
| Memorial Day                  | May 25, 2020                   |
| Independence Day              | July 4, 2020 (observed July 3) |
| Labor Day                     | September 7, 2020              |
| Nevada Day                    | October 30, 2020               |
| Veteran's Day                 | November 11, 2020              |
| Thanksgiving                  | November 26-27, 2020           |
| Christmas                     | December 25, 2020              |

**24**

**25**