

May 19, 2010

AGENDA

◆ PUBLIC NOTICE ◆

NEVADA STATE BOARD OF PHARMACY

BOARD MEETING

at the

Airport Plaza Hotel
1981 Terminal Way
Reno, Nevada

Wednesday, June 2, 2010 – 9:00 am

Thursday, June 3, 2010 – 9:00 am

Please Note: 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.

Public comment is welcomed by the Board, but will be heard only when that item on the agenda is reached and will be limited to five minutes per person. The president may allow additional time to a given speaker as time allows and in his sole discretion.

◆ 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.

June 2010 Board Meeting Agenda

- * 1. [Approval of April 14-15 2010, Minutes](#)
- * 2. [Applications for Out-of-State MDEG – Non Appearance:](#)
 - A. ATG Rehab – Sacramento, CA
 - B. Diabetic Medic, LLC – Marietta, GA
 - C. Dynamic Medical Systems, Inc. – Rancho Dominguez, CA
 - D. Hightower Medical Systems Inc. – Franklin, TN
 - E. Tobii Assistive Technology, Inc. – Dedham, MA
 - F. Zynex Medical Inc. – Lone Tree, CO

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

- G. Bioscrip Pharmacy – San Francisco, CA
- H. CCS Medical – Forest Hill, TX
- I. Easy Scripts, Incorporated – Des Plaines, IL
- J. Express Scripts – Harrisburg, PA
- K. Heartland Veterinary Pharmacy – Hastings, NE
- L. In Home Rx – San Marcos, CA
- M. KCC, Inc. – Meridian, MS
- N. Medex BioCare Pharmacy, LLC – Bartlett, TN
- O. MedSource Rx Pharmacy – Sandy, UT
- P. Medco Center for Pharmacotherapeutic Research – Willingboro, NJ
- Q. Propac Pharmacy – Vancouver, WA
- R. Senior Care Pharmacy – Wichita, KS
- S. The Rx Co. – West Fargo, ND
- T. TPS LLC – Fultondale, AL
- U. Union Avenue Compounding Pharmacy – Tacoma, WA
- V. Wellpartner, Inc. – Portland, OR

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

- W. Apotheca, Inc. – Phoenix, AZ
- X. Boca Pharmacal, Inc. – Coral Springs, FL
- Y. Cardinal Health 414, LLC – Denver, CO
- Z. DVM Resources – Visalia, CA
- AA. Hager Worldwide Inc. – Odessa, FL
- BB. Integra Pain Management – West Valley City, UT
- CC. Medline Industries, Inc. – Mundelein, IL
- DD. Medisca, Inc. – Irving, TX
- EE. Moore Medical LLC – Bolingbrook, IL
- FF. Owens & Minor Distribution, Inc. – City of Industry, CA
- GG. Owens & Minor Distribution, Inc. – West Valley City, UT
- HH. PDC Logistics – Tracy, CA
- II. Tyco Healthcare Group LP – Joliet, IL
- JJ. VaxServe, Inc. – Forest Park, GA
- KK. Webster Veterinary Supply, Inc. – Kansas City, MO

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Application for Nevada Pharmacy – Non Appearance:

LL. Healthsouth Desert Canyon Rehabilitation Hospital – Las Vegas

Application for Nevada Manufacturer – Non Appearance:

MM. Cardinal Health 414, LLC – Las Vegas

Applications for Nevada MDEG – Non Appearance:

NN. Better Breathing NV, LLC – Fallon

OO. Foot Solutions of Summerlin – Las Vegas

◆ REGULAR AGENDA ◆

- * 3. [Disciplinary Actions](#): 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. Robert M. Belluomini, R.Ph (09-098-RPH-N)

B. David A. Kanak, R.Ph (09-087-RPH-N)

- * 4. [Applications for Nevada MDEG – Appearance](#):

A. Cann Medica Supply, Inc. – Las Vegas

B. Pulmonary Solutions, LLC – Las Vegas

- * 5. [Applications for Out-of-State Pharmacy – Appearance](#):

A. BioRx – Urbandale, IA

B. Coastal Meds, LLC – Biloxi, MS

C. Consonus Pharmacy – Vacaville, CA

- * 6. [Application for Nevada Wholesaler – Appearance](#):

Med-Health Pharmacy, LLC – North Las Vegas

- * 7. [Request for Pharmaceutical Technician in Training License – Appearance](#):

Julie Manktelow

- * 8. Presentation:

CSI – Blood Pressure Equipment – Charles Bluth

June 2010 Board Meeting Agenda

* 9. Appearances:

- A. Cindy Vert – Progress Report
- B. Jeanine Davis – Controlled Substance Task Force Intervention Officer Report

*10. [Request for Managing Pharmacist Waiver – Non Appearance:](#)

Ivan Lambert, R.Ph

*11. [Discussion and Determination:](#)

- A. Long Term Care Prescriptions for Controlled Substances
- B. Sanchez v. Wal-Mart et al

*12. General Counsel Report

*13. [Executive Secretary Report:](#)

- A. Temporary Licenses
- B. Staff Activities
 - 1. Meetings
 - a. LCHC working group
 - b. CBI (4/21 on AB128)
 - c. NABP (5/22-5/25)
 - d. DEA (6/15-6/17)
 - 2. Canada
- C. Reports to Board
 - 1. CE
 - a. DVD
 - b. Carson City (6/8)
 - 2. Financials
 - 3. National Rural Meth Initiative
 - 4. UCSF Graduation (5/8)
 - 5. ISU Student (6/28)
 - 6. Justice Court
- D. Board Related News
 - 1. DEA rule on electronic prescribing of CS
- E. Activities Report

*14. Personnel Review – 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. Personnel Evaluation and Salary Review
- B. Executive Secretary Evaluation

June 2010 Board Meeting Agenda

W O R K S H O P – Thursday, June 3, 2010 – 9:00 am

- *15. [Proposed Regulation Amendment Workshop](#) – The purpose of the workshop is to solicit comments from interested persons on the following general topics that may be addressed in the proposed regulations.

1. **Amendment of Nevada Administrative Code 639.525 Minimum requirements for work area and equipment.** This amendment will require the temperature of the pharmacy's refrigerator to be monitored and logged to ensure biologicals are protected for patient safety.

P U B L I C H E A R I N G – Thursday, June 3, 2010 – 9:00 am

- *16. Notice of Intent to Act Upon a Regulation:

1. **Amendment of Nevada Administrative Code 639.694 MDEG Administrator required.** This regulation amendment clarifies the existing language and specifies the requirements for MDEG provider administrators. MDEG provider applicants will know in advance of a Board appearance if their administrators qualify to participate in that capacity.
2. **Amendment of Nevada Administrative Code 639.7125 Use of fulfillment pharmacy by dispensing pharmacy.** Twofold: 1) To allow a registered mail order pharmacy to act as a fulfillment pharmacy, and 2) to better regulate and clarify the practices of a fulfillment pharmacy with respect to consumer understanding and patient safety.
3. **Amendment of Nevada Administrative Code 639.752, 639.945 Bona fied Therapeutic Relationship.** This language defines the therapeutic relationship between a patient and a practitioner for the purposes of dispensing certain drugs and controlled substances and describes the provisions relating to acts or practices declared to be unprofessional conduct.
4. **Amendment of Nevada Administrative Code 639.NEW AB123 Cancer Drug Donation regulations.** This language was devised to comply with AB213. These regulations define the parameters of providing donated cancer drugs to uninsured and under insured cancer patients. This is a voluntary program for pharmacies and pharmacists to choose to participate in.

17. Next Board Meeting:

July 14-15, 2010 – Las Vegas, Nevada

- *18. Public Comments and Discussion of and Deliberation Upon Those Comments

June 2010 Board Meeting Agenda

Note: No vote may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on an agenda as an item upon which action will be taken. (NRS 241.020)

* Board action may be taken on these items.

Note: We are pleased to make reasonable accommodations for members of the public who are disabled and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify the Nevada State Board of Pharmacy, 431 W Plumb Lane, Reno, Nevada, 89509, or call Jeri Walter at (775) 850-1440, as soon as possible.

Anyone desiring additional information regarding the meeting is invited to call the board office at (775) 850-1440.

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 **bop.nv.gov**:

Elko County Courthouse – Elko
Mineral County Courthouse – Hawthorne
Washoe County Courthouse – Reno
Nevada State Board of Pharmacy – Reno and Las Vegas



Nevada State Board of Pharmacy

431 W. PLUMB LANE • RENO, NEVADA 89509
(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444
E-mail: pharmacy@pharmacy.nv.gov • Website: bop.nv.gov

BOARD MEETING

Las Vegas Chamber of Commerce
Turnberry Town Square
6671 Las Vegas Boulevard, South
Building D1, Suite 300
Las Vegas

April 14 & 15, 2010

The meeting was called to order at 9:00 a.m. by Don Fey, Board President.

Board Members Present:

Keith Macdonald	Beth Foster	Kirk Wentworth
Donald Fey	Chad Luebke	Kam Gandhi
Mary Lau		

Board Members Absent:

Board Staff Present:

Larry Pinson	Jeri Walter	Carolyn Cramer	Kimberly Arguello
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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.

1. Approval of March 3-4, 2010, Minutes
2. Applications for Out-of-State MDEG – Non Appearance:
 - A. Enteral Products, LLC – Santa Fe Springs, CA
 - B. Home Delivery Incontinent Supplies Co. – Olivette, MO
 - C. MDC Acquisition Co. – Rancho Cucamonga, CA
 - D. MDC Acquisition Co. – Twinsburg, OH
 - E. Medi Trade – Miami, FL
 - F. Praxair Healthcare Services, Inc. – St. George, UT
 - G. RGH Enterprises, Inc. – Clifton Park, NY
 - H. RGH Enterprises, Inc. – Dinsmore, FL
 - I. RGH Enterprises, Inc. – Elgin, IL

- J. RGH Enterprises, Inc. – Fort Worth, TX
- K. Zevex, Inc. – Salt Lake City, UT

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

- L. Almac Clinical Services, LLC – Durham, NC
- M. Cardinal Health Pharmacy Services, LLC – Edinburg, TX
- N. CareMed Pharmaceutical Services – Lake Success, NY
- O. Coram Specialty Infusion Services – Mandota Heights, MN
- P. EZ Pass Rx – Bountiful, UT
- Q. Omnicare Canoga Park, CA – Canoga Park, CA
- R. Petmedsnmore Inc. – Reseda, CA
- S. Russellville Pharmacy – Russellville, AL

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

- T. Banyan International Corporation – Abilene, TX
- U. Bard Access Systems, Inc. – Salt Lake City, UT
- V. Bard Brachytherapy, Inc. – Carol Stream, IL
- W. Cangene BioPharma, Inc. – Baltimore, MD
- X. CuraScript SD Specialty Distribution – Tempe, AZ
- Y. Greer Laboratories Inc. – Lenoir, NC
- Z. Nephron Pharmaceuticals Corporation – Phoenix, AZ
- AA. Ozburn-Hessey Logistics, LLC – Plainfield, IN

Applications for Nevada Pharmacy – Non Appearance:

- BB. Alta Surgery Center – Reno
- CC. MedCare Pharmacy – Carson City
- DD. Walgreens #11766 – Las Vegas
- EE. Walgreens #12539 – Las Vegas
- FF. Wellcare Pharmacy III, LLC – Henderson

Applications for Nevada MDEG – Non Appearance:

- GG. American Home Companion, Inc. – Carson City
- HH. American Home Companion, Inc. – Elko

Discussion:

NOTE: Mary Lau recused from participation in the vote on Items DD and EE as Walgreens is a member of RAN. Kirk Wentworth recused from participation in the vote on Item CC as he is the owner that is selling MedCare Pharmacy.

Larry Pinson advised the Board that he got clarification regarding the hours of operation on Item M, Cardinal Health Pharmacy Services, and they will only be processing physician's orders when the hospital pharmacy is closed.

The consent agenda applications and supporting documents were reviewed.

Board Action:

Motion: Mary Lau found the consent agenda application information to be accurate and complete and moved for approval with the exception of Items CC, DD and EE.

Second: Chad Luebke

Action: Passed Unanimously.

Motion: Chad Luebke moved to approve Items CC, DD and EE.

Second: Keith Macdonald

Action: Passed Unanimously

Discussion:

Motion: Beth Foster found the minutes to accurate and complete and moved for approval.

Second: Chad Luebke

Action: Passed Unanimously.

REGULAR AGENDA

3. Disciplinary Actions:

- | | | |
|----|--------------------|----------------|
| A. | Sean H. Tran, R.Ph | (09-029-RPH-S) |
| B. | Evergreens Drug | (09-029-PH-S) |
| C. | Quan Haduong, MD | (09-029-CS-S) |

John Cotton and John Savage were present to represent Quan Haduong. Sean Tran was present to represent himself and Evergreens Drug.

Carolyn Cramer advised the Board that she was going to present the testimony of Eleanor Fodell and Danny Garcia. Carmen Garcia and Yenchi Haduong were going to testify on behalf of Dr. Haduong. Board staff presented 26 exhibits that were accepted

into the record and Mr. Cotton presented three exhibits on behalf of Dr. Haduong that were also accepted into the record.

Sean Tran, Eleanor Fodell, complainant, Danny Garcia, Board investigator, Carmen Garcia, Dr. Haduong's office staff member, and Yenchi Haduong, Dr. Haduong's wife and office staff member appeared and were sworn by President Fey prior to answering questions or offering testimony.

Carolyn Cramer gave opening statements and advised the Board of the circumstances of this matter.

Sean Tran gave opening statements and gave an overview of his career achievements and how he practices pharmacy.

John Cotton gave opening statements and advised the Board that methadone may have had nothing to do with the death of Greg Fodell.

Carolyn Cramer called Ms. Fodell to testify. Ms. Fodell brought a picture of Mr. Fodell to show the Board so they could see who she was going to be testifying on behalf of. Ms. Fodell stated that on the morning of Mr. Fodell's death she got up early and noticed that Mr. Fodell was breathing irregularly. She went down stairs and made coffee and did what she generally does in the morning. Mr. Fodell did not come down stairs, so around 10:00 a.m. she went upstairs to check on him and see how he was feeling. When she went into the bedroom she noticed that he was blue and she tried to arouse him. She found that he was unresponsive, called 911 and gave him CPR until the paramedics arrived. The paramedics continued with CPR to no avail and pronounced him dead.

Approximately a week after her husband's death, Ms. Fodell was going through her husband's things and found medications that were dispensed by Evergreens Drug. Ms. Fodell indicated that her husband had seen Dr. Haduong one time for back pain. Dr. Haduong prescribed methadone and Oxycodone. Ms. Fodell reported that her husband indicated that he did not feel well when he took the medications prescribed and got rid of them by putting them down the garbage disposal.

Ms. Fodell indicated that she was confused regarding the methadone and Oxycodone that she found after his death that had been dispensed by Evergreens Drug and asked for patient profiles from Walgreens, where Mr. Fodell originally had the prescriptions filled, and copies of the prescriptions from Dr. Haduong's office. Ms. Fodell indicated that she spoke with Ms. Haduong, and Ms. Haduong provided Ms. Fodell with Mr. Fodell's medical records and a Task Force profile for him. The records indicated that Mr. Fodell only saw Dr. Haduong once for his back pain when Dr. Haduong wrote the initial prescriptions for Mr. Fodell that were dispensed by Walgreens in September, 2008. Ms. Fodell went to Evergreens Drug and spoke with Sean Tran and explained her concerns and asked for a copy of the prescriptions written by Dr. Haduong for the methadone and Oxycodone she found after her husband's death. Mr. Tran did not

provide her a copy of the prescriptions, however he gave her a patient profile that showed that he filled the prescriptions in November, 2008 for Mr. Fodell. Ms. Fodell left Evergreens, but returned later and Mr. Tran finally gave her a copy of the prescriptions he filled from. Ms. Fodell discovered that they were the same prescriptions that were filled in September at Walgreens. When Ms. Fodell asked Mr. Tran why he filled prescriptions that were dated in September and were filled by Walgreens, he explained that he got approval from Jennifer at Dr. Haduong's office because the doctor was in surgery and was not available to speak. Ms. Fodell indicated that she left Evergreens Drug and filed a complaint with the Board of Pharmacy.

Ms. Fodell researched further and looked at her husband's cell phone records. On the day the prescriptions were filled by Evergreens Drug, Mr. Fodell had made several calls to Dr. Haduong's office. Ms. Fodell surmised that Dr. Haduong's office faxed a copy of the original prescriptions from September to Evergreens Drug and Sean Tran filled from the old faxed prescriptions.

The Board took a brief break to read the Autopsy and Quest Diagnostics lab reports.

Sean Tran questioned Ms. Fodell. He asked if she knew if Mr. Fodell was seeing other doctors and if he had been prescribed pain medications by any other doctors. Ms. Fodell said that Mr. Fodell was seeing a cardiologist, Dr. Goldsmith, however she did not know if Dr. Goldsmith was prescribing pain medications.

Mr. Cotton cross examined Ms. Fodell in depth regarding what they did the night before she found Mr. Fodell. He asked about their marital status and Ms. Fodell indicated that she had filed for divorce, however they were still living together and he died before any finality of the divorce. Mr. Cotton asked if she was aware of Mr. Fodell having suicidal tendencies and asked about commitment to Montevista Hospital. Mr. Cotton noted that the police report indicated that Mr. Fodell had been admitted several times for suicidal ideology. He continued his questioning regarding the validity of back pain, Mr. Fodell's use of methadone and the number of tablets she found in the bottle that was dispensed by Evergreens Drug.

The Board questioned Ms. Fodell regarding any cardiovascular problems Mr. Fodell might have had. Ms. Fodell stated that he had a heart catheter test ordered by Dr. Goldsmith and they found that everything was alright with Mr. Fodell's heart. When asked what Mr. Fodell was taking methadone for she stated that she did not know.

Carolyn Cramer called Danny Garcia to testify. Mr. Garcia reviewed his investigative procedures for the Board. Mr. Garcia testified that he requested a copy of Mr. Fodell's patient profile from Evergreens Drug and copies of the prescriptions for methadone and Oxycodone. He also asked for a copy of the prescriptions written for Mr. Fodell that were filled at Walgreens. Mr. Garcia compared what he received from the two pharmacies and noted a discrepancy with the written prescriptions. The copy of the prescription Mr. Tran gave Ms. Fodell was different from the copy Mr. Tran gave Mr. Garcia. Mr. Garcia questioned Mr. Tran regarding the discrepancy and Mr. Tran told

him that he destroyed what he provided to Ms. Fodell and obtained new backdated prescriptions for Oxycodone and methadone from Dr. Haduong. Mr. Garcia described Walgreens procedures for cancelling CII prescriptions and noted that they were both filled and cancelled appropriately. Mr. Garcia noted that CII prescriptions cannot be refilled or transferred, yet Mr. Tran filled prescriptions that were faxed to him two months after it was originally written and were well after the 14 day rule. Mr. Tran indicated that he thought it was alright to destroy the copies of the prescriptions that were faxed to him because he got new written prescriptions from Dr. Haduong. Mr. Garcia testified that he could find no indication that Mr. Tran ever spoke with Dr. Haduong. Mr. Tran had no information regarding Mr. Fodell having a bone fide relationship with Dr. Haduong in his records.

Mr. Tran testified that he received a telephone call from the medical assistant, Jennifer, at Dr. Haduong's office requesting a 7 day supply of methadone and Oxycontin for Greg Fodell. He cited the 72 hour rule for emergency fills. Mr. Tran stated that he asked why Dr. Haduong had not called and was told that the doctor was doing a procedure and could not place the call. Mr. Tran testified that Jennifer faxed over a copy of the prescriptions written in September for Mr. Fodell and he filled the prescriptions from the faxed copy. Mr. Tran stated that he got ID from Mr. Fodell when he came in to pick up the prescriptions to ensure it was Dr. Haduong's patient that he discussed with Jennifer. Mr. Tran indicated that he felt he did due diligence to ensure that he could treat Mr. Fodell for his pain. He stated he filled the prescription in good faith that Dr. Haduong would send hardcopy prescriptions within 72 hours. Mr. Tran accepted responsibility for not following up with Dr. Haduong's office.

Mr. Cotton questioned Mr. Tran and asked if he maintained any written notes regarding his conversations with Jennifer Palmer. Mr. Tran stated that he has notes but did not provide them to Mr. Garcia and admitted that he had actually never spoken with Dr. Haduong even though he knew he should have and he never followed up.

Carolyn Cramer cited various emergency fill regulations and discounted Mr. Tran's testimony that he was following Nevada's laws.

Carmen Garcia, the medical assistant and manager in Dr. Haduong's office testified. She indicated that she had been with Dr. Haduong since January, 2009 and described her duties in the office. Ms. Garcia indicated that Mr. Tran called and requested a re-write for the prescriptions he filled for Mr. Fodell because Jennifer never sent him hardcopy prescriptions. Ms. Garcia indicated that she asked Dr. Haduong to re-write the prescriptions and he did as he was asked.

Yenchi Haduong noted that she is a licensed pharmacist and does payroll for Dr. Haduong's office. Ms. Haduong indicated that she would have recommended a patient go to an ER for treatment or see the doctor at the hospital where he may be practicing.

Carolyn Cramer gave closing statements noting that there were three things at issue. There was no legitimate medical treatment, yet prescriptions were filled and dispensed

yielding a fatality. There were violations of federal and state laws regarding emergency filling of controlled substances, including Mr. Tran's acceptance of faxed prescriptions for CII's that were two months old and not received directly by speaking to Dr. Haduong. The November prescriptions were never authorized by Dr. Haduong and yet he wrote back dated prescriptions for methadone and Oxycontin which ultimately led to Mr. Fodell's death. Ms. Cramer cited each of the laws Mr. Tran and Evergreens Drug violated.

Mr. Tran made closing statements and stated that his testimony told the whole story of what transpired. Mr. Tran indicated that what he did was in the patient's best interest, however he indicated that he accepted responsibility for not following up in a timely manner to obtain written prescriptions from Dr. Haduong.

Mr. Cotton indicated that he understands that you cannot always be responsible for the actions of your staff. He noted that Jennifer Palmer violated the law, not Dr. Haduong as he was unaware of what had transpired. Mr. Cotton contended that Mr. Fodell did not die of a methadone overdose, that he died of a heart attack.

The Board discussed all 15 Causes of Action in depth. The 1st through 8th Causes of Action relate to Sean Tran and Evergreens Drug. The 9th through 14th Causes of Action are regarding Dr. Haduong. The 15th Cause of Action is a shared charge.

Board Action:

Motion: Keith Macdonald moved to find Mr. Tran and Evergreens Drug guilty of the 1st through 8th Causes of Action.

Second: Chad Luebke

Action: Passed Unanimously

Motion: For the penalty, Keith Macdonald moved to fine Mr. Tran and Evergreens Drug \$1,000.00 total for the 1st, 2nd, 3rd, 4th, and 7th Causes of Action. For the 5th, 6th, and 8th Causes of Action, Mr. Tran and Evergreens Drug will be fined \$1,000.00 for each Cause, plus administrative fees and costs. Mr. Tran will be on 3 years probation and must successfully pass the MPJE within 90 days of the date of the Board's Order. If Mr. Tran fails the MPJE he must reappear before the Board.

Second: Mary Lau

Action: Passed Unanimously

Motion: Chad Luebke moved to find Dr. Haduong guilty of the 9th, 10th, 11th, 12th, and 13th Causes of Action and Dismiss the 14th and 15th Causes of Action.

Second: Beth Foster

Discussion: Keith Macdonald indicated he would like to dismiss the 12th and 13th Causes of Action. This suggestion was not accepted by the First and Second.

Action: Passed with 3 yes votes and 2 negative votes.

Motion: Chad Luebke moved to fine Dr. Haduong \$1,000.00 for each of the 9th and 11th Causes of Action..

Second: Mary Lau

Action: Passed with 3 yes votes and 2 negative votes.

Motion: Chad Luebke moved to impose no fine for the 10th, 12th and 13th Causes of Action.

Second: Keith Macdonald

Action: Passed Unanimously

D.	James R. Thompson, R.Ph	(09-016-RPH-S)
E.	CVS/pharmacy #8789	(09-016-PH-S)

Carolyn Cramer advised the Board that the charges against CVS/pharmacy #8789 were dismissed.

James Thompson and Chris McCain, pharmaceutical technician, appeared and were sworn by President Fey prior to answering questions or offering testimony.

Maria Nutile was present to represent Mr. Thompson.

NOTE: Chad Luebke recused from participation as he is a friend of Mr. Thompson. Mary Lau advised that she will participate in this matter since CVS was dismissed.

Carolyn Cramer called Richard Linton, the complainant in this matter, to testify.

Richard Linton appeared and was sworn by President Fey prior to answering questions or offering testimony.

Mr. Linton testified that he takes Humulin R U100 to control his diabetes. He has taken it in injectable form since 1988. Mr. Linton indicated that he ordered a refill for his Humulin R before going on a trip to Missouri to visit a family member. Before leaving for the trip, he stayed with his wife and while there his blood sugar dropped drastically and the paramedics had to be called. Mr. Linton felt that something was wrong with the

insulin he had received and returned it to CVS #8789 when he returned from his trip. Mr. Linton stated that CVS #8789 exchanged it for what he should have had but they did not explain what he had received. They apologized to him. He later learned that what he actually received was Humulin U500 which is used in insulin pumps rather than for the injectable form he usually used.

Maria Nutile questioned Mr. Linton regarding his Humulin refill. He reiterated that he picked it up to be sure he did not run out of insulin while he was on his trip. Ms. Nutile questioned Mr. Linton regarding what it was he returned to CVS #8789. Mr. Linton described a larger bottle than he usually used but thought perhaps the manufacturer repackaged the Humulin R U100.

The Board continued testimony until Thursday morning.

Nadia Nutile requested that Mary Lau recuse from participation in this matter as she planned to present testimony regarding CVS and their procedures. Mary Lau recused.

Ms. Nutile asked Chris McCoin to testify.

Ms. Nutile asked Mr. McCoin, pharmaceutical technician, to describe the circumstances he remembered about when Mr. Linton returned to the pharmacy to return the Humulin he had received previously from CVS #8789.

Mr. McCoin testified that Mr. Linton appeared at the drive through window in a white truck. Mr. McCoin stated that he looked at the medication that Mr. Linton gave him and asked that since it was filled on November 25th, why was he returning it now. He said Mr. Linton told him that his insulin was going out of date and wanted to replace it. Mr. McCoin stated that he could not see the whole box because the label covered it, but looked at the top of the box and noticed that the Humulin Mr. Linton gave him was for a pump. He said he asked Mr. Linton if he uses a pump and was told no. Mr. McCoin discussed this problem with Mr. Thompson and they exchanged the Humulin they received from Mr. Linton for Humulin R U100. After Mr. Linton left, Mr. McCoin and Mr. Thompson opened the box and discovered that it was unopened and the seal still in place.

Ms. Nutile questioned Mr. McCoin regarding what he saw and did when Mr. Linton was returning the insulin. Mr. McCoin described packaging changes from what was dispensed and what the new packaging is like. Ms. Nutile reviewed Mr. McCoin's written statement to the Board and also asked Mr. McCoin to describe the CVS return procedure for outdated drugs.

Carolyn Cramer questioned Mr. McCoin further regarding CVS's return procedures.

President Fey asked Mr. McCoin how many vials of Humulin were dispensed to Mr. Linton in November and he responded just one.

Ms. Nutile asked Mr. Thompson to testify.

Mr. Thompson noted that he had worked for CVS for 18 years, both in Nevada and Ohio. He was terminated in January 2010 for this error that was not reported in January 2009. On March 19, 2009 Mr. Thompson testified that he wrote his statement. In that statement he reiterated that he asked Mr. Linton if he wanted an exchange for the Humulin that he was returning and that Mr. Linton told him he did want an exchange because it was short dated. At that time, he had his staff remove all the Humulin 500 from stock to ensure it did not go out to another patient by mistake. Ms. Nutile asked if CVS provided medication safety alerts to pharmacy staff. Mr. Thompson stated that they were available to pharmacy staff but they had to look them up on the CVS computer and he had never seen this alert. Mr. Thompson testified that he was unaware that there were two different strengths of Humulin. He indicated that he was aware of Humulin U100 and had no knowledge of Humulin U500 for use in pumps. When he learned he advised pharmacy staff immediately. Mr. Thompson testified that he was terminated from employment from CVS for failure to report the error according to CVS guidelines. He was terminated on January 30, 2010 after the Board filed the Accusation in this matter.

Carolyn Cramer recalled Mr. Linton. Ms. Cramer asked Mr. Linton if he had a white truck. He responded that he did not, he had a red truck. Ms. Cramer asked Mr. Linton how many times the paramedics were called and he said three times during his vacation. She asked him if he had ever experienced a reaction like this before and he indicated that he had not. Ms. Nutile asked Mr. Linton if he went to the doctor and he stated he had not because he always could control his blood sugar in the past. Mr. Linton said he only goes to the doctor if he is sick, not to control his diabetes. Mr. Linton described the packaging and the vial he received as being bigger but just thought the manufacturer had changed the packaging.

Ms. Cramer gave closing statements. Ms. Nutile acknowledged that there was an error made and if CVS was not dismissed from this matter they could have been able to provide pertinent information to Mr. Thompson's defense. Ms. Nutile concluded that perhaps Mr. Linton was confused about the circumstances.

Board Action:

Motion: Beth Foster moved to find Mr. Thompson guilty of the alleged violations.

Second: Keith Macdonald

Action: Passed Unanimously

Motion: Beth Foster moved to assess Mr. Thompson with an administrative fee of \$295.00 and participate in the Your Success Rx program once he is employed.

Second: Kirk Wentworth

Action: Passed Unanimously

F.	Warren C. Rolen, R.Ph	(09-040-RPH-S)
G.	Mountain View Pharmacy	(09-040-PH-S)

Richard Schoenfeld and John Spilatra were present to represent Mr. Rolen and Mountain View Pharmacy.

Carolyn Cramer presented a stipulated agreement they had agreed upon prior to this hearing. Ms. Cramer indicated that Mr. Rolen has agreed to work for two weeks after acceptance of this Agreement in order to hire a new managing pharmacist for Mountain View Pharmacy. At that time, Mr. Rolen has agreed to surrender his pharmacist license, which will be treated as a revocation, and not be involved in the operation of Mountain View Pharmacy other than to do the banking. Mr. Rolen will be allowed six months to sell the pharmacy and may enter the premises to show the property providing another pharmacist is present in the pharmacy. If the pharmacy does not sell within that six months, Mountain View Pharmacy's license will be revoked.

Board Action:

Motion: Keith Macdonald moved to accept the Stipulated Agreement as presented.

Second: Kirk Wentworth

Action: Passed Unanimously

4. Application for Nevada Pharmacy – Appearance:

St. Michael's Center for Special Surgery – Las Vegas

Joseph B. Staller appeared and was sworn by President Fey prior to answering questions or offering testimony.

Mr. Staller described St. Michael's as an ambulatory surgery center. They have an agreement with Scott Ricci, a Nevada licensed pharmacist, to be the consultant pharmacist for their facility. Mr. Staller described their procedures and their expectations from Mr. Ricci.

Board Action:

Motion: Chad Luebke moved to approve the application for pharmacy license for St. Michael's Center for Special Surgery.

Second: Keith Macdonald

Action: Passed Unanimously

5. Application for Nevada Wholesaler – Appearance:

Med-Health Pharmaceutical Products, LLC – North Las Vegas

Paul Gasiewicz appeared and was sworn by President Fey prior to answering questions or offering testimony.

Mr. Gasiewicz explained that this is a change of ownership for a Nevada wholesaler facility. Mr. Gasiewicz gave a brief history of his experience and qualifications to be the facility manager for Med-Health. They will serve pharmacies, practitioners, surgery centers, urgent care and hospitals.

Board Action:

Motion: Keith Macdonald moved to approve the application for change of ownership for a Nevada wholesaler license for Med-Health Pharmaceutical Products, LLC.

Second: Chad Luebke

Action: Passed Unanimously

6. Requests for Pharmaceutical Technician in Training License – Appearance:

A. Crystal Gebhart

Ms. Gebhart cancelled her appearance and will reschedule.

B. Deborah Green

Carolyn Cramer advised the Board that Deborah Green did not appear even though she was noticed for the meeting. Ms. Green is a student participating in the pharmaceutical technician program at Kaplan College and answered one of the questions on the application for pharmaceutical technician in training indicating that she had been diagnosed or treated for alcohol or substance abuse within the last five years. Ms. Green had a PRN evaluation and Larry Espadero, PRN monitor, recommended that Ms. Green not be allowed to work in a pharmacy until she has successfully completed six to twelve months in the PRN program.

Board Action:

Motion: Mary Lau moved to deny the application for pharmaceutical technician in training for Deborah Green.

Second: Beth Foster

Action: Passed Unanimously

C. Dana Hicks

Dana Hicks appeared and was sworn by President Fey prior to answering questions or offering testimony.

Mr. Hicks explained that he is a student at Kaplan College and that he tested positive for marijuana during a drug screening. Mr. Hicks explained that he went to a Halloween party and used poor judgment by using marijuana. Mr. Hicks had to answer a question on the application for pharmaceutical technician in training indicating that he had an incident. Mr. Hicks advised the Board that he had a PRN evaluation and the evaluation indicated that there was a low probability for chemical dependency, however he would be monitored for a period of time to ensure there would be no further incidents. Mr. Hicks appeared sincere in his determination not to repeat this behavior.

Board Action:

Motion: Keith Macdonald moved to approve the application for pharmaceutical technician in training for Mr. Hicks providing he continue with PRN until Mr. Espadero releases him.

Second: Chad Luebke

Action: Passed With One Negative Vote

D. Genero Siciliano

Mr. Siciliano cancelled his appearance and will reschedule.

7. Request for Controlled Substance License – Appearance:

Terry McAnallen, DO

Terry McAnallen and Dr. Peter Mansky appeared and were sworn by President Fey prior to answering questions or offering testimony.

Dr. McAnallen advised the Board that he was present to request a controlled substance license. He was released from treatment for alcohol dependence in January 2010 and noted that he was doing well and had obtained his license from the DO Board.

Dr. Mansky described the intense recovery program he facilitates for the DO Board. He explained that Dr. McAnallen attended a 28 day program that did not work well for him. He then went into a six month program that worked better to address his alcohol addiction. Dr. Mansky advised the Board that Dr. McAnallen is monitored, must call in every day and is randomly drug/alcohol tested four to six times a month.

Board Action:

Motion: Keith Macdonald moved to approve Dr. McAnallen's application for a controlled substance license.

Second: Mary Lau

Action: Passed Unanimously

8. Applications for Nevada MDEG – Appearance

A. DRS Medical LLC – Las Vegas

David Sanford appeared and was sworn by President Fey prior to answering questions or offering testimony.

Mr. Sanford advised the Board that he will provide continuous motion equipment to patients for post op knee and shoulder therapy. That is the only product and service they will be providing. Mr. Sanford described his experience and detailed their facility procedures.

Board Action:

Motion: Kirk Wentworth moved to approve the application for MDEG provider for DRS Medical LLC.

Second: Keith Macdonald

Action: Passed Unanimously

B. OMED of Nevada, LLC – Reno

Heinz Roesch appeared and was sworn by President Fey prior to answering questions or offering testimony.

Larry Pinson advised the Board that Mr. Roesch came to him and confessed that he had been doing business in Nevada since October, 2009 and was unaware he needed a license with us. He was very up-front and wanted to correct the situation as soon as he found out he was operating without our license.

Mr. Roesch described the purpose of his business as providing general electronic equipment as a wholesaler to MDEG providers. He advised the Board that he did not bill Medicare or Medicaid and that was probably the reason he was not advised that he needed to be licensed with us when he obtained his business license.

Board Action:

Motion: Keith Macdonald moved to approve the MDEG Wholesaler license for OMED of Nevada, LLC.

Second: Beth Foster

Action: Passed Unanimously

C. Ozomor Medical Supplies Inc. – Las Vegas

Valando Sterling and Evangeline Ramirez appeared and were sworn by President Fey prior to answering questions or offering testimony.

Ms. Sterling and Ms. Ramirez advised the Board that they were both nurses, however they are not practicing at this time. Now they would like to provide care to patients when they are recovering rather than when they are hospitalized in a more positive atmosphere. They gave an overview of how they intend to operate their MDEG facility.

Board Action:

Motion: Mary Lau moved to approve the application for MDEG provider for Ozomor Medical Supplies, Inc.

Second: Kirk Wentworth

Action: Passed Unanimously

D. StateServ Medical of Nevada, LLC – Las Vegas

Tom Allison appeared and was sworn by President Fey prior to answering questions or offering testimony.

Mr. Allison indicated that they moved without telling Board staff of the change of address. The Board's inspector went to do the annual inspection and found no one at the address of record. Mr. Allison is now reapplying for an MDEG license at the new address.

Mr. Allison indicated that they have four locations – one in Colorado, Arizona, New Mexico and Nevada. Mr. Allison was asked who the facility administrator is for the Nevada location and he indicated that it was Cedric Peoples. The Board questioned

why it showed Anthony Perre and he stated that they must have misunderstood who they wanted on the application.

Board Action:

Motion: Keith Macdonald moved to approve the application for MDEG provider for StateServ Medical of Nevada, LLC, providing they submit an updated application showing the Nevada facility administrator within 14 days. The Board inspector will meet with the facility administrator during the inspection of the facility.

Second: Kirk Wentworth

Action: Passed Unanimously

9. General Counsel Report:

Carolyn Cramer presented the Board with a copy of the NABP evaluation of the Sanchez v. Wal-Mart case and the AG Opinion on the Prescription Monitoring Program issue.

10. Executive Secretary Report:

- A. Financial Report
- B. Investment Report

Larry Pinson gave the financial and investment reports to the Board's satisfaction. Keith Macdonald came to the Board's office and reviewed the books.

- C. Temporary Licenses

There were no temporary licenses issued since the last Board meeting.

- D. Staff Activities

1. Meetings

- a. LCHC Work Group (3/25/10)

Larry Pinson gave an update on the progress of this group in its legislatively mandated effort to address prescription drug abuse in Nevada.

- b. CSAPTF Meeting (3/25/10)

Larry Pinson reported on the regularly scheduled meeting.

1. Intervention Officer

In the absence of grant money to fund the intervention officer, Larry Pinson advised the Board that he would like to hire Janine Davis to continue her excellent and important job.. There may be an opportunity to move her into the Task Force office as staff changes occur in the future. Ms. Davis has a law enforcement background and works well in her capacity as intervention officer. Keith Macdonald recommended that we hire Ms. Davis. Mr. Pinson asked for a motion.

Board Action:

Motion: Keith Macdonald moved to hire Janine Davis as the intervention officer for the Task Force.

Second: Mary Lau

Action: Passed Unanimously

c. Rural Mental Health (3/16/10)

Mr. Pinson noted that Rural Mental Health has many issues and problems with regard to dispensing medications. This kickoff meeting was called to begin the process of gaining that compliance.

Mr. Pinson advised that he will be speaking at CBI's Inaugural West Coast Forum on Tracking State Laws and Aggregate Spend.

Katie Johnson provided a Board Law CE at the VA in Reno. She and Larry Pinson are working with *Pharmacist's Letter* and videotaped the presentation. *Pharmacist's Letter* is proposing to allow Nevada pharmacists and technicians to do the online CE without being a subscriber. This should benefit the outlying areas that find it difficult to attend a live Board staff presentation.

E. Reports to Board

1. 50 Year Certificates

Mr. Pinson read a letter from one of the 50 Year recipients about how meaningful it was to him to receive his certificate.

2. Auto

Larry Pinson reported that he purchased a new car for use in the North and sent the Ford to Las Vegas.

F. Board Related News

1. DEA Rule on Electronic Prescribing of CS

The DEA is close to allowing controlled substances to be prescribed electronically. Nevada law is more stringent (CII's not allowed to be prescribed electronically) however we have in place the regulations necessary to allow the electronic prescribing of CIII, CIV and CV's now. It would take a statutory change to allow that practice for CII's.

G. Activities Report

11. Next Board Meeting:

June 2-3, 2010 – Reno, Nevada

12. Public Comments and Discussion of and Deliberation Upon Those Comments

Dwayne Fambles, a registered pharmaceutical technician, appeared and asked some very thoughtful CII questions. The Board commended him for his appearance and request for clarification of some of Nevada's CII laws.

Blank

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

FEE: \$500.00 (non-refundable and not transferable) - Application must be printed legibly

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 ☐

FACILITY INFORMATION

Facility Name: ATG Rehab

Physical Address: 1650 Tribute Road
(This must be a business address, we can not issue a license to a home address)

Mailing Address: _____

City: Sacramento State: CA Zip Code: 95815-4440

Telephone Number: (916) 489.3651 Fax Number: (916) 483.6451

E-mail: compliance@atgrehab Website: atgrehab.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-----

FACILITY ADMINISTRATOR INFORMATION

Name: Lonnie Cohn

Address: 1650 Tribute Road

City: Sacramento State: CA Zip Code: 95815-4400

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

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

** If providing these types of services do you have in place a mechanism to ensure continued care in the event of an emergency? Yes ☐ No ☒ If yes please provide name and telephone number of a Nevada contact.

Name: _____ Telephone: _____

53795
678

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OOS MDEG PROVIDER

NON PUBLICLY TRADED CORPORATION

FEE: \$500.00 (non-refundable and not transferable) - Application must be printed legibly

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New MDEG <input checked="" type="checkbox"/>	Ownership Change <input type="checkbox"/>	Name Change <input type="checkbox"/>	Location Change <input type="checkbox"/>
Please provide current license number if making changes: _____			

FACILITY INFORMATION

Facility Name: Diabetic Medic, LLC
Physical Address: 2265 Roswell Road #100
(This must be a business address, we can not issue a license to a home address)
Mailing Address: 2265 Roswell Road #100
City: Marietta State: GA Zip Code: 30062
Telephone Number: 770-783-1043 Fax Number: 866-496-8070
E-mail: geydman@clear.net Website: N/A

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8AM to 5PM Tue: 8AM to 5PM Wed: 8AM to 5PM Thu: 8AM to 5PM
Fri: 8AM to 5PM Sat: on call Sun: on call to Holidays: on call

FACILITY ADMINISTRATOR INFORMATION

Name: Oleg Geydman
Address: 2265 Roswell Road #100
City: Marietta State: GA Zip Code: 30062

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

- | | |
|---|---|
| <input type="checkbox"/> Medical Gases | <input checked="" type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment | <input type="checkbox"/> Parenteral and Enteral Equipment |
| <input type="checkbox"/> Life-sustaining equipment | <input type="checkbox"/> Orthotics and Prosthesis |
| <input checked="" type="checkbox"/> Diabetic Supplies | Other: <u>power wheel chairs & scooter</u> |

Board Use Only	APR 28 2010	Check Number	100	Amount	500.00
Received					

53641
670

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG PROVIDER CORPORATION

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New MDEG ☒ Ownership Change ☐ Name Change ☐ Location Change ☐

FACILITY INFORMATION

Facility Name: Dynamic Medical Systems, Inc.
Physical Address: 2811 E. Ana St. Rancho Dominguez, CA 90221
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 2811 E. Ana St.
City: Rancho Dominguez State: CA Zip Code: 90221
Telephone Number: 800-225-9080 Fax Number: 310-894-7490
E-mail: tracyo@godynamic.com Website: www.godynamic.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8 to 5 Tue: 8 to 5 Wed: 8 to 5 Thu: 8 to 5
Fri: 8 to 5 Sat: to Sun: to Holidays: to

FACILITY ADMINISTRATOR INFORMATION

Name: Cindy Thomas / Richard Stempson
Address: 2811 E. Ana St.
City: Rancho Dominguez State: CA Zip Code: 90221

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

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

** If providing these types of services do you have in place a mechanism to ensure continued care in the event of an emergency? Yes ☒ No ☐ If yes please provide name and telephone number of a Nevada contact.

Name: Mike Cheney Telephone: 602-882-4521 Page 1-2010

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6712

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG PROVIDER CORPORATION

FEE: **\$500.00** (non-refundable and not transferable) - Application must be printed legibly

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 ☐

FACILITY INFORMATION

Facility Name: Hightower Medical Systems Inc.

Physical Address: 143 4th Ave N. Franklin, TN 37064
(This must be a business address, we can not issue a license to a home address)

Mailing Address: P.O. Box 570

City: Franklin State: TN Zip Code: 37064

Telephone Number: 688 979 1969 Fax Number: 688 364 2489

E-mail: tmoores@hightowermedical.com Website:

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

FACILITY ADMINISTRATOR INFORMATION

Name: TADD Moore

Address: 143 4th Ave N. Franklin, TN 37064

City: Franklin State: TN Zip Code: 37064

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

- ☐ Medical Gases**
- ☐ Respiratory Equipment**
- ☐ Life-sustaining equipment**
- ☐ Diabetic Supplies

☒ Pneumatic Compression Device

- ☐ Assistive Equipment
- ☐ Parenteral and Enteral Equipment**
- ☐ Orthotics and Prosthesis

** If providing these types of services do you have in place a mechanism to ensure continued care in the event of an emergency? Yes ☐ No ☐ If yes please provide name and telephone number of local contact.

Name: Telephone:

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

APPLICATION FOR OUT-OF-STATE MDEG PROVIDER CORPORATION

FEE: \$500.00 (non-refundable and not transferable) - Application must be printed legibly

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 X Ownership Change Name Change Location Change

FACILITY INFORMATION

Facility Name: Tobii Assistive Technology, Inc.

Physical Address: 333 Elm St., Dedham, MA 02026
(This must be a business address, we can not issue a license to a home address)

Mailing Address: Same as above

City: _____ State: _____ Zip Code: _____

Telephone Number: (781) 461-8200 Fax Number: (781) 461-2449

E-mail: funding@tobiiati.com Website: www.tobiiati.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:30 to 5:30 Tue: 8:30 to 5:30 Wed: 8:30 to 5:30 Thu: 8:30 to 5:30

Fri: 8:30 to 5:30 Sat: to Sun: to Holidays: to

ALL TIMES SHOWN ARE EASTERN TIME

FACILITY ADMINISTRATOR INFORMATION

Name: Tara Rudnicki

Address: Tobii ATi, 333 Elm St.

City: Dedham State: MA Zip Code: 02026

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

** If providing these types of services do you have in place a mechanism to ensure continued care in the event of an emergency? Yes ☐ No ☐ If yes please provide name and telephone number of local contact.

Name: _____ Telephone: _____ Page 1-2010

53477
463

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG PROVIDER CORPORATION

FEE: **\$500.00** (non-refundable and not transferable) - Application must be printed legibly

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 X Ownership Change _____ Name Change _____ Location Change _____

FACILITY INFORMATION

Facility Name: Zynex Medical Inc.

Physical Address: 9990 Park Meadows Drive
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 9990 Park Meadows Drive

City: Lone Tree State: Co Zip Code: 80124-6739

Telephone Number: 800-495-6670 Fax Number: 303-347-9153

E-mail: Tsandgaard@zynexmed.com Website: Zynexmed.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 to Sun: Closed to Holidays: Closed to

FACILITY ADMINISTRATOR INFORMATION

Name: Thomas Sandgaard

Address: 1175 Castle Pointe Dr

City: Castle Rock State: Co Zip Code: 80104

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

☐ Medical Gases**

☐ Respiratory Equipment**

☐ Life-sustaining equipment**

☐ Diabetic Supplies

☐ Assistive Equipment

☐ Parenteral and Enteral Equipment**

☐ Orthotics and Prosthesis

Tens units

** If providing these types of services do you have in place a mechanism to ensure continued care in the event of an emergency? Yes ☐ No ☐ If yes please provide name and telephone number of local contact

Name: [Signature] Telephone: _____

Page 1-2010

*Please see attached product list.

53632
669

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

FEE \$500.00 (non-refundable and not transferable)

Application must be printed legibly

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 X Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: PH _____)

GENERAL INFORMATION

Pharmacy Name: BIOSCRIP PHARMACY, INC. DBA BIOSCRIP PHARMACY

Physical Address: 2262 MARKET ST, SAN FRANCISCO, CA 94114

Mailing Address: SAME

City: SAN FRANCISCO State: CA Zip Code: 94114

Telephone Number: 415-255-0101 Fax Number: 415-255-0201

Toll Free Number: 877-901-9971

E-mail: SF@BIOSCRIP.COM Website: BIOSCRIP.COM

Managing Pharmacist: ADRIAN M. WONG License Number: 29945

Hours of Operation:

Monday thru Friday 9 am 7 pm Saturday 10 am 2 pm
Sunday CL am _____ pm 24 Hours ON CALL

TYPE OF PHARMACY

SERVICES PROVIDED

- ☒ Retail
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ☒ Out of State
- ☐ Ambulatory Surgery Center

- ☐ Off-site Cognitive Services
- ☐ Parenteral
- ☐ Parenteral (outpatient)
- ☐ Outpatient/Discharge
- ☒ Mail Service
- ☐ Long Term Care

Board Use Only

Received: APR 28 2010 Check Number: 175 Amount: 500.00

53653
1911

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

FEE \$500.00 (non-refundable and not transferable)
Application must be printed legibly

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 ☒ Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: PH _____)

GENERAL INFORMATION

Pharmacy Name: MedStar Diabetic Supply, LP, d/b/a CCS Medical

Physical Address: 3933 East California Parkway, Suite A Forest Hill, Texas 76119

Mailing Address: P.O. Box 17741

City: Clearwater State: Florida Zip Code: 33762

Telephone Number: 817-535-5654 Fax Number: 727-507-2755

Toll Free Number: 866-535-5565 Option 2

E-mail: ccsmed.licensing@ccsmed.com Website: N/A

Managing Pharmacist: Raymond Weaver McClure License Number: 22355

Hours of Operation:

Monday thru Friday 8:30 am 5:30 pm Saturday Closed am _____ pm
Sunday Closed am _____ pm 24 Hours N/A

TYPE OF PHARMACY

SERVICES PROVIDED

- ☒ Retail
☐ Hospital (# beds _____)
☐ Internet
☐ Nuclear
☒ Out of State
☐ Ambulatory Surgery Center

- ☐ Off-site Cognitive Services
☐ Parenteral
☐ Parenteral (outpatient)
☐ Outpatient/Discharge
☒ Mail Service
☐ Long Term Care

Board Use Only

Received: APR 14 2010 Check Number: 936 Amount: 500.00

53510
1898

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

FEE \$500.00 (non-refundable and not transferable)
Application must be printed legibly

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 ☒ Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: PH _____)

GENERAL INFORMATION

Pharmacy Name: EASY SCRIPTS, INCORPORATED
Physical Address: 2307 SOUTH MOUNT PROSPECT ROAD
Mailing Address: SAME
City: DES PLAINES State: ILLINOIS Zip Code: 60018
Telephone Number: (847) 849-6634 Fax Number: (773) 275-1478
Toll Free Number: (877) 813-4472
E-mail: EASYSRIPTSINC@GMX.COM Website: N/A
Managing Pharmacist: PARIXIT MODI License Number: 051.291987

Hours of Operation:

Monday thru Friday 9:00 am 5:00 pm Saturday 9:00 am 2:00 pm
Sunday X am X pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail | <input type="checkbox"/> Off-site Cognitive Services |
| <input type="checkbox"/> Hospital (# beds _____) | <input type="checkbox"/> Parenteral |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Parenteral (outpatient) |
| <input type="checkbox"/> Nuclear | <input type="checkbox"/> Outpatient/Discharge |
| <input checked="" type="checkbox"/> Out of State | <input checked="" type="checkbox"/> Mail Service |
| <input type="checkbox"/> Ambulatory Surgery Center | <input type="checkbox"/> Long Term Care |

Board Use Only

Received: MAY 10 2010 Check Number: 1088 Amount: 500.⁰⁰

53738
1923

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

FEE \$500.00 (non-refundable and not transferable)
Application must be printed legibly

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New Pharmacy X Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: PH _____)

GENERAL INFORMATION

Pharmacy Name: ESI Mail Pharmacy Service, Inc. dba Express Scripts

Physical Address: 4415 Lewis Road, Harrisburg, PA 17111

Mailing Address: 4415 Lewis Road, Harrisburg, PA 17111

City: Harrisburg State: PA Zip Code: 17111

Telephone Number: 717-592-6000 Fax Number: 717-558-9248

Toll Free Number: 800-955-4879

E-mail: mroesch@express-scripts.com Website: www.express-scripts.com

Managing Pharmacist: Matthew Roesch License Number: RP439847

Hours of Operation:

Monday thru Friday 8:30 am 4:00 pm Saturday 9:00 am 3:00 pm
Sunday 9:00 am 3:00 pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

- ☐ Retail
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ☒ Out of State
- ☐ Ambulatory Surgery Center

- ☐ Off-site Cognitive Services
- ☐ Parenteral
- ☐ Parenteral (outpatient)
- ☐ Outpatient/Discharge
- ☒ Mail Service
- ☐ Long Term Care

Board Use Only

Received: MAY 18 2010 Check Number: 706 Amount: 500.00

53718
1936

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

FEE \$500.00 (non-refundable and not transferable)
Application must be printed legibly

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 ☒ Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: PH _____)

GENERAL INFORMATION

Pharmacy Name: Heartland Veterinary Pharmacy
Physical Address: 401 W 33rd St. Hastings NE 68901
Mailing Address: 401 W 33rd St.
City: Hastings State: NE Zip Code: 68901
Telephone Number: 402 463 2090 Fax Number: 402-463-2115
Toll Free Number: 800-934-5398
E-mail: doc@heartlandvetsupply.com Website: www.heartlandvetsupply.com
Managing Pharmacist: Alicia Redline License Number: 11618

Hours of Operation:

Monday thru Friday 8 am 5 pm Saturday 8 am 1 pm
Sunday closed am pm 24 Hours (phone answering fish questions)

TYPE OF PHARMACY

SERVICES PROVIDED

- ☐ Retail
☐ Hospital (# beds _____)
☒ Internet
☐ Nuclear
☒ Out of State
☐ Ambulatory Surgery Center

- ☐ Off-site Cognitive Services
☐ Parenteral
☐ Parenteral (outpatient)
☐ Outpatient/Discharge
☒ Mail Service
☐ Long Term Care

Board Use Only

Received: MAY 19 2010 Check Number: 967 Amount: 500.00

53803
1937

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

FEE \$500.00 (non-refundable and not transferable)
Application must be printed legibly

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 ☒ Ownership Change ☐ Name Change ☐ Location Change ☐
(Please provide current license number if making changes: PH _____)

GENERAL INFORMATION

Pharmacy Name: IN Home Rx
Physical Address: 1582 W. San Marcos Blvd. STE 301
Mailing Address: 1582 W. San Marcos Blvd. STE 301
City: San Marcos State: CA Zip Code: 92078
Telephone Number: 760-891-0418 Fax Number: 760-891-0597
Toll Free Number: 800-535-3063
E-mail: pharmacy@inhomerx.com Website: www.inhomerx.com
Managing Pharmacist: Henry J. Walker License Number: RPH23467

Hours of Operation:

Monday thru Friday 8 am 5 pm Saturday on call am _____ pm
Sunday on call am _____ pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail | <input type="checkbox"/> Off-site Cognitive Services |
| <input type="checkbox"/> Hospital (# beds _____) | <input type="checkbox"/> Parenteral |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Parenteral (outpatient) |
| <input type="checkbox"/> Nuclear | <input type="checkbox"/> Outpatient/Discharge |
| <input checked="" type="checkbox"/> Out of State | <input checked="" type="checkbox"/> Mail Service |
| <input type="checkbox"/> Ambulatory Surgery Center | <input type="checkbox"/> Long Term Care |

Board Use Only

Received: MAY 19 2010 Check Number: 770 Amount: 500.00

53804
1938

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

FEE \$500.00 (non-refundable and not transferable)

Application must be printed legibly

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 ☒ Ownership Change ☐ Name Change ☐ Location Change ☐
(Please provide current license number if making changes: PH _____)

GENERAL INFORMATION

Pharmacy Name: KCC, Inc.

Physical Address: 1501 23rd Avenue Suite B

Mailing Address: 1501 23rd Avenue Suite B

City: Meridian State: MS Zip Code: 39301

Telephone Number: 877-229-1724 Fax Number: 877-229-1725

Toll Free Number: 877-229-1724

E-mail: Specialty@vcmeridian.com Website: www.vcmeridian.com

Managing Pharmacist: Sedjinon Doxey License Number: T-09364

Hours of Operation: Available 24/7 via toll free number.

Monday thru Friday 8 am 5 pm

Saturday on call am on call pm

Sunday on call am on call pm

24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

- ☐ Retail
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ☒ Out of State
- ☐ Ambulatory Surgery Center

- ☐ Off-site Cognitive Services
- ☐ Parenteral
- ☐ Parenteral (outpatient)
- ☐ Outpatient/Discharge
- ☒ Mail Service
- ☐ Long Term Care

Board Use Only

Received: APR 28 2010 Check Number: 155 Amount: 500.00

53654
1913

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

FEE \$500.00 (non-refundable and not transferable)
Application must be printed legibly

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 _____ Ownership Change ☒ Name Change _____ Location Change _____
(Please provide current license number if making changes: PH 02196)

GENERAL INFORMATION

Pharmacy Name: Medex BioCare Pharmacy, LLC
Physical Address: 8024 Stage Hills Blvd. #107
Mailing Address: 11
City: Bartlett State: TN Zip Code: 38133
Telephone Number: 901-380-5899 Fax Number: 901-380-5877
Toll Free Number: 800-962-6339
E-mail: tpeck@medexbiopharm.com Website: www.medexbiocare.com
Managing Pharmacist: Jessica K. Liska License Number: TN 28188

Hours of Operation:

Monday thru Friday 7:30 am 5:00 pm Saturday on call am _____ pm
Sunday on call am _____ pm 24 Hours on call

TYPE OF PHARMACY

SERVICES PROVIDED

- ☐ Retail
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ☒ Out of State
- ☐ Ambulatory Surgery Center

- ☐ Off-site Cognitive Services
- ☐ Parenteral
- ☐ Parenteral (outpatient)
- ☐ Outpatient/Discharge
- ☒ Mail Service
- ☐ Long Term Care

Board Use Only

Received: _____ Check Number: 6098 Amount: 500.00

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

FEE \$500.00 (non-refundable and not transferable)

Application must be printed legibly

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 ☒ Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: PH _____)

GENERAL INFORMATION

Pharmacy Name: Medsource RX Pharmacy

Physical Address: 9883 S. 500 W. Sandy, UT 84070

Mailing Address: 9883 South 500 West

City: Sandy State: UT Zip Code: 84070

Telephone Number: 801-727-0166 Fax Number: 801-727-0092

Toll Free Number: 877-577-7767

E-mail: pharmacy@medsourcerx.com Website: _____

Managing Pharmacist: Ricci Sykes License Number: 154050-1701

Hours of Operation:

Monday thru Friday 10 am 2 pm Saturday Not open _____ am _____ pm
Sunday Not open _____ am _____ pm 24 Hours ☒ _____

TYPE OF PHARMACY

SERVICES PROVIDED

- ☒ Retail
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ☒ Out of State
- ☐ Ambulatory Surgery Center

- ☐ Off-site Cognitive Services
- ☐ Parenteral
- ☐ Parenteral (outpatient)
- ☐ Outpatient/Discharge
- ☒ Mail Service
- ☐ Long Term Care

Board Use Only

Received: APR 28 2010 Check Number: 884 Amount: 500.00

53633
1909

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

FEE \$500.00 (non-refundable and not transferable)
Application must be printed legibly

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 ☒ Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: PH _____)

GENERAL INFORMATION

Pharmacy Name: Medco Center for Pharmacotherapeutic Research
Physical Address: One Millenium Drive, Suite 101
Mailing Address: Same as Above
City: Willingboro State: NJ Zip Code: 08046
Telephone Number: 877-807-0947 Fax Number: 609-880-2221
Toll Free Number: 877-807-0947
E-mail: _____ Website: _____
Managing Pharmacist: Martino Luu License Number: 28R102416100

Hours of Operation:

Monday thru Friday 8:00 am 5:00 pm Saturday _____ am _____ pm
Sunday _____ am _____ pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

- ☐ Retail
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ☒ Out of State
- ☐ Ambulatory Surgery Center

- ☐ Off-site Cognitive Services
- ☐ Parenteral
- ☐ Parenteral (outpatient)
- ☐ Outpatient/Discharge
- ☒ Mail Service
- ☐ Long Term Care

Board Use Only

Received: APR 28 2010 Check Number: 821 Amount: 500.00

53656
1915

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

FEE \$500.00 (non-refundable and not transferable)

Application must be printed legibly

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 X Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: PH _____)

GENERAL INFORMATION

Pharmacy Name: Propac Pharmacy

Physical Address: 1201 SE Tech Center Dr. #170

Mailing Address: 1201 SE Tech Center Dr. #170

City: Vancouver State: WA Zip Code: 98683

Telephone Number: 360-260-7156 Fax Number: 360-260-7237

Toll Free Number: 800-839-9836

E-mail: phaffner@propacpharmacy.com Website: _____

Managing Pharmacist: Tracy Zarling License Number: PH00019446

Hours of Operation:

Monday thru Friday 8 am 7 pm

Saturday 9 am 5 pm

Sunday On Call am _____ pm

24 Hours On Call

TYPE OF PHARMACY

- ☐ Retail
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ☒ Out of State
- ☐ Ambulatory Surgery Center

SERVICES PROVIDED

- ☐ Off-site Cognitive Services
- ☐ Parenteral
- ☐ Parenteral (outpatient)
- ☐ Outpatient/Discharge
- ☐ Mail Service
- ☒ Long Term Care

Board Use Only

Received: MAY 17 2010 Check Number: 287 Amount: 500.00

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

FEE \$500.00 (non-refundable and not transferable)
Application must be printed legibly

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 ☒ Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: PH _____)

GENERAL INFORMATION

Pharmacy Name: Senior Care Pharmacy
Physical Address: 8975 W. Monroe Cir Ste. 100
Mailing Address: 8975 W. Monroe Cir Ste. 100
City: Wichita State: KS Zip Code: 67207
Telephone Number: 316-945-7455 Fax Number: 316-945-7457
Toll Free Number: 1-866-445-7455
E-mail: Scp.josh003@yahoo.com Website: N/A
Managing Pharmacist: Gina Pridde License Number: 1-11414

Hours of Operation:

Monday thru Friday 8 am 5 pm Saturday 9 am 12 pm
Sunday closed am closed pm 24 Hours ☒

TYPE OF PHARMACY

SERVICES PROVIDED

- | | |
|--|--|
| <input type="checkbox"/> Retail | <input type="checkbox"/> Off-site Cognitive Services |
| <input type="checkbox"/> Hospital (# beds _____) | <input type="checkbox"/> Parenteral |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Parenteral (outpatient) |
| <input type="checkbox"/> Nuclear | <input type="checkbox"/> Outpatient/Discharge |
| <input checked="" type="checkbox"/> Out of State | <input type="checkbox"/> Mail Service |
| <input type="checkbox"/> Ambulatory Surgery Center | <input checked="" type="checkbox"/> Long Term Care |

Board Use Only

Received: APR 01 2010 Check Number: 105 Amount: 500.00

53431
1887

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

FEE \$500.00 (non-refundable and not transferable)
Application must be printed legibly

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 _____ Ownership Change ☒ Name Change _____ Location Change _____
(Please provide current license number if making changes: PH 02540)

GENERAL INFORMATION

Pharmacy Name: THE Rx Co.
Physical Address: 550 13TH AVE EAST, WEST PARADISE, NV 89078.
Mailing Address: 550 13TH AVE EAST, WEST PARADISE, NV 89078
City: WEST PARADISE State: NV Zip Code: 89078
Telephone Number: 701-373-0685 Fax Number: 701-373-0686
Toll Free Number: 800-323-3873
E-mail: therxco@therxco.com Website: therxco.com
Managing Pharmacist: SUSAN BRENNAN License Number: 5132

Hours of Operation:

Monday thru Friday 9 am 5:30 pm
Saturday 9 am 1 pm
Sunday am pm
24 Hours

TYPE OF PHARMACY

SERVICES PROVIDED

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail | <input type="checkbox"/> Off-site Cognitive Services |
| <input type="checkbox"/> Hospital (# beds _____) | <input type="checkbox"/> Parenteral |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Parenteral (outpatient) |
| <input type="checkbox"/> Nuclear | <input type="checkbox"/> Outpatient/Discharge |
| <input checked="" type="checkbox"/> Out of State | <input checked="" type="checkbox"/> Mail Service |
| <input type="checkbox"/> Ambulatory Surgery Center | <input type="checkbox"/> Long Term Care |

Board Use Only

Received: MAY 04 2010 Check Number: 2083 Amount: 500.00

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

FEE \$500.00 (**non-refundable** and **not transferable**)

Application must be printed legibly

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 ☒ Ownership Change ☐ Name Change ☐ Location Change ☐
(Please provide current license number if making changes: PH)

GENERAL INFORMATION

Pharmacy Name: TPS LLC (Total Pain Solutions)
Physical Address: 3524 Decatur Hwy Suite 302 Fultondale AL 35068
Mailing Address: 3524 Decatur Hwy Suite 302 Fultondale AL 35068
City: Fultondale State: AL Zip Code: 35068
Telephone Number: 205 608-4995 Fax Number: 205 608 2718
Toll Free Number: 877-608-4995
E-mail: hbowman@totalpainrx.com Website: www.totalpainrx.com
Managing Pharmacist: Paula Hudson License Number: 12052

Hours of Operation:

Monday thru Friday 9 am 5 pm Saturday am pm
Sunday am pm 24 Hours

TYPE OF PHARMACY

SERVICES PROVIDED

- ☐ Retail
- ☐ Hospital (# beds)
- ☐ Internet
- ☐ Nuclear
- ☒ Out of State
- ☐ Ambulatory Surgery Center

- ☐ Off-site Cognitive Services
- ☐ Parenteral
- ☐ Parenteral (outpatient)
- ☐ Outpatient/Discharge
- ☒ Mail Service
- ☐ Long Term Care

Board Use Only

Received: MAY 17 2010 Check Number: 187 Amount: 500.00

53783
1933

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

FEE \$500.00 (non-refundable and not transferable)

Application must be printed legibly

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 ☒ Ownership Change ☐ Name Change ☐ Location Change ☐
(Please provide current license number if making changes: PH _____)

GENERAL INFORMATION

Pharmacy Name: Union Avenue Compounding Pharmacy

Physical Address: 2302 South Union Avenue

Mailing Address: same

City: Tacoma State: WA Zip Code: 98405

Telephone Number: 253-752-9479 Fax Number: 253-761-9315
1705

Toll Free Number: _____

E-mail: uacprx1@aol.com Website: www.unionavenuefx.com

Managing Pharmacist: Kimela G. Burkes License Number: PH00021631

Hours of Operation:

Monday thru Friday 9 am 5:30 pm Saturday _____ am _____ pm

Sunday _____ am _____ pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

- ☒ Retail
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ☐ Out of State
- ☐ Ambulatory Surgery Center

- ☐ Off-site Cognitive Services
- ☐ Parenteral
- ☐ Parenteral (outpatient)
- ☐ Outpatient/Discharge
- ☒ Mail Service
- ☐ Long Term Care

Board Use Only

Received: APR 14 2010 Check Number: 3026 Amount: 500.00

53509
1899

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

FEE \$500.00 (non-refundable and not transferable)
Application must be printed legibly

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 ☒ Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: PH _____)

GENERAL INFORMATION

Pharmacy Name: Wellpartner, Inc.
Physical Address: 7216 SW Durham Rd, Suite 200
Mailing Address: P.O. Box 5909
City: Portland State: OR Zip Code: 97224
Telephone Number: (503) 718-5700 Fax Number: (503) 718-5701
Toll Free Number: (877) 935-5791
E-mail: info@wellpartner.net *Website: www.wellpartner.com (*registered patients' access only)
Managing Pharmacist: Kent Blair R.Ph. License Number: 7146

Hours of Operation:

Monday thru Friday 7:30 am 5:30 pm PST Saturday closed am - pm
Sunday closed am - pm 24 Hours n/a (auto mated phone system for refills 24/7)

TYPE OF PHARMACY

SERVICES PROVIDED

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail | <input type="checkbox"/> Off-site Cognitive Services |
| <input type="checkbox"/> Hospital (# beds _____) | <input type="checkbox"/> Parenteral |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Parenteral (outpatient) |
| <input type="checkbox"/> Nuclear | <input type="checkbox"/> Outpatient/Discharge |
| <input checked="" type="checkbox"/> Out of State | <input checked="" type="checkbox"/> Mail Service |
| <input type="checkbox"/> Ambulatory Surgery Center | <input type="checkbox"/> Long Term Care |

Board Use Only

Received: MAY 04 2010 Check Number: 522 Amount: 500.00

53702
1921

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

FEE \$500.00 (non-refundable and not transferable)
Application must be printed legibly

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

New Wholesaler X Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: WH _____)

GENERAL INFORMATION

Facility Name: Apotheca, Inc.

Physical Address: 1622 N 16th St. Phoenix, Arizona 85006

Mailing Address: 1622 N 16th St

City: Phoenix State: AZ Zip Code: 85006

Telephone Number: 602-252-5244 Fax Number: 602-258-4082

Toll Free Number: 1-800-262-5244

E-mail: mitchelherseeth@apotheca-inc.com Website: _____

Facility Manager: Mitchel Herseeth

Professional qualifications and experience of facility manager: President/owner of Apotheca - been here 20 plus years

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Clinics

Type of Products to be handled or wholesaled by firm:

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

Board Use Only

Received: MAY 17 2010 Check Number: 242 Amount: 500.00

53797
1018

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

FEE \$500.00 (non-refundable and not transferable)
Application must be printed legibly

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

New Wholesaler ☒ Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: WH _____)

GENERAL INFORMATION

Facility Name: Baca Pharmaceutical, Inc
Physical Address: 3550 NW 126 Ave
Mailing Address: 3550 NW 126 Ave
City: Coral Springs State: FL Zip Code: 33065
Telephone Number: 9543468810 Fax Number: 9543460786
Toll Free Number: 800-354-8460
E-mail: Nancy@bca-pharmaceutical.com Website: www.bca-pharmaceutical.com
Facility Manager: Alan Z. K. - Operations Manager
Professional qualifications and experience of facility manager: Operations manager
for over 12 years

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

Board Use Only

Received: MAY 12 2010 Check Number: 228 Amount: 500 -

241

45 -

53772
1015

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR MANUFACTURER

FEE \$500.00 (non-refundable and not transferable)

Application must be typewritten

- wholesale

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 Manufacturer ☒ Ownership Change ☐ Name Change ☐ Location Change ☐

GENERAL INFORMATION

Facility Name: CARDINAL Health 414, LLC
 Physical Address: 10400 E. 48th Avenue, Ste A Denver, CO 80231
 Mailing Address: 7000 CARDINAL PLACE, Q & R Dept.
 City: Dublin State: OH Zip Code: 43017
 Telephone Number: 303-373-0579 Fax Number: (720) 374-7354
 Toll Free Number: _____
 E-mail: danita.woodley@cardinalhealth.com Website: www.CARDINALhealth.com
 Facility Manager: Brian Redig
 Professional qualifications and experience of facility manager: see resume attached

Types of licensed outlets firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

Board Use Only

Received: MAY 03 2010 Check Number: 373 Amount: 500.00

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

FEE \$500.00 (non-refundable and not transferable)
Application must be printed legibly

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

New Wholesaler ☒ Ownership Change ☐ Name Change ☐ Location Change ☐
(Please provide current license number if making changes: WH _____)

GENERAL INFORMATION

Facility Name: Walco International Inc./dba DVM Resources
Physical Address: 8711 W. DOE AVENUE, STE B, VISALIA, CA 93294
Mailing Address: 7 Village Circle, Ste 200,
City: Westlake State: TX Zip Code: 76242
Telephone Number: 817-859-3046 Fax Number: 817-859-3480
Toll Free Number: _____
E-mail: dewalta@walcointl.com Website: _____
Facility Manager: Karen Griffin

Professional qualifications and experience of facility manager: 20 years experience in distribution of veterinarian/human health care products.

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

Board Use Only

Received: APR 14 2010 Check Number: 865 Amount: 500.00

10-K

53535
1062

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

FEE \$500.00 (non-refundable and not transferable)
Application must be printed legibly

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

New Wholesaler ☒ Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: WH _____)

GENERAL INFORMATION

Facility Name: HAGER WORLDWIDE INC.

Physical Address: 13322 BYRD DR, ODESSA, FL 33556

Mailing Address: SAME

City: ODESSA State: FL Zip Code: 33556

Telephone Number: 813-926-7474 Fax Number: 813-926-7473

Toll Free Number: _____

E-mail: S.TURBOLINO@HAGERWORLDWIDE.COM Website: WWW.HAGERWORLDWIDE.COM

Facility Manager: MARK SCHNEIDER

Professional qualifications and experience of facility manager: BS, MIBM
22YRS IN DENTAL INDUSTRY

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

Board Use Only

Received: MAY 13 2010 Check Number: 976 Amount: 500.00

53779
1016

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

FEE \$500.00 (non-refundable and not transferable)
Application must be printed legibly

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

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

GENERAL INFORMATION

Facility Name: Integra LifeSciences Corporation dba Integra Pain Management

Physical Address: 3498 West 2400 South, #1050, West Valley City, UT 84119

Mailing Address: 311 Enterprise Drive, Bldg. 315

City: Plainsboro State: NJ Zip Code: 08536

Telephone Number: 801-886-9505 Fax Number: 801-886-9081

Toll Free Number: 800-241-2210

E-mail: bob.derby@integra-ls.com Website: http://www.integra-ipm.com/

Facility Manager: Robert Derby

Professional qualifications and experience of facility manager: See Exhibit 1

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☒ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☐ Other: See Exhibit 2

Board Use Only

Received: 5-13-10 Check Number: 568 Amount: 500.00

10-K

53614
1009

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

FEE \$500.00 (non-refundable and not transferable)
Application must be printed legibly

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

New Wholesaler ☒ Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: WH _____)

GENERAL INFORMATION

Facility Name: Medline Industries, Inc
Physical Address: One Medline Place, Mundelein, IL 60060
Mailing Address: One Medline Place
City: Mundelein State: IL Zip Code: 60060
Telephone Number: 847-944-5500 Fax Number: 847-643-4482
Toll Free Number: 1-800-633-5463
E-mail: pmaroney@medline.com Website: www.medline.com
Facility Manager: Patrick Maroney
Professional qualifications and experience of facility manager: Please see attached

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Nursing homes, surgery centers

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☒ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☒ Other: General medical supplies, convenience kits

Board Use Only

Received: MAY 10 2010 Check Number: 308 Amount: 500.00

Page 1 - 2009

VAWD

53748
1012

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

FEE \$500.00 (non-refundable and not transferable)

Application must be printed legibly

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

New Wholesaler ☒ Ownership Change ☐ Name Change ☐ Location Change ☐
(Please provide current license number if making changes: WH _____)

GENERAL INFORMATION

Facility Name: Medisca Inc.

Physical Address: 8300 Esters Blvd. Suite 940

Mailing Address: 8300 Esters Blvd. Suite 940

City: Irving State: Texas Zip Code: 75063

Telephone Number: 1-972-929-7230 Fax Number: 1-972-915-3950

Toll Free Number: 1-800-932-1039

E-mail: bfreudenburg@medisca.com Website: www.medisca.com

Facility Manager: Beth Freudenburg

Professional qualifications and experience of facility manager: * See Attached

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Universities, Hospices, Manufacturers

Type of Products to be handled or wholesaled by firm:

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

Board Use Only

Received: MAY 10 2010 Check Number: 694 Amount: 500.00

Page 1 - 2010

53750
1014

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

FEE \$500.00 (non-refundable and not transferable)

Application must be printed legibly

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

New Wholesaler ☒ Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: WH _____)

GENERAL INFORMATION

Facility Name: MOORE MEDICAL LLC

Physical Address: 495 Woodcreek Dr

Mailing Address: 495 Woodcreek Dr

City: BOLINGBROOK State: IL Zip Code: 60440

Telephone Number: 630-378-0700 Fax Number: 630-378-5350

Toll Free Number: 800-837-7000

E-mail: trudenko@mooremedical.com Website: www.mooremedical.com

Facility Manager: MIKE SWOBODA

Professional qualifications and experience of facility manager: 27 yrs operations
Manager

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☐ Wholesalers
☒ Other: E.M.S. + Schools

Type of Products to be handled or wholesaled by firm:

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

Board Use Only

Received: APR 21 2010 Check Number: 893 Amount: 500.00

10-K

53611
1008

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

FEE \$500.00 (non-refundable and not transferable)

Application must be printed legibly

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

New Wholesaler ☒ Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: WH _____)

GENERAL INFORMATION

Facility Name: Owens & Minor Distribution, Inc

Physical Address: 455 South Brea Canyon Road

Mailing Address: (same)

City: City of Industry State: CA Zip Code: 91789-5058

Telephone Number: (909) 444-6500 Fax Number: (909) 468-9770

Toll Free Number: _____

E-mail: charles.burro@owens-minor.com Website: WWW.OWENS-MINOR.COM

Facility Manager: Ken Miranda, General Manager

Professional qualifications and experience of facility manager: B.S. in Business Administration, 5 years as General Mgr. with Owens & Minor, 20 years Facility Manager with UPS.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☒ Hospitals ☐ Wholesalers
☒ Other: Surgery Centers

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☒ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☒ Other: Non-legend medical/surgical products

Board Use Only

Received: MAY 10 2010 Check Number: 352 Amount: 500.00

10-K

53749
1013

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

FEE \$500.00 (non-refundable and not transferable)
Application must be printed legibly

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

New Wholesaler ☒ Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: WH _____)

GENERAL INFORMATION

Facility Name: Owens & Minor Distribution, Inc
Physical Address: 2475 South 3200 West, Suite A
Mailing Address: (same)
City: West Valley City State: Utah Zip Code: 84119-1236
Telephone Number: (801) 972-8188 Fax Number: (801) 973-0734
Toll Free Number: _____
E-mail: Charles.Burr@owens-minor.com Website: www.owens-minor.com
Facility Manager: Darrin Lambert, General Manager
Professional qualifications and experience of facility manager: B.A., 15 years
experience in distribution/supply chain, 4 of them with Owens & Minor
Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

Board Use Only

Received: APR 14 2010 Check Number: 359 Amount: 500.00

10-K

53531
1001

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

FEE \$500.00 (non-refundable and not transferable)

Application must be printed legibly

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

New Wholesaler ☒ Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: WH _____)

GENERAL INFORMATION

Facility Name: Hospira Worldwide, Inc. c/o PDC Logistics

Physical Address: 25127 Schulte road, Tracy, Ca. 95377

Mailing Address: 275 N. Field drive D-283 HWI

City: Lake Forest State: IL. Zip Code: 60045

Telephone Number: 262-577-6099 Fax Number: 262-577-6928

Toll Free Number: _____

E-mail: Wesley.davis@hospira.com Website: Hospira.com

Facility Manager: Paul Van DeRoovaart (209) 839-0553

Professional qualifications and experience of facility manager: President of Public Warehouse

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

Board Use Only

Received: MAY 13 2010 Check Number: 868 Amount: 500.00

PT

53865
1022

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

FEE \$500.00 (non-refundable and not transferable)

Application must be printed legibly

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

New Wholesaler X Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: WH _____)

GENERAL INFORMATION

Facility Name: Tyco Healthcare Group LP

Physical Address: 3901 Rock Creek Blvd., Joliet, IL 60431

Mailing Address: 675 McDonnell Blvd. - Attn: Cathy Troup

City: Hazelwood State: MO Zip Code: 63042

Telephone Number: (815) 744-3766 Fax Number: (815) 744-3766

Toll Free Number: _____

E-mail: eric.smrt@covidien.com Website: _____

Facility Manager: Eric Smrt

Professional qualifications and experience of facility manager: See attached

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

Board Use Only

Received: APR 19 2010

Check Number: _____

Amount: _____

53600
1005

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

FEE \$500.00 (non-refundable and not transferable)
Application must be printed legibly

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

New Wholesaler ☒ Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: WH _____)

GENERAL INFORMATION

Facility Name: VaxServe, Inc.
Physical Address: 2500 Southpoint Dr, Forest Park, GA 30297
Mailing Address: 111 North Washington Ave.
City: Scranton State: Pa Zip Code: 18503
Telephone Number: 570-496-6743 Fax Number: 484-382-9019
Toll Free Number: 800-622-0724
E-mail: KGULLONE@VAXSERVE.COM Website: WWW.VAXSERVE.COM
Facility Manager: Tom Coltharp
Professional qualifications and experience of facility manager: see attached

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

☐ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☒ Other: Prescription, non-prescription, medical / surgical

Board Use Only

Received: MAY 17 2010 Check Number: 720 Amount: 500-

53785
1017

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

FEE \$500.00 (non-refundable and not transferable)
Application must be typed or printed legibly

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

New Wholesaler ☒

Ownership Change ☐ Name Change ☐

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

FACILITY INFORMATION

Facility Name: Webster Veterinary Supply, Inc.

Physical Address: 3701 NE Kimball Drive, Kansas City MO 64161

Mailing Address: Patterson Companies, Inc., Attn: Theresa Franz-Scurr, Compliance Coordinator, 1031 Mendota Heights Road

City: St. Paul State: MN Zip Code: 55120

Telephone Number: 816-413-1420 Fax Number: 800-480-7856

E-mail: Deanna.Gippner@webstervet.com

Facility Manager: Ronald T. Huggard

Professional qualifications and experience of facility manager: Refer to resume titled: Ronald T. Huggard.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☒ Practitioners ☐ Hospitals ☒ Wholesalers
☒ Other Vet: Veterinary Clinics, Veterinary hospitals, Research facilities and Universities.

Type of Products to be handled or wholesaled by firm

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

Board Use Only

Received APR 14 2010 Check Number 568 Amount 500.⁰⁰

53540
1003

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane - Reno, NV 89509 - (775) 850-1440
APPLICATION FOR NEVADA PHARMACY LICENSE
PUBLICLY TRADED CORPORATION

FEE \$500.00 (non-refundable and not transferable)
Application must be printed legibly

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 _____ Ownership Change ☒ Name Change _____ Location Change _____
(Please provide current license number if making changes: PH _____)

GENERAL INFORMATION

Pharmacy Name: HealthSouth Desert Canyon Rehabilitation Hospital

Physical Address: 9175 W. Oguendo Road

Mailing Address: Same as above

City: Las Vegas State: NV Zip Code: 89148

Telephone Number: 702-795-5840 Fax Number: 702-795-5841

Toll Free Number: N/A

E-mail: Ivan.lambert@healthsouth.com Website: N/A

Managing Pharmacist: Ivan Lambert License Number: 12147

Hours of Operation:

Monday thru Friday 8:30 am 5:00 pm

Saturday 10:00 am 2:00 pm

Sunday _____ am _____ pm

24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

- ☐ Retail
☒ Hospital (# beds 50)
☐ Internet
☐ Nuclear
☐ Out of State
☐ Ambulatory Surgery Center

- ☐ Off-site Cognitive Services
☐ Parenteral
☐ Parenteral (outpatient)
☐ Outpatient/Discharge
☐ Mail Service
☐ Long Term Care

Board Use Only

Received: 5-12-10 Check Number: 127 Amount: 500

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR MANUFACTURER

FEE \$500.00 (non-refundable and not transferable)

Application must be typewritten

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 Manufacturer ☒ Ownership Change ☐ Name Change ☐ Location Change ☐

GENERAL INFORMATION

Facility Name: CARDINAL Health 414, LLC
Physical Address: 3940 S. Eastern Avenue, Las Vegas, NV 8911
Mailing Address: 7000 CARDINAL PLACE, Q&R Dept.
City: Dublin State: OH Zip Code: 43017
Telephone Number: 702-791-3608 Fax Number: (702) 791-5890
Toll Free Number: _____
E-mail: darita.woodley@CARDINALhealth.com Website: www.CARDINALhealth.com
Facility Manager: Mark Friedlander
Professional qualifications and experience of facility manager: Nevada license 07517
Board certified since 1991. Sixteen years managers experience.

Types of licensed outlets firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

Board Use Only

Received: MAY 03 2010 Check Number: 596 Amount: 500.00

53684
3

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR NEVADA MDEG PROVIDER

NON PUBLICLY TRADED CORPORATION

FEE: **\$500.00** (non-refundable and not transferable) - Application must be printed legibly

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.

ADDING SECOND LOCATION

New MDEG ☒ Ownership Change ☒ Name Change ☐ Location Change ☐
Please provide current license number if making changes: _____

FACILITY INFORMATION

Facility Name: BETTER BREATHING NV, LLC

Physical Address: 3905 RENO HWY STE B FALLON, NV 89406
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 434 S ROCK BLVD

City: SPARKS State: NV Zip Code: 89431

Telephone Number: 775 359-1974 Fax Number: 775 359-1974

E-mail: BETTER BREATHING @ CHANTEN INTERNET.COM Website: NONE

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

FACILITY ADMINISTRATOR INFORMATION

Name: STEVEN W WILLIAMS

Address: 434 S ROCK BLVD

City: SPARKS State: NV Zip Code: 89431

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

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

Board Use Only
Received APR 14 2010 Check Number 195 Amount 500.00

53508
664

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR NEVADA MDEG PROVIDER

SOLE OWNER

FEE: \$500.00 (non-refundable and not transferable) - Application must be printed legibly

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 _____

FACILITY INFORMATION

Facility Name: Tripp Holdings, LLC dba: Foot Solutions of Summe

Physical Address: 2249 N. Rampart Blvd
(This must be a business address, we can not issue a license to a home address)

Mailing Address: Same

City: Las Vegas State: NV Zip Code: 89128

Telephone Number: 702-836-3668 Fax Number: 702-836-3669

E-mail: tripp Holdings@gmail.com Website: FootSolutions.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 10am to 6pm Tue: 10am to 6pm Wed: 10am to 6pm Thu: 10am to 6pm

Fri: 10am to 6pm Sat: 11am to 6pm Sun: Closed Holidays: _____ to _____

FACILITY ADMINISTRATOR INFORMATION

Name: Penny Tripp

Address: 2249 N. Rampart Blvd

City: Las Vegas State: NV Zip Code: 89128

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

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

Board Use Only
Received MAY 19 2010 Check Number 2010 Amount 500~

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679

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

**ROBERT M. BELLUOMINI, RPH.
Certificate of Registration No. 03720**

Case No. 09-098-RPH-N

Respondent.

_____/

COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and make the following that will serve as both a Notice of Intended Action under Nevada Revised Statutes (NRS) 233B.127(3) and as an Accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Robert M. Belluomini is a registered pharmacist with the Board.

II.

On or about October 12, 2009, the Nevada State Board of Pharmacy received a complaint from Dr. Mark T. Brune, MD. In Dr. Brune's complaint he alleged that Mr. Belluomini had falsified several prescriptions for his wife and himself without his authorization.

III.

During the investigation of this matter it was learned that Mr. Belluomini was the managing pharmacist at the Sak N' Save pharmacy in Carson City. A pharmaceutical technician observed Mr. Belluomini filling numerous prescriptions for his wife and advised him that it was against company policy for him to do that. When Mr. Belluomini was not present in the pharmacy, the pharmaceutical technician pulled hard copies of

the prescriptions and noticed that they were all oral orders supposedly called in by Dr. Brune's office. In an attempt to validate the eleven prescriptions she found, the pharmaceutical technician faxed a refill request to Dr. Brune's office. The request came back denied with a notation that read, "No longer Dr. Brune's patient. Not seen since 2003." A follow up call confirmed that none of the prescriptions had been authorized.

IV.

Joseph Depczynski, Board investigator in this matter, contacted Mr. Belluomini by telephone. During that telephone conversation, Mr. Belluomini admitted to falsifying prescriptions for his wife while he was working at Sak N' Save and indicated that he did not think Dr. Brune would mind because his wife had taken the same medication previously. Mr. Belluomini denied any financial problems and added that he falsified the prescriptions as a matter of convenience.

FIRST CAUSE OF ACTION

V.

In creating and filling prescriptions for dangerous drugs, namely omeprazole, fluticasone nasal spray, neo/poly/dex ophth oint, simvastatin, propranolol, atenolol, and cephalexin, which Mr. Belluomini knew to be false or fraudulent because it was without physician authorization, Mr. Belluomini violated Nevada Revised Statutes (NRS) 454.311 and/or 639.210(1), (4), and/or (12) and Nevada Administrative Code (NAC) 639.945(1)(g), (h), and/or (i).

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

Signed this 30th day of March, 2010.


Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within (10) days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**ROBERT M. BELLUOMINI, RPH.
Certificate of Registration No. 03720,**

**STATEMENT TO THE RESPONDENT
NOTICE OF INTENDED ACTION
AND ACCUSATION
RIGHT TO HEARING
Case No. 09-098-RPH-N**

Respondent.

_____/

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

I.

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

II.

You have the right to a hearing before the Nevada State Board of Pharmacy to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. Should you desire a hearing, it is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Nevada State Board of Pharmacy within fifteen (15) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.

III.

The Board has reserved Wednesday, June 2, 2010 as the date for a hearing on this matter at the Airport Plaza Hotel, 1981 Terminal Way, Reno, Nevada. The hour of the hearing will be set by letter to follow.

IV.

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

DATED this 30th day of March, 2010.



Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**ROBERT M. BELLUOMINI, RPH.
Certificate of Registration No. 03720**

**ANSWER AND NOTICE
OF DEFENSE
Case No. 09-098-RPH-N**

Respondent.

_____/

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

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

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

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

DATED this ____ day of _____, 2010.

Robert M. Belluomini, R.Ph.

Blank

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

**DAVID A. KANAK, R.Ph.,
Certificate of Registration #08053,**

Case No. 09-087-RPH-N

Respondents.

_____/

COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent David A. Kanak is a pharmacist licensed by the Board.

II.

On or about July 20, 2009, Janet Braham was prescribed polyethylene glycol by her physician, Dr. Chen. Sue Braham, Janet Braham's daughter-in-law, took this prescription, along with eight others, to Long's #9074 to be filled. Of the nine prescriptions, six of them were new and of the new prescriptions four of them had strength or direction changes and one of them was filled with the wrong drug.

III.

During the investigation of this matter it was learned that a pharmaceutical technician inadvertently selected the Prevalite packet instead of the polyethylene glycol packet from the drop down list. This error was not corrected and a label set bearing the erroneous information was subsequently printed and staged for filling. Another pharmaceutical technician retrieved the label set, pulled the stock box of packets,

labeled the box, initialed the label on the box and refill log and staged the Prevalite box and label set for the pharmacist's verification. During the verification process, Mr. Kanak failed to recognize the drug substitution error and initialed the refill log and staged the prescription for customer pick up.

IV.

Sue Braham picked up the prescriptions from Long's #9074 on July 21, 2009. Of the nine prescriptions, pharmacy records indicated that five of them were new prescriptions. Sue Braham claimed that no one counseled her on the new prescriptions she was picking up for her mother-in-law. As part of the investigation process the counseling log was examined. It revealed that Mr. Kanak had initialed the pharmacist's box indicating that counseling was not provided. Fortunately, the error was detected before Janet Braham ingested the Prevalite.

FIRST CAUSE OF ACTION

V.

In failing to strictly follow the instructions of Dr. Chen by filling Janet Braham's prescription for polyethylene glycol with Prevalite, Mr. Kanak violated Nevada Revised Statutes (NRS) 639.210(4) and/or Nevada Administrative Code (NAC) 639.945(1)(d) and/or (i).


SECOND CAUSE OF ACTION

VI.

In failing to counsel Sue Braham on Janet Braham's new prescriptions, Mr. Kanak violated NRS 639.210(4) and/or 639.266(1) and/or NAC 639.707(1)(a) and/or 639.945(1)(i).

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

Signed this 30th day of March, 2010.


Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 10 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**STATEMENT TO THE RESPONDENT
NOTICE OF INTENDED ACTION
AND ACCUSATION
RIGHT TO HEARING**

**DAVID A. KANAK, R.Ph.,
Certificate of Registration #08053,**

Case No. 09-087-RPH-N

Respondent.

_____/

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

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DATED this 30th day of March, 2010.



Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**DAVID A. KANAK, R.Ph.,
Certificate of Registration #08053,**

**ANSWER AND
NOTICE OF DEFENSE**

Case No. 09-087-RPH-N

Respondent.

_____/

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

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

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

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

DATED this _____ day of _____, 2010.

David A. Kanak, R.Ph.

Blank

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR NEVADA MDEG PROVIDER

NON PUBLICLY TRADED CORPORATION

FEE: **\$500.00** (non-refundable and not transferable) - Application must be printed legibly

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 X Ownership Change _____ Name Change _____ Location Change _____
Please provide current license number if making changes: _____

FACILITY INFORMATION

Facility Name: CANN MEDICAL SUPPLY INC.
Physical Address: 2550 S. RAINBOW E-26, LAS VEGAS, NV, 89
(This must be a business address, we can not issue a license to a home address)
Mailing Address: 113 ILY RIVER AVENUE, N. LAS VEGAS, NV, 8903
City: NORTH LAS VEGAS State: NV Zip Code: 89031
Telephone Number: 702-856-6032 Fax Number: 702-648-5157
E-mail: TOUNZZ@YAHOO.CO.UK Website: Cannmedicalsupply.com

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: 9 to 5pm Sat: 12pm to 4pm Sun: _____ to _____ Holidays: _____ to _____

FACILITY ADMINISTRATOR INFORMATION

Name: CHRISTIANAH SUTTON
Address: 113 ILY RIVER AVENUE
City: N. LAS VEGAS State: NV Zip Code: 89031

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

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

Board Use Only
Received MAY 10 2010 Check Number 1036 Amount 500.00

53751
673

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: NEVADA
Parent Company if any: CANN INVESTMENTS LLC
Corporation Name: CANN MEDICAL SUPPLY INC.
Mailing Address: 113 ICE RIVER AVENUE, N.LV,
City, State and Zip: NORTH LAS VEGAS, NV, 89031
Telephone Number: 702-856-6032 Fax Number: 702-648-5757
License Contact Person: CHRISTIANAH SUTTON
Professional Compliance Contact Person: QUEEN ANIEZE

NAME AND TITLE OF EACH OFFICER AND DIRECTOR (Use separate sheet if necessary)

<u>Officer or director name</u>	<u>Officer or director title</u>
<u>CHRISTIANAH SUTTON</u>	<u>ADMINISTRATOR</u>
_____	_____

For any corporation non publicly traded, disclose the following:

1) List any persons to whom the shares were issued by the corporation?

a) CHRISTIANAH SUTTON 113 ICE RIVER AVE, N.LV, NV 89
Name Address

b) ANTHONY NWULI 113 ICE RIVER AVE. N.LV, 89031
Name Address

c) _____
Name Address

d) _____
Name Address

NOTE: All persons who are stockholders must accurately complete a personal history record form.

- 2) Provide the number of shares issued by the corporation. _____
- 3) What was the price paid per share? _____
- 4) What date did the corporation actually receive the cash assets? _____
- 5) Provide a copy of the corporations stock register evidencing the above information.

If the non publicly traded corporation is a subsidiary, list name and state of incorporation of the parent corporation, and include a list of its officers.

CHRISTIANAH SUTTON NEVADA
ANTHONY NWHL NEVADA CANW INVESTMENTS LLC

List all Medicare and Medicaid provider numbers registered to the business or its owner:

NIL

- 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 ☒ If yes, list the persons, their address and their business names

a) _____
Name Address

Business

b) _____
Name Address

Business

c) _____
Name Address

Business

d) _____
Name Address

Business

- 2) Are you or have you in the last 10 years been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☐ No ☐ If yes, list the persons, their address and their business names.

a) _____
Name Address

Business

b) _____
Name Address

Business

c) _____
Name Address

Business

3) Are any of the owners health professionals? If yes, please list name.

___ Practitioner	Name: _____
___ Advanced Practitioner of Nursing	Name: _____
___ Physician's Assistant	Name: _____
___ Physical Therapist	Name: _____
___ Occupational Therapist	Name: _____
___ Registered Nurse	Name: _____
___ Respiratory Therapist	Name: _____

Within the last five (5) years:

- 4) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 5) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 6) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 7) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, 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 ☒
- 8) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, 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 any question 4 through 8 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 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.

Signature of corporation officer

Date

Type name and title

PERSONAL HISTORY RECORD

Date 05/03/10

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, attach 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 (MEDICAL SUPPLY)
CANN MEDICINE SUPPLY 2550 S. RAINBOW E-20, LV, NV 891
Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

SUTTON CHRISTIANAH OTADETI
Last Name First Name Middle Name

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

113 ILY RIVER AVENUE N. LAS VEGAS, NV, 89031
Present Residence Address-Street or RFD City State/Zip

MANAGER 2550 S. RAINBOW
Present Business Address City State/Zip

Occupation Phone:

BIRMINGHAM, ENGLAND
Place of Birth (City, County, State)

33 F
Age Sex

BROWN BLACK DARK 178 ATHLETIC 5'11" IN
Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics NIL

Are you a citizen of the United States? Yes ☐ No ☒ If alien, registration No A095701670

If naturalized, certificate No _____ Date _____

Place _____ (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☐ Separated ☐ Divorced ☒ Widowed ☐ Engaged ☐

Applicant's initial CS

MARITAL INFORMATION-Continued

A. Current Marriage

Date _____ City, County and State _____
 Spouse's full name (Maiden) _____ S.S. No. _____
 Date of Birth _____ Place of Birth _____
 Resident address _____
 Street _____ City _____ State _____ Zip _____
 Telephone: Residence (_____) _____ Business (_____) _____
 Spouse's employer _____ Occupation _____
 Address of employer _____
 Street _____ City _____ State _____ Zip _____

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
TERRIS SUTTON	05/9/07	08/19/09	CA DIVORCED	LAS VEGAS, CLARK, NV

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
TERRIS SUTTON	18208 COTMAN AVE.	KARLSON	CA	90746	310 490

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
------	------------	-------------	-------------------

B. Child Support Information:

Please mark the appropriate response:

☒ I am not subject to a court order for the support of child.

☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's Initial CS

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name

Address

Contact person

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Father			
MICHAEL OYADEYI	09/16/49	10 HOBSON CLOSE WINSON GREEN, BM, UK	BANKER
Mother			
DORIS OLOWIMOTO	04/18/59	10 HOBSON CLOSE WINSON GREEN, BM UK	NURSE
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
Michael Oyadeyi		Peterborough UK	Nurse
Spouse			

Spouse

Spouse

Spouse

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School ST. VINCENTS	BIRMINGHAM UK	88-89	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School ST PAULS FOR GIRLS	BIRMINGHAM UK	89-94	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University LONDON METROPOLITAN UNIVERSITY	LONDON, UK	98-2002	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any B. SC SOCIOLOGY, B.A MARKETING HONOR

College or university where obtained LONDON METROPOLITAN UNIVERSITY, UK.

Applicant's initial

CS

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 separate sheet. (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 and provide a written explanation. 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 ☒
- 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, please provide a written explanation.

Name	Relationship	Charge	Location	Date
------	--------------	--------	----------	------

Applicant's initial CS

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 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 and provide a written explanation. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
 Yes ☐ No ☒ If yes, complete the following and provide a written explanation.

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
NOV. 77-94	10 HOBSON CLOSE	WINSON GREEN	BIRMINGHAM B18
MARCH 94-2003	24 WESTDOWN, AVALONDALE SQ	LONDON, SE15	UK
2003-2006	13915 LEMOLI AVE ^{H7}	Hawthorne, CA	90250
FEB 2006 - FEB 2007	5452 AUTUMN CROCUS CE	NLV	NV 89031
FEB 2007 - PRESENT	113 104 RIVER AVE	NLV	NV. 89031

Applicant's initial

CS

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
Nov. 1997	CENTERPOINT N.K	WENT TO SCHOOL
CARE ASSISTANT	CARE & ASSISTANCE FOR THE ELDERLY	DORA MICH

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
June 2000 - 2004	BRITISH PASSPORT OFFICE	MOVED TO AMERICA
PASSPORT OFFICER	PROCESSED PASSPORT APPLICATIONS	WENDY ADAM

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Nov - 2004	ROBINSON, MARY TORRANCE, CA	BETTER JOB
SALES ASSOCIATE	CUSTOMER SERVICE SALES	RUBY ANDERSON

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
FEB. 2005	1040 MEDICAL 12905 HAWTHORNE CA 90250	BETTER PROSP
OFFICE ASSISTANT	In charge of Patients records	TAMARA MOTT

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Nov 2005 - Present	LUTEMI MEDICAL INC. 4125, CAUSON, CA 90746	
Community Liaison/Mgr	In charge of Las Vegas Market	Paul Vasquez

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
FEB 2008	PIZZAHUT, 3000 W. ANEW Rd NV	current
GENERAL MGR	RUNNING DECISIONS DAILY	KAREN CURET

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving

If additional space is needed, please provide an attachment.

Applicant's initial CS

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 Regina Elizondo	Home 3418 Fisher Landing			891032		6 yrs
Employer Nurse Connect	Business	11				
Name Danielle Walton	Home 2848 King Michael					
Employer Sunrise Hospital	Business Dmo-usigbe					
Name Chris Usigbe	Home 2408 Shadyhill Ave.			89106		5 1/2
Employer Dmo-usigbe Comp S's	Business Computer Tech					
Name McDonald Akhio	Home 2848 King Michael Ave					6 y
Employer Mackhioya Exports	Business Mackhioya Exp					
Name Candace Blount	Home 2118 Conchita Ln					5 y
Employer Hash House	Business Restaurant					5 yrs

10. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☐ No ☒

If yes, state type, where and years held

11. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒
- If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Applicant's initial CS

Page

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 ☒ If yes, please provide details and a written explanation.

13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒ If yes, please provide details and a written explanation

If yes to the above, state where, when and for what reason:

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 ☒ If yes, please provide details and a written explanation

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 ☒ If yes, please provide details and a written explanation

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 ☒ If yes, please provide details and a written explanation.

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 closure)? Yes ☐ No ☒ If yes, please provide details and written explanation.

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 ☒ If yes, please provide details and written explanation

AT
W



Date of photograph 04/23/10

Applicant's initial CS

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR NEVADA MDEG PROVIDER

NON PUBLICLY TRADED CORPORATION

FEE: \$500.00 (non-refundable and not transferable) - Application must be printed legibly

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: _____

FACILITY INFORMATION

Facility Name: Pulmonary Solutions, LLC
Physical Address: 7365 Prairie Falcon Rd #110, Las Vegas NV 89128
(This must be a business address, we can not issue a license to a home address)
Mailing Address: P.O. Box 34480
City: Las Vegas State: NV Zip Code: 89133-4480
Telephone Number: 877-290-8636 Fax Number: 877-807-6561
E-mail: jsonekeo@pulmonarysolutions.net Website: www.pulmonarysolutions.net

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: on call to Sun: on call to Holidays: on call to

FACILITY ADMINISTRATOR INFORMATION

Name: Josette Sonekeo-McClendon
Address: 2280 Villefort Ct
City: Las Vegas State: NV Zip Code: 89117

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: CPAP, biPap, nebulizer, concentrator

Board Use Only
Received MAY 17 2010 Check Number 548 Amount 500.00

53780
677

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: California
Parent Company if any: N/A
Corporation Name: Pulmonary Solutions, LLC
Mailing Address: P.O. Box 34480
City, State and Zip: Las Vegas, Nevada 89133-4480
Telephone Number: 877-290-8636 Fax Number: _____
License Contact Person: Josette Sonekeo-McClendon
Professional Compliance Contact Person: Michael McClendon

NAME AND TITLE OF EACH OFFICER AND DIRECTOR (Use separate sheet if necessary)

<u>Officer or director name</u>	<u>Officer or director title</u>
<u>Josette Sonekeo-McClendon</u>	<u>CEO</u>
<u>Michael McClendon</u>	<u>VP</u>

For any corporation non publicly traded, disclose the following:

- 1) List any persons to whom the shares were issued by the corporation?

a) Josette Sonekeo-McClendon 2280 Villefort Ct, Las Vegas, NV 891
Name Address

b) Michael McClendon 2280 Villefort Ct, Las Vegas, NV 89117
Name Address

c) _____
Name Address

d) _____
Name Address

NOTE: All persons who are stockholders must accurately complete a personal history record form.

- 2) Provide the number of shares issued by the corporation. 2
- 3) What was the price paid per share? N/A
- 4) What date did the corporation actually receive the cash assets? N/A
- 5) Provide a copy of the corporations stock register evidencing the above information. N/A

If the non publicly traded corporation is a subsidiary, list name and state of incorporation of the parent corporation, and include a list of its officers. N/A

List all Medicare and Medicaid provider numbers registered to the business or its owner:

① ^{medicare #} 4807060001 ② ^{medicare #} 480706000.3
③ ^{medicare #} 4807060004 ④ ^{medicaid #} 1699726984

- 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 ☒ If yes, list the persons, their address and their business names

a) _____
Name Address
Business
b) _____
Name Address
Business
c) _____
Name Address
Business
d) _____
Name Address
Business

- 2) Are you or have you in the last 10 years been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☐ No ☒ If yes, list the persons, their address and their business names.

a) _____
Name Address
Business
b) _____
Name Address
Business
c) _____
Name Address
Business

3) Are any of the owners health professionals? If yes, please list name. N/A

<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: _____

Within the last five (5) years:

- 4) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 5) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 6) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 7) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, 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 ☒
- 8) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, 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 any question 4 through 8 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 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.


Signature of corporation officer

05/11/2010
Date

Josette Sonekeo-McClendon CEO
Type name and title

PERSONAL HISTORY RECORD

Date 05/11/2010

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, attach 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 provide 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 Equipment
7365 Prairie Falcon Rd #110, Las Vegas, NV 89128-080
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 Sonekeo-McClendon First Name Josette Middle Name
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)
Sova and Stephan
Present Residence Address-Street or RFD 2280 Villefort Ct City Las Vegas State/Zip NV 89117
Present Business Address 7365 Prairie Falcon Rd #110 City Las Vegas State/Zip NV 89128
Occupation Self Employed Dates April 2010 Phone:

Date of Birth LAOS Place of Birth (City, County, State)
Age 36 Social Security Number Female Sex
Color of Eyes brown Color of Hair brown Complexion Tan Weight 115 Build Petite Height 5 ft

Scars, tattoos or distinguishing marks and/or characteristics Rose 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 JS

A. **Current Marriage** 10/22/2005 Las Vegas, Clark, Nevada
 Date
 Spouse's full name (Maiden) Michael McClendon
 D. Redding, CA Place of Birth
 Resident address 2280 Villefort Ct Las Vegas NV 89117
 Street City State Zip
 Telephone: Residence
 Spouse's employer Pulmonary Solutions Occupation VP
 Address of employer 7365 Prairie Falcon Rd #110 Las Vegas NV 89128
 Street City State Zip

B. **Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below: N/A

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
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List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
------	--------	------	-------	-----	-----------

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
------	------------	-------------	-------------------

B. Child Support Information:

Please mark the appropriate response:

☐ I am not subject to a court order for the support of child.

☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial JJ

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, parent-in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
---------------	------------	---------	------------

Father

Vong Sonekeo 03-07-45 2432 Quail Hollow, Santa Rosa, CA Ret

Mother

Thonglieng Sonekeo 07-13-50 2432 Quail Hollow, Santa Rosa, CA Ret

Father-in-Law

Donald McCendon 09-16-43 760 Miller Island Rd Klamath Falls, Oregon Ret

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
---------------	------------	---------	------------

Banna Khai Soukkeo 2432 Quail Hollow, Santa Rosa, CA Manufac Tech

Spouse

Vance Soukkeo 1 2432 Quail Hollow, Santa Rosa, CA Respira Techn

Spouse

Phaeng Sonekeo 1986 Alamo Ln, Santa Rosa, CA Senior Re

Corrine Sonekeo 18 1986 Alamo Ln, Santa Rosa, CA patient Tec Coordi

Spouse

Spouse

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School Santa Rosa Jr. High	Santa Rosa, CA	1987-89	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School Richmond High School	Richmond, CA	1990-1993	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College Bryman College			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
University University of Phoenix			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Type of degree obtained, if any Certificate Medical Assistant & Business Administrative

College or university where obtained San Francisco & San Jose CA

Applicant's initial JJ

5 MILITARY INFORMATION: NIA

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 separate sheet. (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.) NIA

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 and provide a written explanation. 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 ☒
- 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, please provide a written explanation.

Name	Relationship	Charge	Location	Date

Applicant's initial

JS

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been 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 and provide a written explanation. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
---	------------	--------------------------	------------------------	------------------

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
 Yes ☐ No ☒ If yes, complete the following and provide a written explanation.

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
----------------	----------------	--

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
2001-2003	1090 Reed Ave #5	Sunnyvale	CA
2003-2005	1414 Allegado Alley	San Jose	CA
2005-2010	3877 Rocky Pt Way	Santa Rosa	CA
2010-current	2280 Villefort Ct	Las Vegas	NV

Applicant's initial

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
03/2003 to Present	Pulmonary Solutions	Present
Title	Description of Duties	Name of Supervisor
CEO	Oversee entire Operations	Self
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
2001	Sleep Quest Redwood City, CA	Resigned
Title	Description of Duties	Name of Supervisor
A/R Manager	managed all aspects of A/R dept	Steve Stephens
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
2001	HomeTech Med. Serv. Burlingame, CA	Terminated
Title	Description of Duties	Name of Supervisor
A/R Supervisor	managed all aspects of billing/collections	Bertha Chau
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1999	Bay Area Home HlthCare	Resigned
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, please provide an attachment.

Applicant's initial JS 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	Todd Turner	Home	3920 Black Oak	Rocklin, CA	95765	5+ yrs
Employer	Respironics	Business	1740 Golden Mile	Monrovia		
Name	Javier Sanchez	Home	2250 Nugate Ct	Santa Rosa, CA	95404	7+ yrs
Employer	Agilent Technology	Business	1400 Fantaingrove	Santa Rosa, CA		7
Name	Grace Ang	Home	21090 Rainbow Pl	Cupertino, CA	95014	5+ yrs
Employer	Sleep Medicine Cntr	Business	500 E. Ranington	Sunnyvale, CA	940	
Name	Robert Ang	Home	21090 Rainbow Pl	Cupertino, CA	95014	5+ yrs
Employer	Sleep Medicine Cntr	Business	500 E. Ranington	Sunnyvale, CA	940	
Name	William Hart	Home	Capitola	CA		5+ yrs
Employer	Santa Cruz Med. Foundation	Business	815 Bay Ave	Capitola, CA		

10. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☐ No ☒

If yes, state type, where and years held

11. Have you ever applied for a city, county 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 JJ

Page :

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 ☒ If yes, please provide details and a written explanation.

13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒ If yes, please provide details and a written explanation

If yes to the above, state where, when and for what reason:

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 ☒ If yes, please provide details and a written explanation

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 ☒ If yes, please provide details and a written explanation

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 ☒ If yes, please provide details and a written explanation.

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 closure)? Yes ☐ No ☒ If yes, please provide details and written explanation.....

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 ☒ If yes, please provide details and written explanation

ATTACH PHOTOGRAPH TAKEN

WITHIN LAST 30 DAYS HERE



Date of photograph 05/10/2010

Applicant's initial JS


STATE OF Nevada

SS.

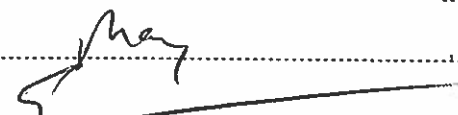
COUNTY OF Clark

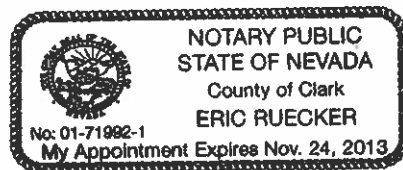
I, Josefina Soneteo, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of 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 current Nevada Revised Statutes and Nevada Administrative Code 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 shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a license in the State of Nevada.


Signature of Applicant

Subscribed and Sworn to before me this 11th day of


Notary Public



(seal)

Applicant's initial JS Page !

PERSONAL HISTORY RECORD

Date 05/11/2010

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, attach 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 Equipment
7365 Prairie Falcon Rd #110, Las Vegas, NV
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 McClendon First Name Michael Middle Name Lee
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)
N/A
Present Residence Address-Street or RFD 2280 Villefort Ct City Las Vegas State/Zip NV 89117
Present Business Address 7365 Prairie Falcon Rd #110 City Las Vegas State/Zip NV 89128
Occupation Self Employed Phone: Residence Business Fax
Date of Birth 43 Place of Birth (City, County, State) Redding, CA Sex male
Social Security Number

Color of Eyes Blue Color of Hair Brown Complexion Fair Weight 225 Build medium Height 5'11"
Scars, tattoos or distinguishing marks and/or characteristics Tattoos upper right arm and upper back shoulder

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 mm

A. **Current Marriage** 10/22/2005 Las Vegas, Clark, Nevada
 Date
 Spouse's full name (Maiden) Joseette Sonekeo
 Date of _____ Place of Birth LAOS
 Resident address 2280 Villefort Ct Las Vegas NV 89117
 Street City State Zip
 Telephone: Residen _____ iness (877) 290-8636
 Spouse's employer Pulmonary Solutions Occupation CEO
 Address of employer 7365 Prairie Falcon Rd #110, Las Vegas, NV 89128
 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
Linda Trafton	Not sure	Not sure	Annulled	Not sure

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
Linda Trafton		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
------	------------	-------------	-------------------

B. **Child Support Information:** N/A

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 MM

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 Donald McClendon		760 Miller Island Rd Klamath Falls, OR	Truck Driver Retired
Mother Rosemary McClendon (Kuri)		Redding, CA	Stay at Home Deceased
Father-in-Law Vong Sonekeo		2432 Quail Hollow Santa Rosa CA	Retired
Mother-in-Law Thonglieng Sonekeo		2432 Quail Hollow Santa Rosa CA	Retired

D. Brothers and Sisters:

N/A

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
Spouse			
Spouse			
Spouse			
Spouse			

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Junction School	Palo Cedro, CA	1972-1980	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	Enterprise	Redding, CA	1981-1985	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	Emery Riddle University		1986-1996	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other	Solano / Shasta College	Fairfield, CA / Redding CA		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Type of degree obtained, if any... Electric Engineer Navigation Systems

College or university where obtained... Emery Riddle University Solano College

Applicant's initial *MM*

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces?

Yes ☒ No ☐Branch Air Force Date of entry-active service 1989Date of separation 1996 Type of discharge Administrative DischargeRating at separation E-4/E-3 Serial number 573797258

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 separate sheet. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft?

Yes ☐ No ☒ N/A

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 and provide a written explanation. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
<u>1996</u>	<u>29</u>	<u>DUI</u>	<u>Sacramento, CA</u>	<u>?</u>	<u>?</u>

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒

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, please provide a written explanation

Name	Relationship	Charge	Location	Date
------	--------------	--------	----------	------

Applicant's initial mm

Page _____

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 and provide a written explanation. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?

Yes ☐ No ☒ If yes, complete the following and provide a written explanation.

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
1967-1989	De Mac Dr.	Redding	CA
1989-1996	USAF	Lackland, AFB-Travis AFB	CA
1996-1997	? don't recall	Vacaville	CA
1997-1998	? don't recall	Pittsburg	CA
1998-2002	? don't recall	San Mateo	CA
2002-2004	? don't recall	San Jose	CA
2004-2006	1414 Alegado Alley	San Jose	CA
2006-2010	3877 Rocky Pt Way	Santa Rosa	CA
2010-current	2280 Villefort Ct	Las Vegas	NV

Applicant's initial mm

6. 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
01/2004-current	Pulmonary Solutions 70.30x34480 Las Vegas, NV 89133	Cur.
VP	Oversee All Operations	Jorette Snelson-McC
1998-2004	Nikon Belmont, CA	Resigned
Lithography Engineer	R&D testing, Maintenance on Lithography EQ.	Greg Good
1997	Unemployed	
1989-1998	USAF	DOT Administrative Disch
E-4	Aircraft Engineer	?
1987-1989	Moss Lumber Co.	Join AF
Labor	Package wood for Home Builders	Greg Moss

If additional space is needed, please provide an attachment.

Applicant's initial MM

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>Todd Turner</u>	<u>3930 Black Oak</u>	<u>Rocklin</u>	<u>CA</u>	<u>95765</u>		<u>5+ yrs</u>
Employer <u>Respironics</u>	<u>1740 Golden Mile</u>	<u>Monroeville</u>				
Name <u>Javier Sanchez</u>	<u>2250 N. Main St</u>	<u>Santa Rosa</u>	<u>CA</u>	<u>95404</u>		<u>7+ yrs</u>
Employer <u>Agilent Technology</u>	<u>1400 Fountaingrove</u>	<u>Santa Rosa</u>	<u>CA</u>	<u>95404</u>		<u>7+ yrs</u>
Name <u>Grace Ang</u>	<u>21090 Rainbow Pl</u>	<u>Cupertino</u>	<u>CA</u>	<u>95014</u>		<u>5+ yrs</u>
Employer <u>Sleep Medicine Cntr</u>	<u>500 E. Remington</u>	<u>Sunnyvale</u>	<u>CA</u>	<u>94088</u>		
Name <u>Robert Ang</u>	<u>21090 Rainbow Pl</u>	<u>Cupertino</u>	<u>CA</u>	<u>95014</u>		<u>5+ yrs</u>
Employer <u>Sleep Medicine Cntr</u>	<u>500 E. Remington</u>	<u>Sunnyvale</u>	<u>CA</u>	<u>94088</u>		
Name <u>William Hart</u>	<u>Capitola</u>	<u>CA</u>				<u>5+ yrs</u>
Employer <u>Santa Cruz Med. Foundation</u>	<u>815 Bay Ave</u>	<u>Capitola</u>	<u>CA</u>			<u>33</u>

10. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☐ No ☒
If yes, state type, where and years held

11. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Applicant's initial mm Page 7

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 ☒ If yes, please provide details and a written explanation.

13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒ If yes, please provide details and a written explanation

If yes to the above, state where, when and for what reason:

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 ☒ If yes, please provide details and a written explanation

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 ☒ If yes, please provide details and a written explanation

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 ☒ If yes, please provide details and a written explanation.

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 closure)? Yes ☐ No ☒ If yes, please provide details and written explanation

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 ☒ If yes, please provide details and written explanation

ATTACH
WITHIN



Date of photograph 05/10/2010

Applicant's initial mm

STATE OF NEVADA

SS.

COUNTY OF Clark

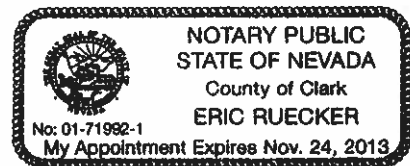
I, Michael McClendon, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of 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 current Nevada Revised Statutes and Nevada Administrative Code 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 license in the State of Nevada.

Michael McClendon
Signature of Applicant

Subscribed and Sworn to before me this 11th day of

May
Notary Public



(seal)

Applicant's initial mm

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

FEE \$500.00 (non-refundable and not transferable)

Application must be printed legibly

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 ☒ Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: PH _____)

GENERAL INFORMATION

Pharmacy Name: Biorx
Physical Address: 3821 71st St. Urbana, Iowa 50322
Mailing Address: 10828 Kenwood Rd.
City: Cincinnati State: OH Zip Code: 45242
Telephone Number: 515-727-7937 Fax Number: 515-727-7938
Toll Free Number: 800-442-4679
E-mail: DSmith@Biorx-net Website: _____
Managing Pharmacist: Deborah G Smith License Number: 17485

Hours of Operation:

Monday thru Friday 8:30 am 5:30 pm Saturday / am / pm
Sunday / am / pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

- ☐ Retail
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ☒ Out of State
- ☐ Ambulatory Surgery Center

- ☐ Off-site Cognitive Services
- ☐ Parenteral
- ☒ Parenteral (outpatient)
- ☒ Outpatient/Discharge
- ☐ Mail Service
- ☐ Long Term Care

Board Use Only

Received: OCT 14 2009 Check Number: 956 Amount: 500.00

52140
1676

OWNERSHIP IS A CORPORATION

State of Incorporation: Ohio

Parent Company if any: n/A

Corporation Name: BioRx LLC

Mailing Address: 10828 Kenwood Rd.

City: Cincinnati State: Ohio Zip: 45242

Telephone: 513-792-7080 Fax: 513-792-3838

License Contact Person: Deborah Smith

Professional Compliance Contact Person: Deborah Smith

Ownership Information – Complete Section 1 or 2

Do not use N/A in this section – Section 1 or 2 must be completed.

Section 1: List the corporations four largest shareholders:
(Name and percentage of ownership)

1. see attached %: _____
2. _____ %: _____
3. _____ %: _____
4. _____ %: _____

Section 2: If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: n/A

Registration number issued: _____

Stock Exchange: _____

List any physician shareholders and percentage of ownership:

n/A _____

If corporation is a subsidiary, list name and state of incorporation of the parent corporation and include a list officers.

n/A _____

Within the last five (5) years:

- 1) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, 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 firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, 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 firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, 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 any 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.


Signature of owner or executive officer

9/25/09
Date

Philip Rielly
Print or Type name and title

President

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

PHARMACY LICENSE VERIFICATION

Name: BioRx
Address: 3821-71st Street Suite C
City: Urbandale State: IA Zip: 50322
I hereby authorize the Iowa Bd 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
1319	Active	11/17/08	12/31/09

Has this license been encumbered in any way? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Type of Encumbrance: (if any) <input type="checkbox"/> Revoked <input type="checkbox"/> Surrendered <input type="checkbox"/> Limited <input type="checkbox"/> Suspended <input type="checkbox"/> Restricted <input type="checkbox"/> Probation Please attach copies of any pertinent legal documents
---	---

USE REVERSE SIDE OF THIS FORM FOR EXPLANATIONS IF NECESSARY

Has the applicant been convicted of any federal, state or local laws relating to drug samples, wholesale or retail drug distribution, or distribution of controlled substances? (If yes, please explain) ☐ Yes ☒ No
Has the applicant furnished any false or fraudulent material in any applications made in connection with drug manufacturing or distribution? (if yes, please explain) ☐ Yes ☒ No
Have any inspections of the applicant resulted in deficient ratings? (If yes, please explain) ☐ Yes ☒ No
Has applicant met all licensing requirements of your state? (If no, please explain) ☒ Yes ☐ No

Signature of State Official	Title	State	Date	State Seal
<u>Charity Hornum</u>	<u>clerk</u>	<u>IA</u>	<u>9/22/09</u>	

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

FEE \$500.00 (non-refundable and not transferable)
Application must be printed legibly

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 ☒ Ownership Change ☐ Name Change ☐ Location Change ☐
(Please provide current license number if making changes: PH _____)

GENERAL INFORMATION

Pharmacy Name: Coastal Meds, LLC
Physical Address: 1759 Medical Park Dr, Suite C, Biloxi, MS 395
Mailing Address: Same as above
City: Biloxi State: MS Zip Code: 39532
Telephone Number: (228) 388-1327 Fax Number: (228) 388-1329
Toll Free Number: 866-665-6337
E-mail: coastalmeds@att.net Website: N/A
Managing Pharmacist: Rickey L Chance License Number: E-06917

Hours of Operation:

Monday thru Friday 8 am 5 pm Saturday _____ am _____ pm
Sunday _____ am _____ pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

- ☐ Retail
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ☒ Out of State
- ☐ Ambulatory Surgery Center

- ☐ Off-site Cognitive Services
- ☒ Parenteral
- ☐ Parenteral (outpatient)
- ☐ Outpatient/Discharge
- ☐ Mail Service
- ☐ Long Term Care

Board Use Only

Received: MAY 12 2010 Check Number: 542 Amount: 500.00

53773
1928

OWNERSHIP IS A CORPORATION

State of Incorporation: Mississippi

Parent Company if any: _____

Corporation Name: Coastal Meds, LLC

Mailing Address: 1759 Medical Park Dr, Suite C

City: Biloxi State: MS Zip: 39532

Telephone: (228) 388-1327 Fax: (228) 388-1329

License Contact Person: Joseph A. Johnson

Professional Compliance Contact Person: Rickey L. Chance

Ownership Information – Complete Section 1 or 2

Do not use N/A in this section – Section 1 or 2 must be completed.

Section 1: List the corporations four largest shareholders:
(Name and percentage of ownership)

- | | | |
|----|-------------------------|---------------|
| 1. | <u>Rickey L. Chance</u> | %: <u>100</u> |
| 2. | _____ | %: _____ |
| 3. | _____ | %: _____ |
| 4. | _____ | %: _____ |

Section 2: If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: _____

Registration number issued: _____

Stock Exchange: _____

List any physician shareholders and percentage of ownership:

If corporation is a subsidiary, list name and state of incorporation of the parent corporation and include a list officers.

Within the last five (5) years:

- 1) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, 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 firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, 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 firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, 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 any 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.

R. L. Chance
Signature of owner or executive officer

5/10/10
Date

Rickey L. Chance, Rph, DO
Print or Type name and title

CORPORATE STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Rickey L. Chance
Corporate Officer of Coastal Meds, LLC

hereby acknowledge and understand that in addition to the corporation's responsibilities, my fellow officers and I, as corporate officers of said corporation, 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 corporate officers 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 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.

Rh Chance RPh
Signature

5/10/10
Date

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

PHARMACY LICENSE VERIFICATION

Name: Coastal Meds, LLC
Address: 1759 Medical Park Dr, Suite C
City: Biloxi State: MS Zip: 39532
I hereby authorize the Mississippi BOP to furnish to the Nevada State Board of Pharmacy, the information requested below.
Signature of Applicant RL Chance

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>07783/02.2</u>	<u>Active</u>	<u>6-17-2008</u>	<u>12-31-2011</u>

Has this license been encumbered in any way? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Type of Encumbrance: (if any) <input type="checkbox"/> Revoked <input type="checkbox"/> Surrendered <input type="checkbox"/> Limited <input type="checkbox"/> Suspended <input type="checkbox"/> Restricted <input type="checkbox"/> Probation Please attach copies of any pertinent legal documents
---	---

USE REVERSE SIDE OF THIS FORM FOR EXPLANATIONS IF NECESSARY

Has the applicant been convicted of any federal, state or local laws relating to drug samples, wholesale or retail drug distribution, or distribution of controlled substances? (If yes, please explain) ☐ Yes ☒ No

Has the applicant furnished any false or fraudulent material in any applications made in connection with drug manufacturing or distribution? (if yes, please explain) ☐ Yes ☒ No

Have any inspections of the applicant resulted in deficient ratings? (If yes, please explain) ☐ Yes ☒ No

Has applicant met all licensing requirements of your state? (If no, please explain) ☒ Yes ☐ No

Signature of State Official	Title	State	Date
<u>Ann Spence</u>	<u>Licensing Spec</u>	<u>MS</u>	<u>5-10-2010</u>



Blank

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

FEE \$500.00 (non-refundable and not transferable)

Application must be printed legibly

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 X Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: PH _____)

GENERAL INFORMATION

Pharmacy Name: CONSONUS PHARMACY
Physical Address: 2148 Beechcraft Rd Suite #100
Mailing Address: 2148 Beechcraft Rd Suite #100
City: Vacaville State: CA Zip Code: 95688
Telephone Number: 707-359-3500 Fax Number: 877-728-8799
Toll Free Number: 866-253-0048
E-mail: JSANTA@CONSONUSHEALTH.COM Website: WWW.CONSONUSHEALTH.COM
Managing Pharmacist: JAMES SANTA License Number: 29633 (CA)

Hours of Operation:

Monday thru Friday 9 am 7 pm Saturday 10 am 6 pm
Sunday 10 am 6 pm 24 Hours ON CALL

TYPE OF PHARMACY

SERVICES PROVIDED

- ☐ Retail
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ☒ Out of State
- ☐ Ambulatory Surgery Center

- ☐ Off-site Cognitive Services
- ☒ Parenteral
- ☐ Parenteral (outpatient)
- ☐ Outpatient/Discharge
- ☐ Mail Service
- ☒ Long Term Care

Board Use Only

Received: MAY 10 2010 Check Number: 221 Amount: 500.00

53752
1926

LLC

OWNERSHIP IS A CORPORATION

State of ^{Organization} ~~Incorporation~~: Oregon

Parent Company if any: owned 100% by Consonus Pharmacy Services LLC

LLC Corporation Name: Consonus Pharmacy Services CA North LLC

Mailing Address: 4560 SE International Way #101

City: Milwaukie State: OR Zip: 97222

Telephone: 971-206-5172 Fax: ~~877-311-1999~~ 877-728-8799

License Contact Person: Jim Santa, GM, RPh 707-359-3501

Professional Compliance Contact Person: Jim Santa, GM, RPh

Ownership Information – Complete Section 1 or 2
Do not use N/A in this section – Section 1 or 2 must be completed.

Section 1: List the corporations four largest shareholders:
(Name and percentage of ownership)

1. Consonus Pharmacy Services LLC %: 100
2. → see ownership of Consonus Pharmacy Services LLC %:
3. %:
4. %:

Section 2: If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation:
Registration number issued:
Stock Exchange:

Not publicly held

List any physician shareholders and percentage of ownership:

N/A

If corporation is a subsidiary, list name and state of incorporation of the parent corporation and include a list officers.

see above

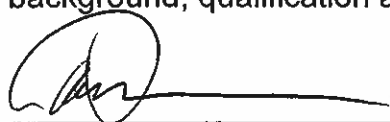
Within the last five (5) years:

- 1) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, 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 firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, 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 firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, 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 any 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.



Signature of owner or executive officer

5/4/2010
Date

Phillip G Fogg Jr., Managing Member
Print or Type name and title

CORPORATE STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Phillip G Fogg Jr.

Corporate Officer of Consonus Pharmacy Services CA North LLC

hereby acknowledge and understand that in addition to the corporation's responsibilities, my fellow officers and I, as corporate officers of said corporation, 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 corporate officers 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 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.



Signature

5/4/200

Date

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

FEE \$500.00 (non-refundable and not transferable)

Application must be printed legibly

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

New Wholesaler ☒ Ownership Change ☐ Name Change ☐ Location Change ☐
(Please provide current license number if making changes: WH _____)

GENERAL INFORMATION

Facility Name: MED-HEALTH PHARMA, LLC

Physical Address: 2955 COLEMAN STREET

Mailing Address: SAME

City: NORTH LAS VEGAS State: NV Zip Code: 89032

Telephone Number: 702-939-5904 Fax Number: 702-631-3029

Toll Free Number: N/A

E-mail: MHAMIES@MEDHEALTHPHARMA.COM Website: N/A

Facility Manager: MARK HAMIES

Professional qualifications and experience of facility manager: 12 YEARS IN
MANAGEMENT OF MAIL ORDER PHARMACY AND AUTOMATED PACKAGING

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

Board Use Only

Received: MAY 17 2010 Check Number: 290 Amount: 500.00

53796
109

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: NEVADA
Parent Company if any: N/A
Corporation Name: MED-HEALTH PHARMA, LLC
Mailing Address: 2955 COLEMAN STREET
City: NORTH LAS VEGAS State: NV Zip: 89032
Telephone: 702-939-5904 Fax: 702-631-3029
License Contact Person: MARK HAMES
Professional Compliance Contact Person: MARK HAMES

Name and title of each officer and director (Use separate sheet if necessary)

<u>Officer or director name</u>	<u>Officer or director title</u>
<u>MARK HAMES - MANAGER / MEMBER</u>	

For any corporation non publicly traded, disclose the following:

1) List any persons to whom the shares were issued by the corporation?

a) <u>MARK HAMES</u>	<u>1851 GRAND PRAIRIE AVE, N. LAS VEGAS, NV</u>
Name	Address
	89032
b) _____	_____
Name	Address
c) _____	_____
Name	Address
d) _____	_____
Name	Address

NOTE: All persons who are stockholders must accurately complete a personal history record form.

- 2) Provide the number of shares issued by the corporation. 100% OF LLC MEMBERSHIP INTEREST
- 3) What was the price paid per share? \$100000 FOR 100% OF LLC MEMBERSHIP INTEREST
- 4) What date did the corporation actually receive the cash assets? N/A PURCHASE FROM PRIOR OWNER OF LLC MEMBERSHIP INTEREST.
- 5) Provide a copy of the corporations stock register evidencing the above information

If the non publicly traded corporation is a subsidiary, list name and state of incorporation of the parent corporation and include a list of its officers.

N/A

- 6) Has the firm or any owner(s), shareholder(s) 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 ☒ If yes, list the persons, their address and their business names.

a) _____
Name Address
Business
b) _____
Name Address
Business
c) _____
Name Address
Business
d) _____
Name Address
Business

- 7) Has the firm or any owner(s), shareholder(s) in the last 10 years been associated with any person, business or health care entity in which pharmaceutical products were sold, dispensed or distributed?

Yes ☒ No ☐ If yes, list the persons, their address and their business names.

a) MEDCO 6225 ANNIE OAKLEY DR. LAS VEGAS, NV 89120
Name Address
MEDCO HEALTH SOLUTIONS, MAIL-ORDER PHARMACY.
Business 2865 COLUMBIA ST.
b) MED-HEALTH PHARMACEUTICAL PRODUCTS 2 LAS VEGAS, NV 89032
Name Address
PHARMACEUTICAL WHOLESALE
Business

Within the last five (5) years:

- 8) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 9) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

- 10) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 11) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, 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 ☒
- 12) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, 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 any question 8 through 12 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized wholesaler may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.



Signature of corporation officer

11 MAY 2010

Date

MARK JAMES - MANAGER

Print or Type name and title

NEVADA STATE BOARD OF PHARMACY
431 W. Plumb Lane ~ Reno, NV 89509 ~ (775) 850-1440
PHARMACEUTICAL TECHNICIAN IN TRAINING APPLICATION
Registration Fee: \$40.00 - (non-refundable)

☒ New Application ☐ Change of Pharmacy ☐ Additional Pharmacy (Please check one)
Complete Name (no abbreviations):

First: JULIE Middle: ANN Last: MANKTELOW
Home Address: 326 SHELBY DR. Apt #: _____
City: SPARKS State: NV Zip Code: 89436

Place of Birth: IOWA CITY Sex: M ☐ F ☒
E-mail Address: JULIEMANK@yahoo.com

I am requesting registration at the following pharmacy or approved training program:

Pharmacy: CVS Store #: 4691
Address: 5151 SPARKS BLVD.
City: SPARKS State: NV Zip Code: 89436
Signature of Managing Pharmacist: [Signature] Lic #: 10225 Date: 3/27/10

(Without the signature of the managing pharmacist, the application will be returned.)

- 1) Are you 18 years of age or older? Yes ☒ No ☐
2) Are you a high school graduate or the equivalent? Yes ☒ No ☐
(IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CAN NOT SUBMIT THIS APPLICATION)
3) 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.
4) I have ☒ I have not ___ been charged, arrested or convicted of a misdemeanor ☒ or felony ☐
5) I have ___ I have not ☒ been the subject of an administrative action whether completed or pending.
6) I have ___ I have not ☒ had a professional license suspended, revoked, surrendered or otherwise disciplined, including any action against my license that was not made public.

If you checked "I have" to questions 3 thru 6, please include the following information and provide documentation and/or an explanation.

a) Board Administrative Action and/or State: _____ Date: _____ Case #: _____
b) Criminal Action State: _____ Date: _____ Case #: _____
County: WASHOE Court: SPARKS JUSTICE

In response to federally mandated requirements, the Nevada Legislature and Attorney General require that we include the following questions as part of all applications.

I am ___ I am not ☒ subject to a court order for the support of a child.

IF YOU ARE SUBJECT to a court order for the support of a child, please mark the appropriate response.

I am ___ I am not ___ in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order for the support of one or more children.

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations governing pharmaceutical technicians in training and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit.

Signature

Date

Board Use Only APR 1 2010

Received:

Check Number:

Cash

Amount:

40 -

53437
7959

4/13/1998 DUI - All Fines PAID - Conditions Met Closed 5/28/98

8/9/2007 DUI - ALL Fines Paid - Conditions Met Closed 8/6/2008

1/20/2009 DUI - ALL FINES PAID - Conditions Met Closed 2/11/2010

Nevada State Board of Pharmacy
431 W Plumb Lane
Reno, NV 89509
(775) 850-1440

Application for Managing Pharmacist Waiver

Name of Pharmacist: Ivan Lambert

License Number: 12147

Current Pharmacy:

Name: HealthSouth Rehabilitation Hospital of Las Vegas

Address: 1250 S. Valley View Blvd

City: Las Vegas, Nevada 89102

Additional Pharmacy:

Name: Desert Canyon Rehabilitation Hospital

Address: 9175 West Oquendo Road

City: Las Vegas, Nevada 89148

I am requesting that the Board grant me a waiver allowing me to serve as managing pharmacist at the above two pharmacies for the following reason(s):

The waiver will allow for a smooth management transition

The waiver will permit the hospital to continue to provide and maintain pharmacy services for the in patients

The Waiver will provide HealthSouth time to recruit a permanent Director of Pharmacy Services

Signature: 

Date: 5/4/2010

DISCUSSION AND DETERMINATION

JUNE 2010

LONG TERM CARE PRESCRIPTIONS FOR CONTROLLED SUBSTANCES

Recent changes in policy by the DEA with respect to the transmission of prescriptions for controlled substances from long term care facilities (LTC) have created some conversation. On March 24, 2010, NABP provided testimony before the Senate Committee on Aging-Long Term Care on this subject (see attached). NABP Model Rules for Institutional Pharmacy are also attached explaining their position on these issues.

Your thoughts on LTC facilities being classified as institutional facilities with nurses recognized as agents of prescribers and chart orders being recognized as valid prescription orders? Current regulations say the following:

- NAC 639.457 defines a “medical facility” as (among others):
 - A facility for intermediate care
 - A facility for skilled nursing
- NAC 639.483 discusses the requirements of a “chart order” those essentially being the requirements of any written prescription.

It appears to staff that NABP recommendations have already been met in Nevada.



National Association of Boards of Pharmacy

1600 Feshanville Drive • Mount Prospect, IL 60056-6014

Tel: 847/391-4406 • Fax: 847/391-4502

Web Site: www.nabp.net

nabp

TO: EXECUTIVE OFFICERS – STATE BOARDS OF PHARMACY

FROM: Carmen A. Catizone, Executive Director/Secretary

DATE: April 1, 2010

RE: Long Term Care Facility - Controlled Substance Dispensing Issues

On March 24, 2010, NABP provided testimony before the Senate Committee on Aging - Long Term Care to discuss the concerns surrounding the dispensing of controlled substances to patients in long term care (LTC) facilities. Specifically, these concerns involve: 1) nurses employed by long term care facilities as agents of prescribers; and 2) chart orders in long term care facilities as valid prescription drug orders for the purposes of dispensing controlled substance medications.

To address these concerns, NABP, in consultation with key stakeholders, proposes that the US Drug Enforcement Administration (DEA) establish a new registration category for LTC facilities or, in the alternative, recognize LTC facilities as institutional practitioners, which would provide such facilities with similar privileges and responsibilities that now exist for hospitals, where nurses are recognized as agents of prescribers and chart orders are valid for the purpose of dispensing controlled substance medications. In order for DEA to establish a new registration category for LTC facilities or to recognize LTC facilities as institutional practitioners, the state in which the facility is located must license, register, or permit the facility to dispense¹ a controlled substance in the course of professional practice. (21 CFR § 1300.01(b)(18))

To facilitate this process, NABP recommends that state boards of pharmacy first review relevant state laws and rules to determine if LTC facilities are able to obtain a state controlled substance license. Then, it must be determined if state pharmacy laws or regulations should be amended to accommodate these activities. In this effort, NABP is available to assist its member boards and is pleased to offer the support of its Government Affairs staff in this capacity.

For your reference, I have attached the NABP Model Rules for Institutional Pharmacy. Via these Model Rules, NABP has long recommended that LTC facilities be classified as institutional

¹ Under the Federal Controlled Substances Act, "dispense" means "to deliver a controlled substance to an ultimate user or research subject by, or pursuant to the lawful order of, a practitioner, including the prescribing and administering of a controlled substance and the packaging, labeling, or compounding necessary to prepare the substance for such delivery."

EXECUTIVE OFFICERS – STATE BOARDS OF PHARMACY

April 1, 2010

Page 2

facilities and, pursuant to this classification, that nurses be recognized as agents of prescribers and chart orders be recognized as valid prescription orders.

If you have any questions or need additional information, please do not hesitate to contact me.

Attachment

cc: NABP Executive Committee

Model Rules for Institutional Pharmacy

Section 1. Applicability.

The following Rules are applicable to all Institutional Facilities and Institutional Pharmacies as defined in Section 2 below.

Section 2. Definitions.

- (a) "Chart Order" means a lawful order entered on the chart or a medical record of an inpatient or resident of an Institutional Facility by a Practitioner or his or her designated agent for a Drug or Device and shall be considered a Prescription Drug Order provided that it contains:
 - (1) the full name of the patient;
 - (2) date of issuance;
 - (3) name, strength, and dosage form of the Drug prescribed;
 - (4) directions for use; and
 - (5) if written, the prescribing Practitioner's signature or the signature of the Practitioner's agent (including the name of the prescribing Practitioner); or if electronically submitted, the prescribing Practitioner's electronic or digital signature.
- (b) "Institutional Facility" means any organization whose primary purpose is to provide a physical environment for patients to obtain health care services, including but not limited to a(n):
 - (1) hospital;
 - (2) Long-Term Care Facility;
 - (3) convalescent home;
 - (4) nursing home;
 - (5) extended care facility;
 - (6) mental health facility;
 - (7) rehabilitation center;
 - (8) psychiatric center;
 - (9) developmental disability center;
 - (10) Drug abuse treatment center;
 - (11) family planning clinic;
 - (12) penal institution;
 - (13) hospice;
 - (14) public health facility;
 - (15) athletic facility.
- (c) "Institutional Pharmacy" means any place which is registered with the State Board of Pharmacy pursuant to Article V of the Pharmacy Practice Act that provides Pharmacist Care to an Institutional Facility and where Drugs, Devices, and other materials used in the diagnosis and treatment of injury, illness, and disease (hereinafter referred to as *Drugs*) are Dispensed, Compounded, and Distributed.

Section 3. Personnel.

- (a) Each Institutional Pharmacy shall be directed by a Pharmacist, hereinafter referred to as the *Pharmacist-in-Charge*, who is licensed to engage in the Practice of Pharmacy in this State.

Section 4. Absence of Pharmacist.

- (a) During such times as an Institutional Pharmacy may be unattended by a Pharmacist, arrangements shall be made in advance by the Pharmacist-in-Charge for provision of Drugs to the medical staff and other authorized personnel of the Institutional Facility by use of night cabinets and, in emergency circumstances, by access to the Pharmacy. A Pharmacist must be "on call" during all absences.
- (b) In the absence of a Pharmacist, Drugs shall be stored in a locked cabinet or other enclosure constructed and located outside of the Pharmacy area, to which only specifically authorized personnel may obtain access by key or combination, and which is sufficiently secure to deny access to unauthorized persons. The Pharmacist-in-Charge shall, in conjunction with the appropriate committee of the Institutional Facility, develop inventory listings of those Drugs to be included in such cabinet(s) and determine who may have access, and shall ensure that:
 - (1) Drugs are properly Labeled;
 - (2) only prepackaged Drugs are available, in amounts sufficient for immediate therapeutic requirements;
 - (3) whenever access to the cabinet occurs, written Practitioner's orders and proofs-of-use are provided;
 - (4) all Drugs therein are inventoried no less than once per week;
 - (5) a complete audit of all activity concerning such cabinet is conducted no less than once per month; and
 - (6) written policies and procedures are established to implement the requirements of this Section 4.
- (c) Whenever any Drug is not available from floor supplies or night cabinets, and such Drug is required to treat the immediate needs of a patient whose health would otherwise be jeopardized, such Drug may be obtained from the Pharmacy in accordance with the requirements of this Section 4. One supervisory nurse in any given eight-hour shift is responsible for obtaining Drugs from the Pharmacy. The responsible nurse shall be designated in writing by the appropriate committee of the Institutional Facility. Removal of any Drug from the Pharmacy by an authorized nurse must be recorded on a suitable form showing the patient name, room number, name of Drug, strength, amount, date, time, and signature of nurse. The form shall be left with the container from which the Drug was removed.
- (d) Emergency kit Drugs may be provided for use by authorized personnel of the Institutional Facility provided, however, such kits meet the following requirements:
 - (1) Emergency kit Drugs are those Drugs which may be required to meet the immediate therapeutic needs of patients and which are not available from any other authorized source in sufficient time to prevent risk of harm to patients by delay resulting from obtaining such Drugs from such other sources.
 - (2) All emergency kit Drugs shall be provided and sealed by a Pharmacist;
 - (3) The supplying Pharmacist and the medical staff of the Institutional Facility shall jointly determine the Drugs, by identity and quantity, to be included in emergency kits.
 - (4) Emergency kits shall be stored in secured areas to prevent unauthorized access, and to ensure a proper environment for preservation of the Drugs within them.
 - (5) The exterior of each emergency kit shall be labeled so as to clearly indicate that it is an emergency Drug kit and that it is for use in emergencies only. The label shall contain a listing of the Drugs contained in the kit, including name, strength, quantity, and expiration date of the contents, and the name, address(es), and telephone number(s) of the supplying Pharmacist.

- (6) Drugs shall be removed from emergency kits only pursuant to a valid Chart Order.
- (7) Whenever an emergency kit is opened, the supplying Pharmacist shall be notified and the Pharmacist shall restock and reseal the kit within a reasonable time so as to prevent risk of harm to patients.
- (8) The expiration date of an emergency kit shall be the earliest date of expiration of any Drug supplied in the kit. Upon the occurrence of the expiration date, the supplying Pharmacist shall replace the expired Drug.

Section 5. Drug Distribution and Control.

- (a) The Pharmacist-in-Charge shall establish written procedures for the safe and efficient Distribution of Drugs and for the provision of Pharmacist Care. An annual updated copy of such procedures shall be on hand for inspection by the Board of Pharmacy.
- (b) Drugs brought into an Institutional Facility by a patient shall not be Administered unless they can be identified and the quality of the Drug assured. If such Drugs are not to be Administered, then the Pharmacist-in-Charge shall, according to procedures specified in writing, have them turned in to the Pharmacy, which shall package and seal them and return them to an adult member of the patient's immediate family, or store and return them to the patient upon discharge.
- (c) Investigational Drugs shall be stored in and Dispensed from the Pharmacy only. All information with respect to investigational Drugs shall be maintained in the Pharmacy.

Section 6. Centralized Prescription Processing or Filling for Immediate Need.

- (a) In accordance with the Model Rules for the Practice of Pharmacy and Centralized Prescription Processing and Filling, an Institutional Pharmacy may outsource services to another Pharmacy for the limited purpose of ensuring that Drugs or Devices are attainable to meet the immediate needs of patients and residents of the Institutional Facility or when the Institutional Pharmacy cannot provide services on an ongoing basis, provided that the Institutional Pharmacy:
 - (1) has obtained approval from the Institutional Facility to outsource Centralized Prescription Processing or Filling services for its inpatients and residents; and
 - (2) provides a valid Chart Order to the Pharmacy it has contracted with for the Centralized Prescription Processing or Filling services.

Comments

Section 2(a) Comment.

Chart Orders that are written by the Practitioner's agent shall be countersigned by the prescribing Practitioner within the required time period as required by state law or rule.

Section 2(b) Comment.

Although the definition of Institutional Facility is broad and may encompass an array of facilities that provide long-term medical care and services for its residents, some states may also recognize residential assisted living facilities or residential group homes as such.

Section 2(c) Comment.

Although traditionally characterized as being physically part of an Institutional Facility, the Model Rules recognize that an Institutional Pharmacy may or may not be physically attached to an Institutional Facility.

Section 4(d)(7) Comment.

When the Pharmacist restocks and reseals the emergency kit Drugs, it is recommended that a lock or other similar device be used to assure that unauthorized access to the kit is minimized.

Section 5(c) Comment.

Regarding the use of investigational Drugs in an institution, it is necessary that the institution ensure that such studies contain adequate safeguards for the patient, the institution, and the scientific integrity of the study. The institution must have written policies and procedures for the approval, management, and control of investigational Drug studies. All patients who participate in investigational Drug studies must freely consent, in writing, to treatment with these Drugs. The Pharmacist is responsible to the institution and to the principal investigator for seeing that procedures for the control of investigational Drug use are developed and implemented.

Section 6(a) Comment.

Although Institutional Pharmacies primarily outsource services to another Pharmacy for the purposes of meeting the immediate needs of patients and residents when the Institutional Pharmacy is closed, it is also recognized that other services may be outsourced that the Institutional Pharmacy is not able to provide on an ongoing basis.

Blank

SANCHEZ v. WAL MART et al

Ms. Lau has asked for discussion of the Sanchez v. Wal Mart case. As Ms. Cramer has reported, the court found in favor of Wal Mart et al, however in the infamous "footnote 3" indicated that since the adoption by the Board of NAC 639.753, the outcome may be different. This footnote has prompted the Retail Assn of Nevada to seek some sort of immunity for pharmacists and pharmacies for activity, or lack thereof, involving the Controlled Substance Prescription Abuse Prevention Task Force.

Board staff reminds the Board that your responsibility as a public agency is for the protection of the public, not the protection of the pharmacy or the pharmacist. This issue is therefore probably better served being reviewed at the legislative level and incidentally has arisen in discussions before the workgroup on Rx drug abuse and will be discussed before the Legislative Committee on Health Care on May 26th.

Our concern, as a Board, should be the realization that the problem of prescription drug abuse has risen to such a level that the Department of Health has identified "accidental" drug poisonings as a greater cause of death than traffic fatalities! There are countless "pain clinics" and dispensing practitioners across the country that do nothing but provide huge quantities of oxycodone and hydrocodone to people who have no legitimate use for them. Staff refers to this activity as "professional drug trafficking" providing drugs for "doctor shoppers".

The pharmacist is often the last person who has opportunity to make an independent judgment as to legitimacy of a prescription and a patient, and by far his most valued tool is access to task force data. Both Nevada and federal law place a corresponding responsibility on the pharmacist to make that judgment and hold the pharmacist accountable for doing so (see CFR 1306.04). The pharmacist cannot simply blindly fill all "legitimate" controlled substance prescriptions, and has the power to decline to fill if he feels that the prescription may be fraudulent. Reminder: doctor shopping in Nevada is a **felony**. How can a pharmacist gain immunity from aiding a patient in committing a felony if they have access to the tool that would give them the ability to make that determination? Calling the prescriber may not be enough. The pharmacist should also consider many other things such as the patient's condition; the number of doctors and pharmacies the patient has visited; the distance the patient has traveled to come to his pharmacy; the number of doses and frequency of dosing; and the prescribing habits of the prescriber.

Having said that, is this fear of litigation one of the reasons that pharmacists are not allowed online access to task force data in some practices? If so, would immunity of some sort increase utilization of this important tool and help curb prescription drug abuse? We also must remember that there are legitimate pain specialists and legitimate pain patients, and those patients should have their prescriptions filled in a timely manner and without harassment.

Attached for your review is a recent article by Associated Press writer Greg Risling who quotes Joanee.

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Do: What's Cream?
Work?

Shared databases could curb patient Rx abuse

States push for nationwide prescription drug monitoring programs

By GREG RISLING
Associated Press Writer

AP Associated Press

updated 3:43 p.m. PT, Sun., May 2, 2010

LOS ANGELES - On his night shift in a busy emergency room, Dr. Jacob Khushigian inevitably finds a few patients more likely to be hunting for drugs than medical attention.

The guy who claims he has severe abdominal pain doesn't grimace when sitting up. A woman who recently moved to the area fails to disclose she sees a doctor elsewhere. An ambulance patient complaining of a sore leg and back doesn't reveal she was turned away by another hospital.

There was a time Khushigian's hunches took weeks to confirm and required phoning or faxing the attorney general's office to obtain a patient's prescription drug information. Nowadays, a computer helps him catch cheaters. But it can only reach so far.

Story continues below

advertisement 1 year ad here

While a state online drug database went into effect last year to thwart addicts who bounce from doctor to doctor to feed a habit or make a small fortune peddling meds, there's now a push to extend it beyond state lines to snare so-called doctor shoppers and curb drug abuse.

"The whole purpose of this is to have states communicating with one another," said Dr. Laxmaiah Manchikanti, chief executive officer of the American Society of Interventional Pain Physicians. "If you know a patient is abusing, a doctor isn't going to give that patient a prescription any more."

Doctors can be hamstrung in making critical decisions about prescribing painkillers if they aren't able to find out if patients filled prescriptions elsewhere.

A nationwide network might have helped Michael Jackson's doctor better monitor the medication he was receiving from multiple doctors.

Celeb deaths highlight dangers

Dr. Conrad Murray, who was recently charged with involuntary manslaughter in the singer's death, told police Jackson gave few details when Murray

repeatedly asked about Jackson's medications, according to an affidavit. The Los Angeles County coroner said Jackson was killed by a mix of a powerful anesthetic and a sedative.

Police have searched for information in three states to see if Jackson's medical history played a role in his June death.

Jackson's death and those of other celebrities such as former Playboy Playmate Anna Nicole Smith and actor Corey Haim highlight the dangers of prescription drug abuse. More U.S. teens used prescription drugs over any other illicit drug except marijuana, the Office of National Drug Control Policy reported.

Forty states have passed legislation to allow prescription drug monitoring programs, but only 34 are operating.

Under the National All Schedules Prescription Electronic Reporting Act signed by President Bush in 2005, more than \$50 million has been appropriated to states for programs where doctors and other authorized users, such as police in some cases, can access patient records.

The law aims to have a coordinated national system, but there are no estimates what that would cost and a majority of the federal money hasn't been allocated.

Joanee Quirk, who runs Nevada's prescription monitoring program, said having access to other state databases would help stop those from Southern California or Hawaii who come to Las Vegas or Reno to score Vicodin or OxyContin.

Nevada's four-year-old program has grown to more than 225,000 patient requests in 2009 from about 155,000 in 2008.

Most prescription monitoring programs are voluntary, but Nevada requires doctors to check a patient's drug history during a first visit.

"If we took it away the practitioners would have a revolution," Quirk said. "It's almost like getting a lab test, where the doctors are trying to figure out what is wrong with this person and whether they are trying to get drugs legally."

Some privacy groups are concerned databases could invade patients' privacy. Virginia's database was hacked into in April 2009 and millions of electronic records were stolen by a thief still at large.

"There is a significant intrusion into the lives of individuals who are taking these medications legitimately," said Pam Dixon of World Privacy Forum, a nonprofit public interest research group. "There needs to be more restrictions about who can access this information."

The response to having secure, online access to patient records has been overwhelming so far in California. More than 2,300 doctors, pharmacists, physician assistants and registered nurses have used the Web site since September to access more than 134,000 patient reports. The state had averaged about 60,000 requests annually when they received requests by phone or fax.

Katherine Ellis, who runs the database of about 100 million prescriptions, said emergency room doctors would benefit most from a multistate system.

"If there was a way for ER doctors to sign on as they are triaging that patient and see if that person has been doctor shopping, then they may not elect to give them the controlled substances," she said.

ALSO IN NEWS, CONSPIRACY

Children's Tylenol, other drugs recalled
Shaken baby cases spike during recession
Adult film industry frets over condom issue
Erotica gives book publishers surprising boost
FDA approves new drug for prostate cancer

Khushnigian, 52, who works at Kaweah Delta District Hospital in Visalia in the

EXECUTIVE SECRETARY REPORT – JUNE 2010

A) TEMPORARY LICENSES

B) STAFF ACTIVITIES

1. Meetings
 - a. LCHC working group
 - b. CBI (4/21 on AB128)
 - c. NABP (5/22-5/25)
 - d. DEA (6/15-6/17)
2. Canada

C) REPORT TO BOARD

1. CE
 - a. DVD
 - b. Carson City (6/8)
2. Financials
3. National Rural Meth Initiative
4. UCSF Graduation (5/8)
5. ISU Student (6/28)
6. Justice Court

D) BOARD RELATED NEWS

1. DEA rule on electronic prescribing of CS

E) ACTIVITIES REPORT

Blank

TEMPORARY LICENSES
(Issued since last board meeting)

No temporary licenses have been issued since last board meeting.

Blank

From the company that brings you the longest running and best-attended event on Aggregate Spend

CBI'S INAUGURAL WEST COAST FORUM ON **Tracking State Laws and Aggregate Spend**

*Capture and Disclose Spend Data in Compliance with Changing
State and Federal Requirements*

April 21-22, 2010 • Hilton Bayfront • San Diego, CA

- Understand requirements within the Physician Payments Sunshine Act
- Interact directly with states regarding their initiatives surrounding transparency and disclosure
- Prepare a thorough requirements document for senior management buy-in
- Develop a robust enterprise-wide communication plan that includes targeted training
- Understand the importance of partnerships with IT and other essential stakeholders
- Create an automated tracking solution that is expandable and can be adjusted over time
- Optimize promotional spending using slices of information within an aggregate spend data repository

Plus! Hear how Eli Lilly and Co. plans to publicly disclose aggregate spend information and how it anticipates responding to inquiries following the reports

Industry Perspectives Representing:

Allergan • Allos Therapeutics
BioMarin Pharmaceutical Inc.
DJO, LLC. • Genentech Inc.
Genzyme Corporation
Jazz Pharmaceuticals
Lilly USA, LLC • Medtronic
Novartis Pharmaceutical Corporation
Onyx Pharmaceuticals
Stiefel, a GlaxoSmithKline Company

*Choose from Two Pre-Conference
Workshops on Wednesday, April 21, 2010*

Workshop A:
Aggregate Spend
101 – Implementing
a Tracking and
Disclosure Solution

Workshop B:
Auditing, Reconciling
and Responding to
Inquiries Regarding
Aggregate Spend Data

Organized By:



A Subsidiary of



Outstanding Support Provided by:



7:30 Workshop Registration and Continental Breakfast • Workshops run from 8:30 a.m.-12:00 p.m. with break at 10:00

8:30 **A** **Aggregate Spend 101 — Implementing a Tracking and Disclosure Solution**

8:30 **B** **Auditing, Reconciling and Responding to Inquiries Regarding Aggregate Spend Data**

M A I N C O N F E R E N C E

Day One — Wednesday, April 21, 2010

- 12:00 **Main Conference Registration**
- 1:00 **Co-Chairs' Welcome and Opening Remarks**
Dale Hammer, MA, PT, MHSA, CHC, Senior Vice President, Global Compliance and Government Relations, DJO, LLC
Peter Claude, Partner, PricewaterhouseCoopers

- 1:15 **Understanding the Federal Sunshine Provisions Passed with Comprehensive Healthcare Reform**
John Gould, Associate, Arnold & Porter LLP

STATE PANEL DISCUSSION

- 2:00 **State Transparency Initiatives — Insight from the Trenches**
Moderator:
John Oroho, Principal, Porzio, Bromberg and Newman P.C.
Panelists:
Cody Wiberg, Pharm.D., M.S., R.Ph., Executive Director, Board of Pharmacy, Minnesota
Larry L. Pinson, Pharm.D., Executive Secretary, State Board of Pharmacy, Nevada

- 2:40 **Networking and Refreshment Break Hosted by:**

ARNOLD & PORTER LLP

- 3:10 **What Looms Ahead — The Countdown to First Time Massachusetts and Vermont Reporting**
Wanda Toro, Pharm.D., President, Bull's Eye Innovations

Ensuring Organizational Readiness for Physician Spend Tracking and Reporting

- 3:50 **Making the Business Case for Resources to Implement and Improve Aggregate Spend Solutions**
Lori Greene, Director, Commercial Compliance, Stiefel, a GlaxoSmithKline Company
- 4:30 **Building for and Managing Change around an Aggregate Spend Solution**
Cindy Weber, Director and Senior Principal, Commercial Implementation, IMS
Adriane Sheibley, Director of Commercial Research, Americas, IMS
- 5:10 **Training and Communication of Aggregate Spend Initiatives**
Moderator:
Jon Wilkenfeld, President, Potomac River Partners
Panelists:
Philip Lo Scalzo, Deputy General Counsel, BioMarin Pharmaceutical Inc.
Stacey A. Filice, Manager, Sales and Marketing Compliance, Jazz Pharmaceuticals, Inc.
Beth Margerison, Director, Regulatory Compliance, Ethics and Compliance, Novartis Pharmaceuticals Corporation

- 5:50 **Close of Day One / Wine and Cheese Reception**

Visit the Registration Desk to Select Your Preferred Working Group for Tomorrow

Day Two — Thursday, April 22, 2010

- 7:30 **Continental Breakfast**
- 8:00 **Co-Chairs' Review of Day One**
Dale Hammer, MA, PT, MHSA, CHC, Senior Vice President, Global Compliance and Government Relations, DJO, LLC
Peter Claude, Partner, PricewaterhouseCoopers

Key Components to Implement and Improve Aggregate Spend Solution

- 8:15 **Create a Roadmap for Implementing an Aggregate Spend Solution — Developing the Project Plan**
Beth Margerison, Director, Regulatory Compliance, Ethics and Compliance, Novartis Pharmaceuticals Corporation
Niral Desai, Business Process Team Lead, Ethics and Compliance, Novartis Pharmaceuticals Corporation
- 8:55 **Examine the Benefits and Shortcomings of Spend Tracking Solutions**
Moderators:
Natasha Thoren, Esq., Manager, Polaris Management Partners
Ben Carmel, Consultant, Polaris Solutions
Panelists:
Timothy Ayers, Senior Director, Associate General Counsel, Allos Therapeutics, Inc.
Mark Jones, Associate Director, Compliance, Onyx Pharmaceuticals
Tim Janes, Principal Compliance Specialist, Office of Ethics and Compliance, Medtronic
- 9:35 **An Aggregate Spend Business Process Integration Project — Using Business Process Integration from A to Z**
Jack Crawford, Senior Director, Information Systems, Allergan
Ahmad Chaudhri, Director, Sales Operations and Business Intelligence, North America Commercial Divisions, Allergan
- 10:15 **Networking and Refreshment Break**
- 10:45 **Lessons Learned from Preparing for the Federal Sunshine Act and Applicability for Possible CIA Reporting Requirements**
William L. Hadad, Jr., Consultant, Strategy Execution and State Compliance Reporting, Lilly USA, LLC
- 11:25 **Use KPIs to Discover Findings in Data that Provide Intelligence Back to the Business Units**
David J. Wysocky, Advisory Pharmaceutical and Life Sciences Director, PricewaterhouseCoopers
- 12:05 **The Silver Lining to the Aggregate Spend Pain**
Mitchell Chi, Senior Vice President, Health Market Science
- 12:45 **Luncheon**
- 2:00 **Engage in Peer Discussions Surrounding the Practical Issues to Aggregate Spend Collection and Reporting**

A **Biotech and Pharmaceutical Compliance Executives**
Moderator: *Ernie Hernandez, Senior Manager/Program Manager, Genentech, Inc.*

B **Medical Device and Diagnostic Compliance Executives**
Moderator: *Dale Hammer, MA, PT, MHSA, CHC, Vice President, Corporate Compliance, Privacy Officer, DJO, LLC*

C **IT and IS Executives**
Moderator: *Jack Crawford, Senior Director, Information Systems, Allergan*

- 3:00 **Hear Best Practices and Practical Solutions Developed from Working Group Discussions**

- 3:15 **Close of Conference**



March 8, 2010

Jearld L. Hafen
Director
Nevada Department of Public Safety
555 Wright Way
Carson City, NV 89711-0525

Dear Director Hafen:

Strategic Applications International, in partnership with the Bureau of Justice Assistance (BJA), U.S. Department of Justice, is pleased to inform you that Nevada has been selected to participate in the **Rural Law Enforcement Methamphetamine Initiative (RLEMI)**. Your state's application demonstrated your strong commitment to addressing the unique challenges of rural jurisdictions in fighting methamphetamine production, distribution, and abuse. Congratulations on your selection and we are very excited to partner with the State of Nevada.

As a RLEMI state participant, Nevada will receive an array of support and technical assistance, including:

- Assignment of an onsite State Methamphetamine Coordinator;
- Development, in partnership with Pacific Institute for Research and Evaluation (PIRE), of a statewide methamphetamine assessment to identify system strengths and barriers to be addressed;
- Sponsorship of a full state methamphetamine team to attend the *National Rural Methamphetamine Summit*, taking place in June 2010, including travel, lodging, and registration; and,
- Creation and implementation of a state methamphetamine action plan.

We have assembled a RLEMI project team here at SAI that will be working with all our RLEMI states. By way of introduction, enclosed is a brief overview of this support team.

In order to move expeditiously forward, we will be working over this next month to complete the following:

- Creation and execution of a Memorandum of Understanding between SAI and the Nevada Department of Public Safety;
- Recruitment and hiring of your State Methamphetamine Coordinator;
- Assembly of your state methamphetamine team; and
- Planning with PIRE to conduct your statewide methamphetamine assessment.

Staff will contact you soon to schedule a conference call to review our next steps, schedules, and upcoming priorities.

Again, congratulations on your selection as a RLEMI state participant. BJA and all of the RLEMI team looks forward to working with the State of Nevada to address methamphetamine in your state.

Sincerely,

James E. Copple
Principal

Enclosure



This is only a preliminary list and specific names have not been identified in all areas and additional areas maybe added.

- DPS, Director's Office - Chris Perry, Deputy Director
cperry@dps.state.nv.us (775) 684-4556
- DPS, Office of Criminal Justice Assistance SAA for Byrne JAG funding - Michelle Hamilton, Chief
mhamilton@dps.state.nv.us (775) 687-4166, cell (775) 220-5945
- State's Attorney's Office - Catherine Cortez Masto or designee
- Nevada Sheriff's and Chief's Association - Mike Haley, Vice President
mhaley@mail.co.washoe.nv.us (775) 328-3010
- Inter-Tribal Council of Nevada - Richard Varner, President
rvarner@washoetribe.us (775) 265-7540
- DPS, Parole & Probation - Bernie Curtis, Chief
bcurtis@dps.state.nv.us (775) 684-2602
- DPS, Investigations Division - Scott Jackson, Chief
sjackson@dps.state.nv.us (775) 684-7410
- High Intensity Drug Trafficking Areas (HIDTA) - Kent Bishop Director / Keith Carter delegate attendee
nvhidta@lvmpd.com (702) 759-8070
- Nevada State Pharmacy Board - Joe Depczynski inspector/investigator
jdepczynski@pharmacy.nv.gov 775-850-1440
- Nevada State Assembly & Specialty Courts Coordinator - Sheila Leslie, Assemblywoman
sleslie@mail.com.washoe.nv (775) 325-6769
- Seventh Judicial District Court - Chief Judge Dan Papez
dlpapez@mwpower.net (775) 289-1546
- District Attorney's Association, Neil Rombardo, Carson City District Attorney
NARombaro@ci.carsoncity.nv.us (775) 887-2070
- HHS, Substance Abuse Prevention and Treatment Agency, Deborah McBride, Agency Director
dmcbride@sapta.nv.gov (775) 684-4077
- Drug-Endangered Children (DEC) Chris Bayer
- Nevada Youth Parole Board, Frank Serrano,
fserrano@dcfs.state.nv.us (775) 684-7943
- Public Health and Medical Community, Charlene Herst
- State or County Mental Health Representation, Harold Cook (775) 684-5967

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RxIpsa Loquitur

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President's Message

Kimberly Burns
ASPL President

It is hard to believe that 2010 is almost half over, and that ASPL is in its 36th year as a Society! I am honored to have the opportunity to serve as the Society's president, and grateful for all the hard work past officers and board members who served before me, allowing the Society to grow to where we are today. In addition to welcoming the new Board of Directors, I wanted to thank our outgoing President (now Past-President) John Cronin and outgoing Past President Jay Campbell for all their help during my year as President-Elect. I also look forward to working closely this year with our new President-Elect, Frank Palumbo.

I am lucky to step in as President after a financially successful year for ASPL, as reported at the ASPL annual meeting in Washington, DC in March. This success was due to the hard work and commitment of the Board of Directors, our committees, our Executive Director, and of course, all our members. However, the Board realizes we can't take this success for granted – we need to continue to work toward finding additional ways to pursue our Vision of being “*The first and best source for information on pharmacy law.*”

Over the past year, John Cronin took the lead in developing a new strategic plan for ASPL that identified specific priorities to help the Society continue to grow and remain successful. My main goal this upcoming year is to move a number of these priorities forward, including increasing our exposure with other national pharmacy organizations, and enhancing benefits for our members, especially on our website. To help with this initiative, in addition to the regular standing

Continued on page 3

DEA Interim Final Rule on Electronic Prescribing of Controlled Substances – Practitioner and Pharmacy Responsibilities

William E. Fassett, PhD, RPh, Editor

The DEA has issued an interim final rule on e-prescribing of controlled substances, which was published in the Federal Register on March 31, 2010. The rule, which is set forth in 21 CFR § 1311, subpart C, will take effect following a 60-day comment period and Congressional review.

The Federal Register notice is available at <http://edocket.access.gpo.gov/2010/pdf/2010-6687.pdf>. The actual text of the rule starts on page 16304 (page 70 of the document). The following is a brief summary of responsibilities of practitioners and pharmacies under the rule.

Processing of e-prescriptions for controlled substances

Pharmacies will be able to process electronic prescriptions only if all the following conditions are met:

1. The pharmacy computer application must comply with the requirements of the rule; and
2. The prescription was issued in conformity with the requirements of the rule and all other requirements for prescriptions in the CSA.

All of the pharmacist's responsibilities to assure the validity of the prescription apply to e-prescriptions as well as to other prescriptions.

The practitioner's electronic signature must be verified by *two* of the following forms of authentication: (1) a biometric – something the practitioner *is* (e.g., iris scan, fingerprint), (2) a knowledge factor – something only the practitioner *knows* (e.g., password or response to a challenge question), or (3) a device separate from the computer – something the practitioner *has* (i.e., a hard token).

The rule creates two types of practitioners: individual and institutional. Depending on the category, it details specific requirements by which the practitioner receives the forms of authentication to be used in issuing e-prescriptions, as well as the responsibilities for the clinic or institution in which the practitioner issues e-prescriptions.

Practitioners must

1. Retain sole possession of the hard token, if used, and must not share the password or biometric information with any other person, and must not allow any other person to use the token or enter the knowledge factor or ID means to sign prescriptions.
2. Notify responsible individuals within the practice or institution within 1 business day of discovery when the hard token has been lost, stolen, or compromised, or when the authorization protocol has otherwise been compromised.

Continued on page 2

3. If notified that an e-prescription was not successfully received by the intended pharmacy, insure that any replacement paper or oral prescription indicates that the order was originally transmitted to a particular pharmacy and that the transmission failed.
4. Assure that a third-party auditor or certification organization has found that his or her e-prescribing computer application meets the requirements of the rule.
5. Cease using the application if it becomes apparent or known that the application is no longer qualified under the rule or is not fully functional.
6. Notify responsible individuals of any prescriptions discovered to be issued without his or her signature or were not consistent with prescriptions he or she signed.
7. Retain responsibility to assure that prescriptions are issued only for a legitimate medical purpose while acting within the usual course of professional practice. If an agent enters data into the application prior to the practitioner's digital signing of the prescription, he or she retains responsibility for assuring that the prescription conforms to law and regulations.

Individual practitioners must obtain a two-factor authentication credential from either a government-approved credential service provider, or use a digital certificate from a certification authority that meets requirements of the Federal Bridge Certification Authority.

The credential provider will assure the identity of the practitioner by requiring appropriate identity proofing information.

Prescriptions sent digitally to pharmacies will either be digitally signed, or will bear an indication via a digital certificate to have been digitally signed.

Pharmacies must:

1. Determine that the pharmacy application has been certified by a third-party auditor or certification organization to accurately and consistently:
 - a. Import, store, and display the information required for prescriptions under 21 CFR § 1306.05(a);
 - b. Import, store, and display the indication of signing as required by the e-prescribing rule;
 - c. Import, store and display the number of refills as required by 21 CFR § 1306.22;
 - d. Import, store, and verify the practitioner's digital signature, as provided in the rule, when applicable.
2. Discontinue processing of e-prescriptions for controlled substances if the auditor or certification organization has found that the application does not function as required or no longer qualifies, or if notified that the application is not in compliance.
3. Determine which employees are authorized to enter information regarding dispensed prescriptions, and annotate or alter records of those prescriptions. Logical access controls for the application must be set so that only authorized employees are granted access.
4. When a pharmacist fills a prescription in a manner that would require a notation if the prescription were a paper prescription (under 21 CFR § 1306), the application must allow the pharmacist to make and retain such notations electronically. Prescriptions received electronically must be retained electronically.
5. When a pharmacist receives a paper or oral prescription that indicates it was originally transmitted electronically to the pharmacy, he or she must check the pharmacy's records to ensure the e-version was not received. If both prescriptions were received, one must be marked void.
6. When a pharmacist receives a paper or oral prescription indicating that it was originally e-transmitted to another pharmacy, he or she must contact that pharmacy to determine whether that pharmacy received and/or dispensed the prescription. The pharmacy that did not dispense the received prescription must mark the prescription void.
7. The pharmacist retains the corresponding responsibility to insure that all prescriptions dispensed were issued for a

legitimate medical purpose in the due course of the prescriber's practice.

The rule also sets forth extensive requirements for application vendors, service providers, and for the characteristics of the applications that either transmit or receive e-prescriptions.

Recent Law Review Articles of Interest to ASPL Members

- ♦ Smith DG. Preemption after *Wyeth v. Levine*. 70 Ohio St. L. J. 1435 (2009)
- ♦ Owen D. Dangers in prescription drugs: filling a private law gap in the healthcare debate. 42 Conn. L. Rev. 733 (2010 February)
- ♦ Cohen J, Wilson A, Faden L. Off-label use reimbursement. 64 Food Drug L. J. 391 (2009)
- ♦ Altilio JV. The pharmacist's obligations to patients: dependent or independent of the physician's obligations? 37 J. L. Med. & Ethics 358 (2009 Summer)
- ♦ Wisotsky S. How to interpret statutes—or not: plain meaning and other phantoms. 10 J. App. Prac. & Process 321 (2009 Fall)
- ♦ Spreng JE. The Food and Drug Administration and the pharmacy profession: partners to ensure the safety and efficacy of pharmacogenomic therapy. 13 J. Health Care L. & Pol'y 77 (2010)
- ♦ Strong A. "But he told me it was safe!": the expanding tort of negligent misrepresentation. 40 U. Mem. L. Rev. 105 (2009 Fall)
- ♦ Mau JR. Stormans and the pharmacists: where have all the conscientious Rx gone? 114 Penn St. L. Rev. 293 (2009 Summer)
- ♦ Batten M, Lipman AG. Symposium: Drugs, Addiction, Therapy, and Crime: Introduction. 2009 Utah L. Rev. 1 (2009)
- ♦ Mehlman MJ. Symposium on Health Care Technology: Regulation and Reimbursement: Foreward. 31 W. New Eng. L. Rev. 293 (2009).



Nevada State Board of Pharmacy

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NEVADA STATE BOARD OF PHARMACY

ACTIVITIES REPORT

APRIL 14-15, 2010 BOARD MEETING HELD IN LAS VEGAS, NEVADA

This report is prepared and presented to keep interested legislators and others abreast of the activities of the Nevada State Board of Pharmacy. Following is a summary of the April, 2010 Board meeting.

Licensing Activity:

- 8 licenses were granted for Out-of-State pharmacies.
- 11 licenses were granted for Out-of-State MDEG companies.
- 8 licenses were granted for Out-of-State wholesalers.
- 6 licenses were granted for Nevada pharmacy (pending inspection).
- 6 licenses were granted for Nevada MDEG companies (pending inspection).
- 1 license was granted for a Nevada Wholesaler.

Disciplinary Action:

- Pharmacist WR surrendered his license (which is treated as a revocation) and will also surrender the license of his pharmacy if he cannot sell it within 180 days for engaging in illegal internet pharmacy practices that may have contributed to the death of a patient in Illinois.
- Pharmacist ST was fined \$4K; placed on probation for 3 years; and mandated to take the MPJE (law exam) for filling unauthorized narcotic prescriptions which may have contributed to the patient's death. Physician QH was fined \$2K for allowing his medical assistant to "authorize" narcotic prescriptions.
- Pharmacist JT was fined \$295 and mandated into remedial training for dispensing 500u/ml insulin for 100u/ml insulin resulting in contributing to the patient passing out on several occasions.
- Pharmaceutical technicians DH and GS were granted pharmacy tech in training registrations after review of past criminal and drug use activity. Pharm. Tech. DG was denied registration after a similar review.
- Physician TA was granted a CS license after review of his treatment and recovery from alcohol abuse.

Other Activity:

- There were the usual business activities of the Board.

Due to the complexity and duration of discipline at this meeting, there were no workshops or public hearings held.

WORKSHOP FOR REFRIGERATOR LOG
Revised From Workshop Held
March 4, 2010

NAC 639.525 Minimum requirements for work area and equipment. ([NRS 639.070](#)) The prescription department in each licensed pharmacy must contain the following minimum work area and equipment for the compounding and dispensing of drugs:

1. A prescription counter on which to work, with a free working surface of not less than 3 feet in width and 2 feet in depth for each person who is compounding or dispensing drugs within the prescription department, including, without limitation, each registered pharmacist and pharmaceutical technician who is compounding or dispensing drugs within the prescription department. This working surface must be reserved for and restricted solely to the compounding and dispensing of drugs.

2. A free floor space behind the prescription counter that is not less than 8 feet in length and 4 feet in width.

3. A refrigerator that is equipped with a thermometer to ensure proper control of temperature, a sink that is suitable for cleaning the required pharmaceutical equipment and is supplied with hot and cold running water, soap and detergent, and a clean and sanitary disposal container for wastes.

4. If the pharmacy compounds prescriptions that require the measurement of weight, scales and balances for medium and light weighing, at least one of which must be sensitive to 1/2 grain, with weights, including, without limitation, apothecary and avoirdupois, from 1/2 grain to 4 ounces and from 0.02 gm to 100 gm.

5. If the pharmacy prepares sterile products, a laminar airflow hood that is certified at least annually.

6. Capsule and tablet counters and other devices and equipment necessary to compound and dispense drugs.

7. A facsimile machine that:

(a) Uses paper of such quality; and

(b) Prints in such a manner,

→ that documents printed by the machine are usable and readable for at least 2 years. As used in this subsection, "facsimile machine" includes, without limitation, a computer that has a facsimile modem through which documents can be sent and received.

8. A record will be used to record the refrigerator and freezer temperature twice daily. The temperature of the refrigerator should be between 36 and 46 degrees Fahrenheit. The temperature of the freezer should be below 32 degrees Fahrenheit. Readings outside this range should be documented with actions documented and initialed by the person who noted the reading outside the range and the person who took corrective action to address the situation. If a reading outside the temperature range is noted a pharmacist must inspect the contents of the refrigerator or freezer to determine if the contents are safe for use or need to be discarded.

[Bd. of Pharmacy, § 639.220, eff. 6-26-80]—(NAC A 3-27-90; 8-27-96; 9-6-96; R117-98, 9-9-98; R013-99 & R112-99, 11-3-99)

BOARD MEETING

Airport Plaza Hotel
1981 Terminal Way
Reno, Nevada

June 2 and 3, 2010

The meeting was called to order at 9:00 a.m. by Don Fey, Board President.

Board Members Present:

Beth Foster
Chad Luebke

Kirk Wentworth
Kam Gandhi

Donald Fey
Mary Lau

Board Members Absent:

Keith Macdonald

Board Staff Present:

Larry Pinson

Jeri Walter

Carolyn Cramer

CONSENT AGENDA

1. Approval of April 14-15 2010, Minutes
2. Applications for Out-of-State MDEG – Non Appearance:
 - A. ATG Rehab – Sacramento, CA
 - B. Diabetic Medic, LLC – Marietta, GA
 - C. Dynamic Medical Systems, Inc. – Rancho Dominguez, CA
 - D. Hightower Medical Systems Inc. – Franklin, TN
 - E. Tobii Assistive Technology, Inc. – Dedham, MA
 - F. Zynex Medical Inc. – Lone Tree, CO

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

- G. Bioscrip Pharmacy – San Francisco, CA
- H. CCS Medical – Forest Hill, TX
- I. Easy Scripts, Incorporated – Des Plaines, IL
- J. Express Scripts – Harrisburg, PA
- K. Heartland Veterinary Pharmacy – Hastings, NE
- L. In Home Rx – San Marcos, CA
- M. KCC, Inc. – Meridian, MS

- N. Medex BioCare Pharmacy, LLC – Bartlett, TN
- O. MedSource Rx Pharmacy – Sandy, UT
- P. Medco Center for Pharmacotherapeutic Research – Willingboro, NJ
- Q. Propac Pharmacy – Vancouver, WA
- R. Senior Care Pharmacy – Wichita, KS
- S. The Rx Co. – West Fargo, ND
- T. TPS LLC – Fultondale, AL
- U. Union Avenue Compounding Pharmacy – Tacoma, WA
- V. Wellpartner, Inc. – Portland, OR

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

- W. Apotheca, Inc. – Phoenix, AZ
- X. Boca Pharmacal, Inc. – Coral Springs, FL
- Y. Cardinal Health 414, LLC – Denver, CO
- Z. DVM Resources – Visalia, CA
- AA. Hager Worldwide Inc. – Odessa, FL
- BB. Integra Pain Management – West Valley City, UT
- CC. Medline Industries, Inc. – Mundelein, IL
- DD. Medisca, Inc. – Irving, TX
- EE. Moore Medical LLC – Bolingbrook, IL
- FF. Owens & Minor Distribution, Inc. – City of Industry, CA
- GG. Owens & Minor Distribution, Inc. – West Valley City, UT
- HH. PDC Logistics – Tracy, CA
- II. Tyco Healthcare Group LP – Joliet, IL
- JJ. VaxServe, Inc. – Forest Park, GA
- KK. Webster Veterinary Supply, Inc. – Kansas City, MO

Application for Nevada Pharmacy – Non Appearance:

- LL. Healthsouth Desert Canyon Rehabilitation Hospital – Las Vegas

Application for Nevada Manufacturer – Non Appearance:

- MM. Cardinal Health 414, LLC – Las Vegas

Applications for Nevada MDEG – Non Appearance:

- NN. Better Breathing NV, LLC – Fallon
- OO. Foot Solutions of Summerlin – Las Vegas

Discussion:

The consent agenda applications and supporting documents were reviewed.

The Board held items 2 F and X for discussion.

Mary Lau recused from participation in the vote on Items 2 DD and EE.

Board Action:

Motion: Chad Luebke found the consent agenda application information to be accurate and complete and moved for approval of Items A through OO excluding Items F and X.

Second: Beth Foster

Action: Passed Unanimously.

Discussion:

Zynex Medical Inc., Item F, was discussed and it was determined to move forward with the vote.

Motion: Chad Luebke moved to approve Item F.

Second: Mary Lau

Action: Passed Unanimously

Discussion:

Boca Pharmacal, Inc., Item X, was discussed. The application indicated that they had no previous discipline in the states they are currently licensed, however they provided documents that indicated otherwise.

Motion: Mary Lau moved to table this application until clarification can be made regarding the disciplinary issue.

Second: Beth Foster

Action: Passed Unanimously

Discussion:

Kam Gandhi noted that he was not present at the last Board meeting and his name needed to be removed from the Board member's present.

Motion: Chad Luebke found the minutes to accurate and complete and moved for approval with the referenced correction.

Second: Mary Lau

Action: Passed Unanimously.

REGULAR AGENDA

3. Disciplinary Actions:

A. Robert M. Belluomini, R.Ph

(09-098-RPH-N)

NOTE: Kirk Wentworth recused from participation on this matter as Mr. Belluomini worked for Mr. Wentworth in the past.

Carolyn Cramer presented a stipulated agreement to the Board. Mr. Belluomini admitted to creating and filling prescriptions for dangerous drugs for his wife that he knew to be false or fraudulent because they were without a physician's authorization. Mr. Belluomini indicated that he did not think his wife's physician would mind since he had prescribed the same medications for her previously. Mr. Belluomini is currently living in California and does not plan to return to Nevada to practice pharmacy and has agreed to voluntarily surrender his license. Ms. Cramer explained that Mr. Belluomini's voluntary surrender would be treated as a revocation.

Board Action:

Motion: Kam Gandhi moved to accept the stipulated agreement as presented.

Second: Chad Luebke

Action: Passed Unanimously

B. David A. Kanak, R.Ph

(09-087-RPH-N)

NOTE: Chad Luebke recused from participation in this matter as Mr. Kanak was employed by Long's at the time of this incident, however Long's has since been acquired by CVS and Mr. Kanak is now employed by CVS, as is Mr. Luebke. Kirk Wentworth acknowledged that he went to school with Mr. Kanak 30 years ago. Mary Lau disclosed that Long's was a member of RAN.

Carolyn Cramer presented a stipulated agreement to the Board. Mr. Kanak was the responsible pharmacist for filling nine prescriptions for a patient. One of the prescriptions was written for polyethylene glycol however it was filled with Prevalite. Five of the prescriptions were new and the patient's agent was not counseled on any of the prescriptions. Fortunately the patient did not ingest the Prevalite. Mr. Kanak signed a stipulated agreement for a fine of \$750.00 for the counseling error plus administrative fees.

Board Action:

Motion: Kirk Wentworth moved to accept the stipulated agreement as presented.

Second: Kam Gandhi

Action: Passed Unanimously

4. Applications for Nevada MDEG – Appearance:

A. Cann Medical Supply, Inc. – Las Vegas

Christianah Sutton appeared and was sworn by President Fey prior to answering questions or offering testimony.

Ms. Sutton stated that she began working in the MDEG field in 2005. She indicated that she worked for Lutemi Medical as a marketing consultant for four years. Ms. Sutton was asked if Lutemi Medical was licensed to ship MDEG products into Nevada and she stated that she assumed they were. Board staff noted that Lutemi Medical was not licensed in Nevada and that they had been doing business in Nevada without authority. Ms. Sutton advised the Board that she planned to learn the duties of facility administrator on the job after she opened her business. President Fey advised Ms. Sutton that she needed an experienced facility administrator before a license could be granted.

Board Action:

Motion: Mary Lau moved to deny the application for MDEG provider for Cann Medical Supply, Inc.

TJ Reed appeared and was sworn by President Fey prior to answering questions or offering testimony.

Mr. Reed explained that he works with Queen Aniezg, the person listed on the application as the professional compliance contact person, to help her set up MDEG facilities to ensure the new providers are operating within the parameters of the law. Mr. Reed indicated that they have a one year contract with Ms. Sutton to help her establish her business and hire her staff. He also indicated that they have an experienced facility administrator ready to come on board when they get their license.

Mary Lau moved to amend her original motion to table the application providing they submit a new application with appropriate information regarding the experienced facility administrator and re-appear in July with the new facility administrator.

Second: Chad Luebke

Action: Passed Unanimously

B. Pulmonary Solutions, LLC – Las Vegas

Josette Sonekeo-McClendon and Michael McClendon appeared and were sworn by President Fey prior to answering questions or offering testimony.

Ms. Sonekeo-McClendon explained that they currently have a business in Santa Rosa, California and at present they are moving their corporate offices to Las Vegas. Upon licensure in Nevada they will open their MDEG facility. Ms. Sonekeo-McClendon explained that they employ 30 people that encompass their clinical staff, including a respiratory therapist, and administrators. Mr. McClendon does the marketing for their business.

Board Action:

Motion: Chad Luebke moved to approve the application for Pulmonary Solutions, LLC.

Second: Kam Gandhi

Action: Passed Unanimously

5. Applications for Out-of-State Pharmacy – Appearance:

A. BioRx – Urbandale, IA

Deborah Smith appeared and was sworn by President Fey prior to answering questions or offering testimony.

Ms. Smith indicated that they mostly serve hemophilia patients, they only dispense injectables and do not dispense any ingestible products. Ms. Smith advised that they do not use any controlled substances. She reviewed their pharmacy practices and shipping procedures. BioRx has a 24 hour pharmacist on call at all times.

Carolyn Cramer noted that the Pharmacy License Verification from Iowa was no longer valid and asked Ms. Smith to provide Board staff with an updated verification.

Board Action:

Motion: Kam Gandhi moved to approve the application for Bio Rx pending receipt of an updated License Verification.

Second: Kirk Wentworth

Action: Passed Unanimously

B. Coastal Meds, LLC – Biloxi, MS

Joseph Johnson appeared and was sworn by President Fey prior to answering questions or offering testimony.

Mr. Johnson advised the Board that he was a pharmaceutical technician for Coastal Meds and was appearing because the managing pharmacist and the owners were busy and couldn't leave the pharmacy. Board staff had a letter appointing Mr. Johnson as their representative.

Mr. Johnson was questioned regarding their business practices and it came to light that Coastal Meds business model did not plan to ship patient specific products into Nevada. Mr. Johnson was advised that Nevada law would not allow for that practice and would consider that a practice for a wholesaler – not a pharmacy.

Rather than have his application denied, Mr. Johnson withdrew his application for out of state pharmacy and would advise the owners of Coastal Meds that they would have to apply for a wholesaler license if they wanted to conduct business in Nevada with their current model.

C. Consonus Pharmacy – Vacaville, CA

Jim Santa appeared and was sworn by President Fey prior to answering questions or offering testimony.

Mr. Santa explained that they were a pharmacy that catered specifically to skilled nursing and long term care facilities. He indicated that he had been contacted by two facilities in northern Nevada to service their patient's needs and would like to contract with them if his application is approved. Mr. Santa reviewed his business procedures and assured the Board that he ships only patient specific medications.

Board Action:

Motion: Beth Foster moved to approve the application for Consonus Pharmacy.

Second: Kirk Wentworth

Action: Passed Unanimously

6. Application for Nevada Wholesaler – Appearance:

Med-Health Pharmacy, LLC – North Las Vegas

Mark Hames appeared and was sworn by President Fey prior to answering questions or offering testimony.

Mr. Hames was questioned regarding his policies and procedures and Mr. Hames gave a detailed description of his repackaging procedures. Mr. Hames indicated that eventually he would like to repackage for large manufacturers, but he is not planning to do that at the moment as he wants to get his facility up and running before he begins that process.

Board Action:

Motion: Kam Gandhi moved to approve the application for Nevada wholesaler for Med-Health Pharma, LLC.

Second: Kirk Wentworth

Action: Passed Unanimously

7. Request for Pharmaceutical Technician in Training License – Appearance:

Julie Manktelow

Julie Manktelow appeared and was sworn by President Fey prior to answering questions or offering testimony.

NOTE: Chad Luebke recused because Ms. Manktelow is applying for a PTT registration at CVS and he is employed by CVS.

Carolyn Cramer advised the Board that Ms. Manktelow was present to explain the circumstances of her three DUI's.

Ms. Manktelow testified that the first DUI in 1998 was reduced to a reckless as she was in the vehicle but not driving. Ms. Manktelow indicated that she was a realtor and when the housing market crashed she didn't deal well with it and she got the second DUI in 2007. In 2009 she separated from her husband and was not doing well with her circumstances and got the third DUI. She indicated that all of these instances were for alcohol and not drug related.

Ms. Manktelow indicated that CVS had terminated her employment, so she really does not have a job opportunity for a pharmaceutical technician. When asked if she would be willing to be evaluated by PRN-PRN she indicated that she was open to that but she had no money. Larry Espadero, the PRN-PRN monitor, was present and was asked to explain to Ms. Manktelow how the PRN-PRN program works. He indicated that PRN-PRN will not refuse treatment because of money issues and could work with Ms. Manktelow.

Board Action:

Motion: Kirk Wentworth moved to table the application for pharmaceutical technician in training for Ms. Manktelow pending an evaluation by PRN-

PRN and her provision of documents regarding the three DUI's to Board staff.

Second: Kam Gandhi

Action: Passed Unanimously

8. Presentation:

CSI – Blood Pressure Equipment – Charles Bluth

Charles Bluth and Brooke Wesley appeared and gave a PowerPoint presentation showing the advantages of Computerized Screening, Inc., (CSI) equipment to patients. The CSI Managed Health System is a system sold or leased to businesses to allow convenience to employees to access healthcare in the work setting. CSI also intends to sell their kiosks to emergency rooms, hospitals, clinics and rural settings. The patient would see a physician via teleconference. There are many add on's and variations of the basic CSI Managed Health System. They gave details of how the machines are used, allowing flexibility to the patient and the security and privacy this concept allows its patients.

The Board explained that one aspect of CSI is not currently allowed in Nevada law is the prescription piece. A doctor/patient relationship (defined as face to face within six months) is necessary prior to prescribing. The Board agreed to bring this subject back as a Discussion and Determination item at the September Board meeting to explore regulatory changes. The Board also advised Mr. Bluth to present the CSI model to the Medical Board and Board of Osteopathic Physicians prior to September for their input.

9. Appearances:

A. Cindy Vert – Progress Report

Cindy Vert and Larry Espadero, PRN-PRN monitor, appeared and were sworn by President Fey prior to answering questions or offering testimony.

Mr. Espadero testified that Ms. Vert is doing well in the PRN-PRN program and all is well. Ms. Vert testified that she is working at MedCare Pharmacy in Carson City and Kirk Wentworth advised the Board that Ms. Vert is doing very well there. Ms. Vert advised that prior to that she was working at the Medicine Shop in Fallon on a part time basis until she was hired full time at MedCare. Ms. Vert indicated that she is doing well and happy to be back to work as a pharmacist.

B. Jenine Davis – Controlled Substance Task Force Intervention Officer Report

Jenine Davis appeared and gave an overview of her professional career in law enforcement prior to coming to work for the Controlled Substance Prescription Abuse

Prevention Task Force. Ms. Davis gave details regarding how she obtains the names of the people she contacts and her procedures for interviewing these people. She also gave statistics on her success rate. The Board commended her for her successes and encouraged her to continue her fine work.

10. Request for Managing Pharmacist Waiver – Non Appearance:

Ivan Lambert, R.Ph

Larry Pinson advised the Board that he wished to authorize a waiver for Ivan Lambert to be the managing pharmacists in two locations until he can get a managing pharmacist for the new location. The Board discussed and made a motion to approve.

Board Action:

Motion: Kam Gandhi moved to allow the waiver for 90 days.

Second: Beth Foster

Action: Passed Unanimously

11. Discussion and Determination:

A. Long Term Care Prescriptions for Controlled Substances

The DEA recently made changes with respect to the transmission of prescriptions for controlled substances from long term care facilities. NABP testified before the Senate Committee on Aging-Long Term Care and recommended that long term care facilities be classified as institutional facilities and pursuant to this classification that nurses be recognized as agents of prescribers and chart orders be recognized as valid prescription orders. It appears that NABP recommendations have already been met in Nevada law.

B. Sanchez v. Wal-Mart et al

Mary Lau asked for this topic to be placed on the agenda for discussion. She invited the Retail Association of Nevada's attorney, Mark Amode, to appear for this discussion. Mr. Amode indicated that the Supreme Court had referenced NAC 639.753 in the Sanchez v. Wal-Mart matter, which is Nevada's law regarding declination of a pharmacist to fill a prescription. Mr. Amode and Ms. Lau brought forth NAC 639.753 with suggestions for amendment. The language was amended effective May 4, 2006 and approved by the Legislative Committee on Regulations. Mr. Amode and Ms. Lau urged the Board to consider amending NAC 639.753.

Ultimately, the Board agreed to address this in more depth as a Discussion and Determination item at the September Board meeting. The Board's staff will contact LCB

for discussion and Mary Staples agreed to obtain information for Board staff from NACDS.

12. General Counsel Report

Carolyn Cramer advised that Board staff sent a letter to dispensing practitioners reminding them that they are inspected annually and that they are responsible for being compliant with Nevada laws. A fact sheet was enclosed for their reference. After receiving the letter, Board staff has received many telephone calls advising that they no longer plan to be dispensing practitioners.

Ms. Cramer provided the Board with a memo from the work group formed by AB 326 to study prescription drug abuse that was sponsored by Assemblyman Mo Denis during the 2009 legislative session. The memo detailed the committee's progress to create solutions for the betterment for the health, safety and welfare of Nevada's patients by trying to reduce prescription drug abuse

13. Executive Secretary Report:

A. Temporary Licenses

No temporary license were issued since the last Board meeting.

B. Staff Activities

1. Meetings

a. LCHC working group

Already discussed in the General Counsel report.

b. CBI (4/21 on AB128)

Mr. Pinson reported that his presentation given at the CBI meeting was good and well received.

c. NABP (5/22-5/25)

Mr. Pinson acknowledged the Board on receiving the Fred T. Mahaffee award at the NABP Annual Meeting. He told the Board that he was stopped numerous times after he and President Fey accepted the award and was commended by other attendees, many of whom wanted to consider our initiative for their respective states.

d. DEA (6/15-6/17)

Larry Pinson advised the Board that he was invited to attend the DEA Annual Conference on regulatory changes later in the month and will do so.

2. Canada

Joe Depczynski and Ron Shockey went to Canada to inspect the pharmacies licensed up there. They found that there are only four left that still provide services to Nevada patients as Alberta now requires a face to face doctor/patient relationship, from a Canadian practitioner. The facility in Surry closed due to lack of sales.

C. Reports to Board

1. CE

a. DVD

The DVD that the *Pharmacist's Letter* did of Katie Johnson's presentation at the VA Hospital is ready for review.

b. Carson City (6/8)

Mr. Pinson advised that he is doing a law CE in Carson City that Russ Smith organized.

2. Financials

Due to a computer problem the financial reports were not available by meeting time but should be available in a couple of days.

3. National Rural Meth Initiative

Joe Depczynski will represent the Board on the National Rural Meth Initiative Committee.

4. UCSF Graduation (5/8)

Larry Pinson participated in graduation ceremonies for the School of Pharmacy at UCSF. Such activities encourage new graduates to consider Nevada to begin their practices.

5. ISU Student (6/28)

ISU student will be interning with the Board's staff and will begin rotation on June 28th

6. Justice Court

Larry Pinson advised that Board staff continues to assist law enforcement by appearing as expert witnesses in drug related cases.

7. Mr. Pinson advised the Board that Dr. Bass appealed his case to the Nevada Supreme Court which upheld the original decision.

D. Board Related News

Mr. Pinson sadly acknowledged the untimely death of Bryan Burns, a Nevada pharmacist licensed by the Board and who had a stellar career in hospital pharmacy.

1. DEA rule on electronic prescribing of CS

An article was presented to the Board regarding the DEA's stance on electronic prescribing of controlled substances. Mr. Pinson will report further after attending the DEA meeting later in June, and advises that much needs to be accomplished prior to the electronic prescribing of controlled substances.

E. Activities Report

14. Personnel Review – 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. Personnel Evaluation and Salary Review

B. Executive Secretary Evaluation

Mary Lau advised the Board that she wanted to go into closed session for discussion on these topics and made a motion.

Board Action:

Motion: Mary Lau moved to go into closed session.

Second: Kam Gandhi

Discussion: Carolyn Cramer asked if the discussion would involve one of the Board's staff and Ms. Lau indicated it would. Ms. Cramer advised that since that person had not been noticed and a specific person's name was not

agendized to discuss alleged misconduct, professional competence or physical or mental health it would be inappropriate since they would be unable defend themselves and the Board should not go into closed session until agendized appropriately.

Action: Motion Failed

President Fey commended Mr. Pinson on his excellent job of representing the Board, noting a remarkably successful year for the Board of Pharmacy. All of the Board members unanimously agreed with his assessment.

Larry Pinson provided the Board with a salary schedule for informational purposes, showing current salaries and salaries reflecting this year's CPI. He made no recommendations regarding salaries. President Fey and the Board members discussed the merits of the Board's staff and ultimately made the following motion.

Board Action:

Motion: Kam Gandhi moved to grant the Board's staff a 3.9% CPI adjustment.

Second: Mary Lau

Action: Passed Unanimously

WORKSHOP

15. **Proposed Regulation Amendment Workshop**

1. **Amendment of Nevada Administrative Code 639.525 Minimum requirements for work area and equipment.** This amendment will require the temperature of the pharmacy's refrigerator to be monitored and logged to ensure biologicals are protected for patient safety.

Carolyn Cramer advised that Diana Bond had sent a written statement regarding this regulation amendment suggesting that the language include automated technology reporting in pharmaceutical grade refrigerators and Pyxis machines that are monitored by remote managers. President Fey indicated that those machines already "report" temperatures periodically and would more than comply with the language as written.

Board Action:

Motion: Kirk Wentworth moved to have Board staff continue with the process with the language presented.

Second: Kam Gandhi

Action: Passed Unanimously

PUBLIC HEARING

16. Notice of Intent to Act Upon a Regulation:

1. **Amendment of Nevada Administrative Code 639.694 MDEG**

Administrator required. This regulation amendment clarifies the existing language and specifies the requirements for MDEG provider administrators. MDEG provider applicants will know in advance of a Board appearance if their administrators qualify to participate in that capacity.

President Fey opened the Public Hearing for comment.

There was no public comment.

President Fey closed the Public Hearing and asked for a motion.

Board Action:

Motion: Mary Lau moved to adopt LCB File No. R033-09 as presented.

Second: Kirk Wentworth

Action: Passed Unanimously

2. **Amendment of Nevada Administrative Code 639.7125 Use of fulfillment pharmacy by dispensing pharmacy.** Twofold: 1) To allow a registered mail order pharmacy to act as a fulfillment pharmacy, and 2) to better regulate and clarify the practices of a fulfillment pharmacy with respect to consumer understanding and patient safety.

President Fey opened the Public Hearing.

Liz Macmenamin, representing the Retail Association of Nevada, Jim Palm and Flint Pendergraft, representing Raley's appeared and were sworn by President Fey prior to answering questions or offering testimony.

Ms. Macmenamin indicated that Mr. Pendergraft and Mr. Palm had gone to the Legislative Counsel Bureau (LCB) after the last Public Hearing for a meeting regarding the fulfillment regulations. Ms. Macmenamin advised that she was unable to attend that meeting and turned the discussion over to Mr. Pendergraft and Mr. Palm.

The Board was provided with language that they presented to LCB and noted that the changes made to the original language received from LCB was depicted in green type.

Carolyn Cramer advised the Board that LCB has not agreed to this language but simply helped Mr. Pendergraft and Mr. Palm work on the language they wanted clarified.

Mr. Pendergraft and Mr. Palm reviewed all of the new language, sentence by sentence, with the Board.

Keith Macdonald submitted a written statement with concerns about the fulfillment pharmacy contacting patients. When a patient tenders a prescription to their pharmacist/pharmacy to be filled, they assume the services are being handled where they left the prescription. Mr. Macdonald feels it would be inappropriate to represent they were actually filling the prescription then have the fulfillment center contact the patient. This might surprise, confuse or concern the patient unnecessarily.

Dan Luce, representing Walgreens, appeared and was sworn by President Fey prior to answering questions or offering testimony.

Mr. Luce indicated that he does not disagree with Mr. Macdonald's concerns, but in certain circumstances it would be helpful if the fulfillment pharmacy could contact the patient, especially for complex drug therapy issues.

Jeff Sinko and Rich Polombo, representing Medco, appeared and was sworn by President Fey prior to answering questions or offering testimony.

They made the suggestion on two sections of the original language from LCB to change the verbiage on page 2, number (2) to read "...drug ordered by the prescription(~~when~~) if it is received..." and the same change from when to if on page 3 (g) "...to refill the prescription(~~when~~) if the prescription drug..."

President Fey closed the Public Hearing and asked for a motion.

Board Action:

Motion: Mary Lau moved to adopt LCB File No. R035-09 with the changes discussed.

Second: Chad Luebke

Action: Passed Unanimously

3. **Amendment of Nevada Administrative Code 639.752, 639.945 Bona fied Therapeutic Relationship.** This language defines the therapeutic relationship between a patient and a practitioner for the purposes of dispensing certain drugs and controlled substances and describes the provisions relating to acts or practices declared to be unprofessional conduct.

The proposed language would allow a patient incarcerated in a correctional facility to be examined by a physician via a teleconferencing system with the assistance of a PA or APN on site with the patient.

President Fey opened the Public Hearing.

Joel Locke, representing Allison MacKenzie, appeared and was sworn by President Fey prior to answering questions or offering testimony.

Mr. Locke presented concerns that the language as written would be specifically limited to prisons operated by the Department of Corrections and would not allow this practice in county jails or other local authorities where prisoners are detained. He suggested on page 2 number 4(b) and on page 6(b) that we insert "and local authorities" to cover local jails.

President Fey closed the Public hearing and asked for a motion.

Board Action:

Motion: Mary Lau moved to adopt LCB File No. 212-09 with the changes requested by Mr. Locke.

Second: Beth Foster

Action: Passed Unanimously

4. **Amendment of Nevada Administrative Code 639.NEW AB123 Cancer Drug Donation regulations.** This language was devised to comply with AB213. These regulations define the parameters of providing donated cancer drugs to uninsured and under insured cancer patients. This is a voluntary program for pharmacies and pharmacists to choose to participate.

President Fey opened the Public Hearing.

Tom McCoy appeared and was sworn by President Fey prior to answering questions or offering testimony.

Mr. McCoy asked the Board when this regulation would be adopted and become effective as they are anxious to see the program implemented. Once this language is adopted by the Board it still has to be presented to the Legislative Committee on Regulations for approval and we do not know when their meetings are scheduled. It was also noted that this is a voluntary program and the Board is not sure who will volunteer to participate in the program.

President Fey closed the Public Hearing and asked for a motion.

Board Action:

Motion: Chad Luebke moved to adopt LCB File No. 211-09 as presented.

Second: Kam Gandhi

Action: Passed Unanimously

17. Next Board Meeting:

July 14-15, 2010 – Las Vegas, Nevada

18. Public Comments and Discussion of and Deliberation Upon Those Comments

Liz Macmenamin gave a report on the RPD Prescription Drug Round-up. The program is sponsored by Join Together Northern Nevada, Reno Police Department, Washoe County School District, Nevada Attorney General's office, Truckee Meadows Water Authority, Washoe County Department of Water Resources, Retail Association of Northern Nevada, Sparks Police Department, Washoe County Sheriff's office, local pharmacists and others. They collected 93,000 dosage units of prescription medication at the April event. Ms. Macmenamin stated that this was much more successful than the first round-up as word had gotten out to the community that there is a safe way to dispose of old or unused drugs in people's medicine cabinets.

Mary Staples, representing NACDS, advised the Board that she would have information to the Board soon so they could have the Discussion and Determination item on NAC 639.753 issue at the July meeting rather than holding it off until September. Board staff indicated that the agenda was going to be exceptionally full for the July meeting and it would not be agendized until September.

It was noted that there is going to be a general CE on immunizations in southern Nevada on September 16th if anyone was interested.