

August 25, 2010

AGENDA

◆ PUBLIC NOTICE ◆

NEVADA STATE BOARD OF PHARMACY

BOARD MEETING

at the

Airport Plaza Hotel  
1981 Terminal Way  
Reno, Nevada

Wednesday, September 8, 2010 – 9:00 am

Thursday, September 9, 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.

## September 2010 Board Meeting Agenda

- \* 1. [Approval of July 14-15, 2010, Minutes](#)
- \* 2. [Applications for Out-of-State MDEG – Non Appearance:](#)
  - A. ActivStyle, Inc. – Truckee, CA
  - B. BNS Medical, LLC – Titusville, FL
  - C. DexCom, Inc. – San Diego, CA
  - D. Healthsafe – Titusville, FL
  - E. Interactive Medical Systems, Inc. – Garden Grove, CA
  - F. KCI USA, Inc. – Ft Worth, TX
  - G. KCI USA, Inc. – Fresno, CA
  - H. KCI USA, Inc. – Pittston, PA
  - I. KCI USA, Inc. – Salt Lake City, UT
  - J. Medtronic USA, Inc. – Elizabeth, NJ
  - K. Medtronic USA, Inc. – Mira Loma, CA
  - L. Norco, Inc. – Moses Lake, WA
  - M. Orthofix Inc. – Lewisville, TX
  - N. Sleepnet Corporation – Hampton, NH
  - O. Valeritas Inc. – Bridgewater, NJ
  - P. X-Gen Pharmaceuticals, Inc. – Horseheads, NY

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

- Q. America's Assisted Living Pharmacy – Paducah, KY
- R. American Homecare Federation, Inc. – Enfield, CT
- S. Community Healthcare Services, Inc. – Loma Linda, CA
- T. IBA Molecular North America, Inc. – Gilroy, CA
- U. Kindred Care – Lawrence, KS
- V. KV Vet Supply – David City, NE
- W. Lone Star Pharmacy, LTD – Garland, TX
- X. Mountain Care Pharmacy – Murray, UT
- Y. Parkview Compounding Pharmacy – Rancho Cucamonga, CA
- Z. Pharmahealth Long Term Care, Inc. – Fairhaven, MA
- AA. Ralphs Pharmacy #206 – Los Angeles, CA
- BB. Ralphs Pharmacy #32 – Los Angeles, CA
- CC. Triplefin Specialty Pharmacy – Cincinnati, OH

### Application for Nevada MDEG – Non Appearance:

- DD. National Seating & Mobility, Inc. – Henderson

### Applications for Nevada Pharmacy – Non Appearance:

- EE. Advanced Care Rx Pharmacy 1 – Las Vegas
- FF. Walgreens Infusion Services – Reno

## September 2010 Board Meeting Agenda

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

- GG. Alkermes, Inc. – Waltham, MA
- HH. Baxter Healthcare Corporation – Wilsonville, OR
- II. Bioform Medical Inc. – Franksville, WI
- JJ. BioRidge Pharma, LLC – Florham Park, NJ
- KK. Bioscrip Pharmacy Services, Inc. – Columbus, OH
- LL. Busse Hospital Disposables – Hauppauge, NY
- MM. Exel, Inc. – Ontario, CA
- NN. Exel, Inc. – Ontario, CA
- OO. Exel, Inc. – Olive Branch, MS
- PP. Healthfirst – Mountlake Terrace, WA
- QQ. Infusystem, Inc. – Madison Heights, MI
- RR. National Distribution & Contracting, Inc. – Laverge, TN
- SS. Premium Health Services – Columbia, MD
- TT. Schwarz Pharma, LLC – Smyrna, GA
- UU. UCB, Inc. – Smyrna, GA
- VV. Upstate Pharma, LLC – Rochester, NY

### ◆ 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. | Steve Douglas, R.Ph | (10-053-RPH-N) |
| B. | Don's Pharmacy      | (10-053-PH-N)  |
| C. | Veronica B. Cox, PT | (10-059-PT-N)  |
| D. | Jiansheng Li, R.Ph  | (10-052-RPH-N) |
| E. | CVS/pharmacy #9168  | (10-052-PH-N)  |
| F. | Jiansheng Li, R.Ph  | (10-060-RPH-N) |
| G. | Stacey Beise, R.Ph  | (10-057-RPH-O) |

- \* 4. [Application for Out-of-State Pharmacy – Appearance](#):

Walgreens Infusion Services – Corona, CA

- \* 5. [Applications for Nevada MDEG – Appearance](#):

- A. LV Medical Supply – Las Vegas
- B. Tropicana Medical Supply, Inc. – Las Vegas

- \* 6. Application for Nevada Wholesaler – Appearance:

Green Valley Medical Supply

## September 2010 Board Meeting Agenda

\* 7. [Request for Intern Pharmacist License – Appearance:](#)

Brandon Thoreson

\* 8. [Requests for Pharmacist License - Reciprocity – Appearance:](#)

- A. Fadi Atiya
- B. Mark C. Longo

\* 9. [Request for Pharmaceutical Technician in Training License – Appearance:](#)

Kit Bouthillier

\*10. [Appearance Request:](#)

Pharmerica  
DocuTrack Presentation

\*11. [CE Committee Report](#)

\*12. General Counsel Report

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

- A. Financial Report
- B. Temporary Licenses
- C. Staff Activities
  - 1. CE: Elko, Reno
- D. Reports to Board
  - 1. Pharmacist's Letter CE Program
  - 2. PT Schools
  - 3. Inspections
  - 4. Electronically generated fax prescriptions
- E. Board Related News
  - 1. APAP
  - 2. The Secure and Responsible Drug Disposal Act of 2010
- F. Activities Report

\*14. [Discussion and Determination:](#)

Synthetic Cannabinoids (Spice)

15. Next Board Meeting:

October 13-14, 2010 – Las Vegas, Nevada

\*16. Public Comments and Discussion of and Deliberation Upon Those Comments



## September 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  
Email: [pharmacy@pharmacy.nv.gov](mailto:pharmacy@pharmacy.nv.gov) • Website: [bop.nv.gov](http://bop.nv.gov)

## BOARD MEETING

at the

Las Vegas Chamber of Commerce  
Turnberry Town Square  
6671 Las Vegas Boulevard, South  
Las Vegas

July 14 & 15, 2010

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

### Board Members Present:

Keith Macdonald  
Donald Fey

Beth Foster  
Chad Luebke

Kirk Wentworth  
Kam Gandhi

### Board Members Absent:

Mary Lau

### Board Staff Present:

Larry Pinson

Jeri Walter

Carolyn Cramer

Rose Marie Reynolds

## CONSENT AGENDA

1. Approval of June 2-3, 2010, Minutes
2. Applications for Out-of-State MDEG – Non Appearance:
  - A. Advanced Tissue – Little Rock, AR
  - B. Applied Medical Technology, Inc. – Brecksville, OH
  - C. Brennen Medical, LLC – St Paul, MN
  - D. CPAPSupplies.com LLC – Oklahoma City, OK
  - E. DynaVox Systems, LLC – Pittsburgh, PA
  - F. mdINR, LLC – New Windsor, NY
  - G. Peterson's Home Care – Parker, AZ
  - H. Signostics Inc. – Palo Alto, CA
  - I. Uromed, Inc. – Carlsbad, CA

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

- J. Cardinal Health Pharmacy Services, LLC – Irvine, CA

- K. Diplomat Specialty Pharmacy – San Bernardino, CA
- L. LifeSpan Pharmacy Inc. – Dallas, TX
- M. NextRx, Inc. – Mason, OH
- N. PromiseCare Pharmacy – Antioch, TN
- O. Sterling Medical Services, LLC – Tempe, AZ

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

- P. Abbott Products, Inc. – Marietta, GA
- Q. Angiotech – Gainesville, FL
- R. Beach Pharmaceuticals, Inc. – Greenville, SC
- S. New England Compounding Center – Framingham, MA
- T. Hi-Tech Pharmacal Co., Inc. – Amityville, NY
- U. Par Pharmaceutical, Inc. – Montebello, NY
- V. Patterson Logistics Services, Inc. – Tonawanda, NY
- W. Patterson Medical Supply, Inc. – Tonawanda, NY
- X. Pedinol Pharmacal, Inc. – Farmingdale, NY
- Y. Pharmaceutical Associates, Inc. – Greenville, SC
- Z. Sanofi Pasteur Inc. – Forest Park, GA
- AA. Sentry BioPharma Services, Inc. – Indianapolis, IN
- BB. Xttrium Laboratories, Inc. – Mount Prospect, IL

Application for Nevada Pharmacy – Non Appearance:

- CC. Ridley's Clinic Pharmacy – Ely

Discussion:

The consent agenda applications and supporting documents were reviewed.

Board Action:

Motion: Keith Macdonald found the consent agenda application information to be accurate and complete and moved for approval.

Second: Chad Luebke

Action: Passed Unanimously.

Discussion:

Motion: Chad Luebke found the minutes to accurate and complete and moved for approval.

Second: Kirk Wentworth

Action: Passed Unanimously.

## REGULAR AGENDA

### 3. Disciplinary Actions:

- A. Lisa A. Heathcock, PT (10-007-PT-S)
- B. Walgreens #12646 (10-007-PH-S)

It was noted that Ms. Heathcock had a family emergency and would be unable to appear.

Rob Graham was present to represent Walgreens in this matter and presented Matt Forster, district pharmacy supervisor for Walgreens, to testify.

Matt Forster appeared and was sworn by President Fey prior to answering questions or offering testimony.

Carolyn Cramer made opening statements and advised that Ms. Heathcock worked for approximately 205 days without having renewed her license.

Mr. Graham made opening statements and advised that Walgreens did check to ensure all of their staff had renewed their licenses, and that their computer system was working properly, however Walgreens staff was given false information from Ms. Heathcock.

Rob Graham submitted an exhibit, a copy of a license verification with part of the expiration date missing. The exhibit was marked Exhibit A and accepted into the record.

Mr. Graham noted that Ms. Heathcock supplied the license verification with a portion of the expiration date cut off and she had written in "2011" and submitted that as proof of her status to Walgreens. She claimed that she had not received her certificate as of the time she was asked. Mr. Graham admitted that the managing pharmacist should hold some culpability for not following up but it was apparent that Ms. Heathcock was ultimately responsible for renewing her registration. Mr. Graham advised that Walgreens investigation into this matter revealed that perhaps Ms. Heathcock was having monetary issues because she had been borrowing money from store personnel and even requested reimbursement from Walgreens for renewing her registration with the Board of Pharmacy which she had not done.

### Board Action:

Motion: Keith Macdonald moved to table this matter regarding Ms. Heathcock and have her appear before the Board at the October meeting.

Second: Kam Gandhi

Action: Passed Unanimously

Motion: Keith Macdonald moved to fine Walgreens \$250.00, have them pay the Board's administrative fee of \$295.00 and have them do a presentation of their computer system that tracks licensing to one of the Board's staff.

Second: Kam Gandhi

Action: Passed Unanimously

C. Eduardo Morales, R.Ph (10-038-RPH-S)

Carolyn Cramer advised the Board that Mr. Morales was not present even though he was noticed and signed for the certified letter containing the Notice of Intended Action and Accusation. Mr. Morales did not provide any CE when he was audited. Ms. Cramer recommended a fine of \$250.00 plus a \$295.00 administrative fee, require Mr. Morales to do 60 CE's as a penalty plus the 30 CE's that will be due in 2011, and audit Mr. Morales in 2011 to ensure his compliance.

Board Action:

Motion: Keith Macdonald moved to find Mr. Morales guilty of the alleged violations.

Second: Kam Gandhi

Action: Passed Unanimously

Motion: Keith Macdonald moved to suspend Mr. Morales' license, have him make up the CE's as Ms. Cramer outlined, pay the fine and administrative fee and appear before the Board prior to reinstatement of his license.

Second: Kam Gandhi

Action: Passed Unanimously

D. Joseph Overmire, R.Ph (10-035-RPH-S)

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

Ms. Cramer reviewed the two Causes of Action against Mr. Overmire. Mr. Overmire was audited for the 2005-2007 renewal period and was only able to produce 20 CE's for that period. Mr. Overmire was advised that he would be audited again for the 2007-2009 renewal period to ensure compliance with the required penalty CE's and the 30 CE's due for that period. Mr. Overmire needed 100 CE's to be compliant, however he only submitted 60 CE's.

Mr. Overmire explained that he misunderstood the initial letter he received from Board staff and did not receive the second letter that explained further his responsibility. He stated that there was some miscommunication and did not realize that he needed to make up the 10 that he could not produce for the 2005-2007 audit, plus 60 for a penalty, plus 30 for the 2007-2009 renewal period. He thought he only had to do 60 which is what he did.

Board Action:

Motion: Chad Luebke moved to find Mr. Overmire guilty of the First Cause of Action.

Second: Keith Macdonald

Action: Passed Unanimously

Motion: Chad Luebke moved to find Mr. Overmire guilty of the Second Cause of Action.

Second: Kam Gandhi

Action: Passed Unanimously

Motion: Chad Luebke moved in the penalty phase to have Mr. Overmire complete 40 CE's within three months in addition to the 30 CE's that are required to renew his license in 2011. Mr. Overmire will be audited in three months and again after the 2011 renewal period. If Mr. Overmire has not completed 40 hours of CE within the three month period his license will automatically be suspended until he becomes compliant. Mr. Overmire will pay a \$250.00 fine and administrative fees in this matter.

Second: Kam Gandhi

Action: Passed Unanimously

E. Kunku Kang, R.Ph

(10-034-RPH-S)

Kuku Kang appeared and was sworn by President Fey prior to answering questions or offering testimony.

Carolyn Cramer advised the Board that Mr. Kang had indicated on his 2005-2007 renewal that he had completed 30 CE's when in fact he could only produce 28.5 CE's when he was audited. In the follow-up audit for the 2007-2009 renewal period Mr. Kang was to produce 45 hours of CE for the penalty, make up the 1.5 CE's that he could not produce for the 2005-2007 audit plus do the 30 CE's for the current renewal period. Mr. Kang only produced 45.0 CE's for the follow-up audit.

Mr. Kang testified that he misunderstood the letter explaining how many CE's he was required to do. He did however find the CE's that would have made him compliant with the 2005-2007 audit in his wife's folder and submitted them to Board staff however they would not accept them as they were not provided when he was originally audited. Mr. Kang testified that he was very conscientious and has been very disturbed by this accusation. He explained that he has not been working while this issue is unresolved. Mr. Kang advised the Board that since this came to his attention he has done 60 plus CE's and will do whatever the Board requests of him.

Board Action:

Motion: Beth Foster moved to find Mr. Kang guilty of the First and Second Causes of Action

Second: Chad Luebke

Discussion: Kam Gandhi advised that he was having difficulty finding Mr. Kang guilty of the First Cause of Action because he eventually found the CE's that he could not find for the audit. It was explained that you are responsible for providing the CE's when they are requested, not two years later.

Action: Passed With One Negative Vote

Motion: Chad Luebke moved in the penalty phase to require Mr. Kang to do 32.5 CE's within 90 days and ensure he has the 30 CE's required for the 2009-2011 renewal period, be audited after the 2011 renewal period, and pay a \$295.00 administrative fee. If Mr. Kang does not provide 32.5 CE's within 90 days his license will be suspended until he becomes compliant.

Second: Kam Gandhi

Action: Passed Unanimously

F. Christopher J. Peters, R.Ph (10-039-RHH-S)

Carolyn Cramer advised the Board that she was dismissing this matter in lieu of the outcome of Case No. 10-011-RPH-S.

G. Christopher J. Peters, R.Ph (10-011-RPH-S)

Chris Peters and Larry Espadero appeared and were sworn by President Fey prior to answering questions or offering testimony.

NOTE: Chad Luebke and Keith Macdonald recused from participation in this matter because they both work for Wal-Mart.

Mr. Peters admitted to the charges in the Accusation. He indicated that he was bitten by a brown recluse spider, was prescribed Norco and started his addiction to controlled substances all over again.

Larry Espadero advised the Board that Mr. Peters joined PRN PRN in February. He indicated it is hard to determine how relapses occur and noted that the relapse rate is about 7%. If an addict becomes complacent and stops going to AA and NA or seeking support, that is generally when relapse occurs. Mr. Espadero recommended that Mr. Peters not work in a pharmacy for at least one year. At that time, Mr. Espadero will reevaluate Mr. Peters' circumstances.

Mr. Peters testified that he has not worked in pharmacy since he was terminated from Wal-Mart and indicated that he is currently working as a security guard. Mr. Peters realizes that he has a dependency problem and had become complacent over time. He indicated that he knows he needs help and is utilizing his counselor and sponsor for support.

Board Action:

Motion: Kam Gandhi moved to find Mr. Peters guilty of the alleged violations.

Second: Beth Foster

Action: Passed Unanimously

Motion: Kam Gandhi moved to revoke Mr. Peter's license for one year, have him pay an administrative fee and continue with his PRN PRN program.

Second: Beth Foster

Action: Passed Unanimously

H. Lenny Saldarriaga, PTT

(10-002-PT-S)

Carolyn Cramer noted that Mr. Saldarriaga was not present and advised that he had received his Notice of Intended Action and Accusation as indicated from his signature on the return receipt of the certified letter.

Ms. Cramer reviewed the circumstances of Mr. Saldarriaga's termination of employment for drug diversion. Mr. Saldarriaga was caught diverting two bottles of 500 hydrocodone/APAP from the pharmacy by placing them in the trash and taking the trash out of the pharmacy. In his written statement, besides the two bottles he was caught with, he admitted to taking six other bottles of 500 hydrocodone/APAP from the pharmacy for a patient of Walgreens. He would place them in the trash, take the trash out to the dumpster behind the pharmacy and the patient would retrieve them from there.



Board Action:

Motion: Kam Gandhi moved to find Mr. Saldarriaga guilty of the alleged violations.

Second: Beth Foster

Action: Passed Unanimously

Motion: Kam Gandhi moved to revoke Mr. Saldarriaga's pharmaceutical technician in training registration.

Second: Beth Foster

Action: Passed Unanimously

I. Niko Liguton, PT (10-049-PT-S)

Carolyn Cramer advised that Mr. Liguton was not present for hearing even though he signed the return receipt for the certified letter that delivered his Accusation.

Ms. Cramer explained that this was a termination of employment from Smith's which outlined that Mr. Liguton had tested positive for methamphetamine in a random drug screening.

Board Action:

Motion: Kirk Wentworth moved to find Mr. Liguton guilty of the alleged violations.

Second: Keith Macdonald

Action: Passed Unanimously

Motion: Kirk Wentworth moved to revoke Mr. Liguton's pharmaceutical technician registration.

Second: Keith Macdonald

Action: Passed Unanimously

J. Elijah Akpan, R.Ph (09-114-RPH-S)

Carolyn Cramer noted that Mr. Akpan was not present. Ms. Cramer advised that Mr. Akpan had not picked up the Notice of Intended Action and Accusation from the post office and it was returned to the Board's office Unclaimed.

Ms. Cramer advised that Board staff received a copy of the United States District Court Superseding Indictment and the United States District Court Judgment in a Criminal

Case (Case No. 2:05-CR-304-RCJ-RJJ) indicating that Mr. Akpan pled guilty to one count (number 50 of 129 counts) of Medicare and Medicaid Health Care Fraud. The Superseding Indictment charged Mr. Akpan with having received over \$2.5 million in Medicare and Medicaid reimbursement. Mr. Akpan was sentenced to 5 years probation and ordered to pay a lump sum payment of \$811,566.59 in criminal monetary penalties.

Board Action:

Motion: Keith Macdonald moved to find Mr. Akpan guilty of the alleged violations.

Second: Chad Luebke

Action: Passed Unanimously

Motion: Keith Macdonald moved to revoke Mr. Akpan's pharmacist license.

Second: Chad Luebke

Action: Passed Unanimously

4. Application for Out-of-State Pharmacy – Appearance:

ANEWrx – Pittsburgh, PA

Robert Hahn and Erik Brennan appeared and were sworn by President Fey prior to answering questions or offering testimony.

They explained that they are a compounding pharmacy that basically compounds lotions, creams and hormones. They advised that they do use testosterone in their compounds and realize that testosterone is a controlled substance in Nevada. They make patient specific compounds and do not send bulk products to doctors in Nevada.

Board Action:

Motion: Keith Macdonald moved to approve the out of state pharmacy application for ANEWrx.

Second: Kam Gandhi

Action: Passed Unanimously

5. Applications for Nevada MDEG – Appearance:

A. Cann Medical Supply, Inc. – Las Vegas

Maritza Velazquez, Christianah Sutton and Queen Anieze appeared and were sworn by President Fey prior to answering questions or offering testimony.

Ms. Velazquez described her previous MDEG experience, her responsibilities at those facilities and procedures she intends to implement as the facility administrator for Cann Medical Supply. She has been working with Ms. Sutton to set up their new facility.

Queen Azieze explained that her role with this business is as a consultant. She indicated that for some of the previous businesses she has helped start up she was only with them for approximately three months. Now her model is to stay with the new facilities she consults with until it is up and running smoothly and she finds it is a much more rewarding experience for all involved.

Board Action:

Motion: Kirk Wentworth moved to approve the MDEG application for Cann Medical Supply.

Second: Keith Macdonald

Action: Passed Unanimously

B. DOLCrX – Las Vegas

Khanh Pham and David Bailey appeared and were sworn by President Fey prior to answering questions or offering testimony.

Ms. Pham explained the purpose of being a MDEG provider is to serve the diabetic community. She will be supplying diabetic supplies to her patients and she gave examples and descriptions of the products that she will carry.

Board Action:

Motion: Kam Gandhi moved to approve the MDEG application for DOLCrX.

Second: Kirk Wentworth

Action: Passed Unanimously

C. Ken Kob & Associates, Inc. – Las Vegas

Ken Kob appeared and was sworn by President Fey prior to answering questions or offering testimony.

Mr. Kob indicated that he provides implants and instruments for orthopedic surgery. He works directly with physicians for specific patient needs. They ensure the equipment is appropriate and make sure they replace what has been used so their stock is always available. He has a facility in Arizona and they have been doing business in Nevada since 1998 not realizing that they needed a MDEG license. When he began doing

business in Nevada there were no license requirements with the Board of Pharmacy for MDEG providers.

Board Action:

Motion: Keith Macdonald moved to approve the MDEG application for Ken Kob and Associates.

Second: Kirk Wentworth

Action: Passed Unanimously

D. Otto Bock Orthopedic Services LLC – Las Vegas

Dan Sarria and Barry Schauben appeared and were sworn by President Fey prior to answering questions or offering testimony.

Board staff asked where Mr. Fishman was since the Board likes to discuss the facility administrator's previous MDEG experience. Mr. Sarria explained that Mr. Fishman is the district manager that oversees several facilities and they thought that was the person the Board would want the information for. It was determined that Mr. Schauben will be the facility administrator for this facility and will oversee this location on a day to day basis. He explained his MDEG experience to the Board's satisfaction.

Board Action:

Motion: Kirk Wentworth moved to approve the MDEG application for Otto Bock pending a correction to the application to indicate that Mr. Schauben is the facility administrator.

Second: Kam Gandhi

Action: Passed Unanimously

6. Application for Nevada Wholesaler – Appearance:

Green Valley Medical Supply – Henderson

Scott Silber and Glen Pruitt appeared.

Carolyn Cramer asked the Board to table this application pending further review.

Board Action:

Motion: Keith Macdonald moved to table the application for Green Valley Medical Supply for further review.

Second: Chad Luebke

Action: Passed Unanimously

7. Request for Pharmacist License – Reciprocation – Appearance:

Obatare Avworo

Obatare Avworo appeared and was sworn by President Fey prior to answering questions or offering testimony.

Carolyn Cramer advised that Mr. Avworo would like to reciprocate to Nevada, however he had three convictions for theft and was disciplined in Texas for those convictions. Board staff invited him to appear to explain the circumstances.

Mr. Avworo advised the Board that these convictions were a long time ago when he was younger. He stated he was hanging out with the wrong crowd and became involved in their activity of shoplifting clothes. He testified that he stopped socializing with that group of people, settled down in school, graduated from pharmacy school and is now working through a pharmacist placement service and is currently working in a hospital in a small town in Texas.

Board Action:

Motion: Kirk Wentworth moved to approve Mr. Avworo's application for reciprocation to Nevada.

Second: Keith Macdonald

Action: Passed Unanimously

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

A. Crystal Gebhart

Crystal Gebhart appeared and was sworn by President Fey prior to answering questions or offering testimony.

Ms. Gebhart stated that she was reappearing to advise the Board that she had gone to court on the drug paraphernalia charges and the case was dismissed. The Board asked if she had any documentation to verify that decision and she indicated that they did not provide her with anything. Ms. Gebhart indicated that she needed the pharmaceutical technician in training registration in order to complete her technician program at High Tech Institute. She stated that she needed the registration in August when she resumed class.

The Board asked Ms. Gebhart if she could go to the Henderson Justice Court and obtain a copy of the dismissal by Thursday morning. Ms. Gebhart indicated she could do that. The Board asked her to reappear at 11:30, Thursday, July 15<sup>th</sup> to continue this matter.

Board Action:

Motion: Keith Macdonald moved to table this application until Thursday, July 15<sup>th</sup> at 11:30.

Second: Kam Gandhi

Action: Passed Unanimously

On Thursday morning, Larry Pinson contacted Ms. Gebhart and asked if she was able to get the documentation that was requested and she indicated it would take approximately two weeks to obtain a copy.

B. Jessica Rohnke

Jessica Rohnke appeared and was sworn by President Fey prior to answering questions or offering testimony.

Ms. Cramer advised the Board that Ms. Rohnke was present to explain the circumstances of a DUI she received in March, 2009.

Ms. Rohnke explained that she and friends were out and had been drinking. She made a poor decision to drive because her friend was unable. She explained that they got into the car, she left the parking lot and pulled over to the curb because she knew she should not be driving, however she did not turn the motor off. A police officer approached the car, and even though the car was not moving, tested her for alcohol. Ms. Rohnke admitted that she blew a 0.1, was arrested and convicted of DUI. Ms. Rohnke explained that she learned a valuable lesson, has complied with all of the court mandated requirements and has not had any citations of any kind since.

Ms. Rohnke also added that she is maintaining excellent grades in the pharmaceutical technician program at Pima Medical Institute.

Board Action:

Motion: Keith Macdonald moved to approve the application for pharmaceutical technician in training.

Second: Kam Gandhi

Action: Passed Unanimously

C. Genero Siciliano

Mr. Siciliano did not appear.

Board Action:

Motion: Kam Gandhi moved to table this application to the October Board meeting.

Second: Chad Luebke

Action: Passed Unanimously

9. Request for Out-of-State Wholesaler – Non Appearance:

Boca Pharmacal, Inc. – Coral Springs, FL

Carolyn Cramer reminded the Board that they had tabled this application from the last meeting to obtain clarification on discrepancies on their application. Ms. Cramer advised that there had been a disciplinary matter and they were fined for using an unlicensed re-packager.

Board Action:

Motion: Beth Foster moved to approve the application for out of state wholesaler for Boca Pharmacal, Inc.

Second: Kirk Wentworth

Action: Passed Unanimously

10. Requested Appearance:

Diana Bond

Diana Bond appeared with Mark Currie, the Vice President of Sales for Asteres, Inc., and Anthony Soto, managing pharmacist for UMC/Outpatient pharmacy and also a staff pharmacist for Lied Ambulatory Clinic. Ms. Bond provided Board staff with a request to install a ScriptCenter automated dispensing machine in the Lied Ambulatory Clinic lobby. This clinic serves indigent and underserved patients for their refill needs. Ms. Bond explained that she would like to put a ScriptCenter in the lobby of the clinic, however they do not have a wall for the machine to attach directly to the pharmacy. After reading NAC 639.718 it appears that the machine has to be attached to a wall of the pharmacy so access for a pharmacist to fill the machine would be from inside the pharmacy. Ms. Bond explained various security measures in place at the Lied Ambulatory Clinic, the hours of service for the clinic, patients would only have access to the machine during business hours, the pharmacist would load the machine only when

the clinic was closed, and at all times pharmacy staff has visual control over the machine.

Carolyn Cramer read the language in NAC 639.718 to the Board and they discussed the terminology and determined that since the pharmacy staff would have visual contact with the machine at all times, they found that this model would constitute a secure location as required by that language.

Board Action:

Motion: Keith Macdonald moved to approve the request from UMC to install a ScriptCenter in their Lied Ambulatory Clinic because it is in the staff's physical, visual, and a secure area of the pharmacy. He also moved to initiate a regulation change to include visual security language.

Second: Kirk Wentworth

Action: Passed Unanimously

11. Your Success Rx Reports:

- A. Michele Brucato
- B. Mindy Hsu

Larry Pinson reported that he, Katie Johnson, Michele Brucato and Mindy Hsu met and discussed their participation in the Your Success Rx program. Ms. Johnson reported that the Wal-Mart they work in is impressive as is the managing pharmacist. The only suggestion she made for the store was to enlarge the scanned image of the prescription on the computer screen. There is a way to enlarge it, however it would be less cumbersome if it appeared larger without having to go through the extra steps to enlarge it. Ms. Johnson also indicated that she felt it was unnecessary and time consuming to counsel on refill prescriptions that have simply been assigned a new number. This is Wal-Mart store policy. Both Ms. Brucato and Ms. Hsu participated fully in the program and indicated that they found value in having participated.

12. Budget

Larry Pinson presented the Budget for review. He and Keith Macdonald explained various categories and answered questions to the Board's satisfaction.

Board Action:

Motion: Kam Gandhi moved to approve the Budget as presented.

Second: Beth Foster

Action: Passed Unanimously



13. Approval of 2011 Board Meeting Dates

Mr. Pinson asked the Board to look at their calendar's and see if the proposed dates for the 2011 Board meetings were acceptable.

Board Action:

Motion: Kam Gandhi moved to approve the meeting dates presented.

Second: Beth Foster

Action: Passed Unanimously

14. General Counsel Report:

Ms. Cramer informed the Board that the Legislative Committee on Healthcare would be addressing the concept of consolidating board administrative activities next week.

15. Executive Secretary Report:

A. Financial Report

1. Treasurer's Report

Keith Macdonald met with Board staff and reviewed the books and discussed the budget with Larry Pinson and Lisa Hedaria and reported that everything was in order

B. Temporary Licenses

Mr. Pinson approved one temporary license since the last Board meeting.

C. Staff Activities

1. Meetings

a. DEA (6/15-6/17)

Mr. Pinson advised that he attended a DEA conference in St. Louis. The DEA has approved electronic prescribing for controlled substances beginning in June, however the implementation is at least six months out as they work out security issues.

Surescript and DoctorRx are the closest to having secure software available. Their software will ensure that the prescriptions submitted electronically to a pharmacy are valid. Mr. Pinson noted that Nevada allows controlled substances to be electronically submitted, however not Schedule II's.

b. National Rural Health Initiative (6/21-6/25)

Larry Pinson advised the Board that Joe Depczynski went to Denver for this conference and represented Nevada. The meeting addressed the continuing issue of dealing with precursors for methamphetamine. A federal grant for this initiative covered Mr. Depczynski's participation in the conference.

c. Governor's Working Group in Meth Use in Nevada (7/7)

Mr. Pinson advised that he had Carmen Medina, our intern from Idaho, research synthetic cannabinoids, as requested by the committee. From her findings they prepared a report for the Attorney General on that topic. Mr. Pinson indicated that Mark Jackson,

the Douglas County District Attorney will appear before them at the Board in September to ask the Board to schedule synthetic cannabinoids.

d. Continuing Education

Ron Shockey gave a continuing education program in the South and Larry Pinson did one in Carson City. Both were well attended and received.

D. Reports to Board

1. ISU Student (6/28)

Carmen Medina is interning at the Board office for six weeks. She is helping with special projects, going on inspections, attending meetings and learning the functions and purpose of the Board.

2. Immunization Report

Mr. Pinson provided the Board with the Immunization Report and advised that Ray Seidlinger did an excellent job preparing the information.

3. Prescription for Shared Future

Board staff received information from NABP announcing a three year partnering plan to involve the Boards of Pharmacy in a shared future and partnership with NABP and their colleague jurisdictions. The first year they ask a Board member to attend, the second year the Exec, and the third year a compliance officer. Mr. Pinson asked for a volunteer to attend the first forum on September 22<sup>nd</sup> and 23<sup>rd</sup>. Beth Foster volunteered to participate and represent Nevada.

E. Board Related News

1. DEA rule on electronic prescribing of CS

Addressed above.

F. Activities Report

16. Next Board Meeting:

September 8-9, 2010 – Reno, Nevada

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

There were no public comments.

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: ActivStyle, Inc.

Physical Address: 10725 Pioneer Trail Suite 205 Truckee, CA 96160  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 3100 Pacific St. N.

City: Minneapolis State: MN Zip Code: 55411

Telephone Number: 800-651-6223 Fax Number: 866-896-7171

E-mail: gabel@activstyle.com Website: www.activstyle.com or  
www.activstylefor caregivers.com

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

Mon: 8:00 to 4:30 Tue: 8:00 to 4:30 Wed: 8:00 to 4:30 Thu: 8:00 to 4:30  
Fri: 8:00 to 4:30 Sat: Closed Sun: Closed Holidays: Closed  
N/A to N/A N/A to N/A N/A to N/A

**FACILITY ADMINISTRATOR INFORMATION (Person who runs the facility on a daily basis)**

Name: Megan Allen

Address: 10725 Pioneer Trail Suite 205

City: Truckee State: CA Zip Code: 96160

**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

☒ Incontinent, ostomy, urology and low maint DME.  
\*\* 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: N/A Telephone: N/A Page 1-2010

54443  
707

**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: BNS Medical, LLC

Physical Address: 1410 White Drive, Suite A Titusville, Florida 32780  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 1410 White Drive, Suite A

City: Titusville State: FL Zip Code: 32780

Telephone Number: 321-267-5582 Fax Number: 321-385-9750

E-mail: bhardwick@bnsmedicalsupply.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: N/A to Sun: N/A to Holidays: N/A to

**FACILITY ADMINISTRATOR INFORMATION (Person who runs the facility on a daily basis)**

Name: William Hardwick

Address: 1410 White Drive, Suite A

City: Titusville State: FL Zip Code: 32780

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

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

# 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: DexCom, Inc.

Physical Address: 6340 Sequence Drive San Diego, CA 92121-4356  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 6340 Sequence Drive San Diego, CA 92121-4356

City: San Diego State: CA Zip Code: 92121-4356

Telephone Number: 858-200-0200 Fax Number: 858-200-0201  
6AM 5PM

E-mail: CustomerService@DexCom.com Website: www.dexcom.com

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

Mon: 6AM to 5PM Tue: 6AM to 5PM Wed: 6AM to 5PM Thu: 6AM to 5PM

Fri: 6AM to 5PM Sat: N/A to N/A Sun: N/A to N/A Holidays: N/A to N/A

### FACILITY ADMINISTRATOR INFORMATION (Person who runs the facility on a daily basis)

Name: David Price, M.D.

Address: 6340 Sequence Drive

City: San Diego State: CA Zip Code: 92121-4356

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

- |   |   |
|---|---|
| <input type="checkbox"/> Medical Gases**              | <input type="checkbox"/> Assistive Equipment                |
| <input type="checkbox"/> Respiratory Equipment**      | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment**  | <input type="checkbox"/> Orthotics and Prosthesis           |
| <input checked="" 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: N/A Telephone: \_\_\_\_\_ Page 1-2010

54583  
720

**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: Coastal Healthcare Solutions LLC d/b/a Healthsafe

Physical Address: 1410 White Drive, Suite B

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

Mailing Address: 1410 White Drive, Suite B

City: Titusville State: FL Zip Code: 32780

Telephone Number: 321-385-9752 Fax Number: 321-267-5582

E-mail: dankenna@chcmedicalsolutions.com Website: N/A

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

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

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

**FACILITY ADMINISTRATOR INFORMATION (Person who runs the facility on a daily basis)**

Name: Daniel Kenna

Address: 1410 White Drive, Suite B

City: Titusville State: FL Zip Code: 32780

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

- |   |   |
|---|---|
| <input type="checkbox"/> Medical Gases**              | <input type="checkbox"/> Assistive Equipment                |
| <input type="checkbox"/> Respiratory Equipment**      | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment**  | <input type="checkbox"/> Orthotics and Prosthesis           |
| <input checked="" 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: \_\_\_\_\_ Page 1-2010

54529  
712

**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: Interactive Medical Systems, Inc.

Physical Address: 12882 Valley View Blvd #9, Garden Grove CA 92845-2505  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 1107 Fair Oaks Ave #432

City: South Pasadena State: CA Zip Code: 91030-3311

Telephone Number: 888-877-0209 Fax Number: 888-877-0212

E-mail: jenniferK@goimsinc.com Website: www.goimsinc.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: on-call to Sun: on-call to Holidays: on-call to

**FACILITY ADMINISTRATOR INFORMATION (Person who runs the facility on a daily basis)**

Name: Lynette Powell

Address: 12882 Valley View Blvd #9

City: Garden Grove State: CA Zip Code: 92845-2505

**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                  | <input type="checkbox"/> Other: _____                       |

\*\* 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: Desert Industrial Gas Co. Telephone: 702-651-1311



**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: KCI USA., Inc

Physical Address: 15000 Grand River Rd., Suite 101 Ft. Worth, TX 76155

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

Mailing Address: 8023 Vantage Drive Attn: Compliance

City: San Antonio State: TX Zip Code: 78230

Telephone Number: (817)359-2860 Fax Number: (817)684-9967

E-mail: minerva.mendoza@kci1.com Website: www.kci1.com

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

Mon: 9 to 9 Tue: 9 to 9 Wed: 9 to 9 Thu: 9 to \_\_\_\_\_  
Fri: 9 to 9 Sat: On Call to \_\_\_\_\_ Sun: On Call to \_\_\_\_\_ Holidays: On Call to \_\_\_\_\_

**FACILITY ADMINISTRATOR INFORMATION**

Name: Jeff Scifers

Address: 15000 Grand River Rd., Suite 101

City: Ft. Worth State: TX Zip Code: 76155

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

- |  |   |
|--|---|
| <input type="checkbox"/> Medical Gases**             | <input type="checkbox"/> Assistive Equipment                |
| <input type="checkbox"/> Respiratory Equipment**     | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosthesis           |
| <input type="checkbox"/> Diabetic Supplies           | Wound V.A.C. (Vacuum Assisted Closure)                      |

\*\* 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: KCI USA, Inc. Telephone: (800)275-4524

Page 1-2010

54316  
701

**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: KCI USA., Inc

Physical Address: 3134 S. East Avenue, Suite 103 Fresno, California 93725

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

Mailing Address: 8023 Vantage Drive Attn: Compliance

City: San Antonio State: TX Zip Code: 78230

Telephone Number: (559)490-2371 Fax Number: (559)264-2185

E-mail: minerva.mendoza@kci1.com Website: www.kci1.com

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

Mon: 9 to 9 Tue: 9 to 9 Wed: 9 to 9 Thu: 9 to \_\_\_\_\_  
Fri: 9 to 9 Sat: On Call to \_\_\_\_\_ Sun: On Call to \_\_\_\_\_ Holidays: On Call to \_\_\_\_\_

**FACILITY ADMINISTRATOR INFORMATION**

Name: Jeff Scifers

Address: 3134 S East Avenue, Suite 103

City: Fresno State: CA Zip Code: 93725

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

- |  |   |
|--|---|
| <input type="checkbox"/> Medical Gases**             | <input type="checkbox"/> Assistive Equipment                |
| <input type="checkbox"/> Respiratory Equipment**     | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosthesis           |
| <input type="checkbox"/> Diabetic Supplies           | Wound V.A.C. (Vacuum Assisted Closure)                      |

\*\* 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: KCI USA, Inc. Telephone: (800)275-4524

# 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: KCI USA., Inc

Physical Address: 134 Centerpoint Blvd., Pittston, PA 18640

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

Mailing Address: 8023 Vantage Drive Attn: Compliance

City: San Antonio State: TX Zip Code: 78230

Telephone Number: (570)654-5620 Fax Number: (570)883-0751

E-mail: minerva.mendoza@kci1.com Website: www.kci1.com

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

Mon: 9 to 9 Tue: 9 to 9 Wed: 9 to 9 Thu: 9 to \_\_\_\_\_  
Fri: 9 to 9 Sat: On Call to \_\_\_\_\_ Sun: On Call to \_\_\_\_\_ Holidays: On Call to \_\_\_\_\_

### FACILITY ADMINISTRATOR INFORMATION

Name: Jeff Scifers

Address: 134 Centerpoint Blvd.

City: Pittston State: PA Zip Code: 18640

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

- |  |   |
|--|---|
| <input type="checkbox"/> Medical Gases**             | <input type="checkbox"/> Assistive Equipment                |
| <input type="checkbox"/> Respiratory Equipment**     | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosthesis           |
| <input type="checkbox"/> Diabetic Supplies           | Wound V.A.C. (Vacuum Assisted Closure)                      |

\*\* 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: KCI USA, Inc. Telephone: (800)275-4524

Page 1-2010

54315  
700

**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: KCI USA, Inc.  
Physical Address: 1761 South 900 West, Suite 75 Salt Lake City  
(This must be a business address, we can not issue a license to a home address) UT 84104  
Mailing Address: 8023 Vantage Drive Attn: HCC  
City: San Antonio State: TX Zip Code: 78230  
Telephone Number: (800) 973-4940 Fax Number: (800) 973-4962  
E-mail: Minerva.Mendoza@kci1.com Website: www.kci1.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: 24 hour on call service Sun: to Holidays: to

**FACILITY ADMINISTRATOR INFORMATION**

Name: Laurie Pearson  
Address: 1761 South 900 West, Suite 75  
City: Salt Lake City State: UT Zip Code: 84104

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

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

Wound V.A.C. (Vacuum Assisted Closure)

\*\* 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: KCI USA, Inc. Telephone: (800) 275-4524 Page 1-2010

54317  
698

**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: Medtronic USA, Inc.

Physical Address: 699 Kapkowski Road STE 300  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: same

City: Elizabeth State: NJ Zip Code: 07201

Telephone Number: 973-944-8245 Fax Number: none yet-facility being built

E-mail: melvin.l.greene@medtronic.com Website: www.medtronic.com

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

Mon: 5am to 8pm Tue: 5am to 8pm Wed: 5am to 8pm Thu: 5am to 8pm  
Fri: 5am to 8pm Sat: \_\_\_\_\_ to \_\_\_\_\_ Sun: \_\_\_\_\_ to \_\_\_\_\_ Holidays: \_\_\_\_\_ to \_\_\_\_\_

**FACILITY ADMINISTRATOR INFORMATION (Person who runs the facility on a daily basis)**

Name: Melvin Greene

Address: 24 Brighton Terrace

City: Parsippany State: NJ Zip Code: 07054

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

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

\*\* 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: Mel Greene Telephone: 973-944-8245 Page 1-2010

54546  
714

**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: Medtronic USA, Inc.

Physical Address: 11811 Landon Drive Ste 300 Mira Loma CA 91752  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: \_\_\_\_\_

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

Telephone Number: Pending - New Bldg Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

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

Mon: 5am to 12am Tue: 5am to 12am Wed: 5am to 12am Thu: 5am to 12am

Fri: 5am to 12am Sat: \_\_\_\_\_ to \_\_\_\_\_ Sun: \_\_\_\_\_ to \_\_\_\_\_ Holidays: \_\_\_\_\_ to \_\_\_\_\_

**FACILITY ADMINISTRATOR INFORMATION (Person who runs the facility on a daily basis)**

Name: James Windschitl

Address: 2794 Francis Lane

City: Costa Mesa State: CA Zip Code: 92626

**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

☒ Medical device manufacturing and distribution

\*\* 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: N/A Telephone: \_\_\_\_\_ Page 1-2010

54187  
695

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

Physical Address: 2757 Road N N.E. Moses Lake WA 98837  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: same

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

Telephone Number: 509-764-5032 Fax Number: 509-765-4457

E-mail: jimr@norco Website: www.norco-inc.com

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

Mon: 6 to 5 Tue: 6 to 5 Wed: 6 to 5 Thu: 6 to 5

Fri: 6 to 5 Sat: 6 to 5 Sun: 6 to 5 Holidays: 6 to 5

**FACILITY ADMINISTRATOR INFORMATION**

Name: James Ross

Address: 1125 W. Amity Rd

City: Boise State: ID Zip Code: 83703

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

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

Board Use Only  
Received AUG 04 2009 Check Number 106 Amount 500.00

54389  
706

**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: ORTHOFIX INC

Physical Address: 3451 PLANO PARKWAY

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

Mailing Address: 3451 PLANO PARKWAY

City: LEWISVILLE State: TX Zip Code: 75056

Telephone Number: 866-255-6036 Fax Number: 866-257-6995

E-mail: JACKIGEREN@ORTHOFIX.COM Website: WWW.ORTHOFIX.COM

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

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

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

**FACILITY ADMINISTRATOR INFORMATION**

Name: MICHAEL P. SIMPSON

Address: 3451 PLANO PARKWAY

City: LEWISVILLE State: TX Zip Code: 75056

**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

BONE GROWTH STIMULATORS

\*\* 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: \_\_\_\_\_



**NEVADA STATE BOARD OF PHARMACY**  
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
**APPLICATION FOR OUT-OF-STATE 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: Sleepnet Corporation  
Physical Address: 5 Merrill Industrial Drive, Hampton, NH 03842  
(This must be a business address, we can not issue a license to a home address)  
Mailing Address: 5 Merrill Industrial Drive  
City: Hampton State: NH Zip Code: 03842  
Telephone Number: 603-758-6600 Fax Number: 603-758-6699  
E-mail: Mgetty@sleep-net.com Website: www.sleep-net.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 (Person who runs the facility on a daily basis)**

Name: Mary Getty  
Address: 5 Merrill Industrial Dr.  
City: Hampton State: NH Zip Code: 03842

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

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

- ☐ Assistive Equipment
- ☐ Parenteral and Enteral Equipment\*\*
- ☐ Orthotics and Prosthesis
- ☒ Other: Sleep apnea masks & accessories

\*\* 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: NA Telephone: NA

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

Physical Address: 750 ROUTE 202 SOUTH SUITE 100  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: \_\_\_\_\_

City: BRIDGEWATER State: NJ Zip Code: 08807

Telephone Number: 908-927-9920 Fax Number: 908-927-9927

E-mail: MNGUYEN@VALERITAS.COM Website: WWW.VALERITAS.COM

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

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

**FACILITY ADMINISTRATOR INFORMATION (Person who runs the facility on a daily basis)**

Name: KRISTINE PETERSON

Address: 750 ROUTE 202 SOUTH SUITE 100

City: BRIDGEWATER State: NJ Zip Code: 08807

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

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

**Board Use Only**

Received \_\_\_\_\_ Check Number 917 Amount 500-

54565  
716

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

Physical Address:                     300 Daniel Zenker Drive, Horseheads, NY 10990                      
(This must be a business address, we can not issue a license to a home address)

Mailing Address:                     State License Servicing, 321 Route 94, South                    

City:           Warwick                     State:           NY                     Zip Code:           10990                    

Telephone Number:           (845) 544-2482                     Fax Number:           (845) 544-2481                    

E-mail:           jennifers@sfsny.com                     Website:           www.x-gen.com                    

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

Mon: 8:30am to 5:00pm Tue: 8:30am to 5:00pm Wed: 8:30am to 5:00pm Thu: 8:30am to 5:00pm

Fri: 8:30am to 5:00pm Sat:       to       Sun:       to       Holidays:       to      

**FACILITY ADMINISTRATOR INFORMATION (Person who runs the facility on a daily basis)**

Name:           Richard C. Park                    

Address:           45 Swan Lane                    

City:           Painted Post                     State:           NY                     Zip Code:           14870                    

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

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

Board Use Only  
Received           AUG 23 2010                     Check Number           60096                     Amount           500.00                    

54571  
-- 718

**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: America's Assisted Living Pharmacy  
Physical Address: 3524 Park Plaza Road  
Mailing Address: Same  
City: Paducah State: Ky. Zip Code: 42001  
Telephone Number: 270-442-4579 Fax Number: 270-477-0113  
Toll Free Number: 1-800-707-0120  
E-mail: ggarner@aalpusa.com Website: www.aalpusa.com  
Managing Pharmacist: Gale M. Garner License Number: 006356

**Hours of Operation:**

Monday thru Friday 7:30 am 4:30 pm      Saturday closed am \_\_\_\_\_ pm  
Sunday closed am \_\_\_\_\_ pm      24 Hours Pharmacist 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: JUL 20 2010 Check Number: 308 Amount: 500.00

54336 198

**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   X   Name Change \_\_\_\_\_ Location Change \_\_\_\_\_  
(Please provide current license number if making changes: PH02073 )

**GENERAL INFORMATION**

Pharmacy Name: American Homecare Federation, Inc.

Physical Address: 31 Moody Road, Enfield, CT 06082

Mailing Address: 31 Moody Road, P.O. Box 985, Enfield, CT 06083

City: Enfield State: CT Zip Code: 06082

Telephone Number: 860-763-7020 Fax Number: 860-763-7022

Toll Free Number: 800-243-4621

E-mail: pdufresne@ahfinfo.com Website: www.ahfinfo.com

Managing Pharmacist: Paul E. Dufresne License Number: PCT 7200

**Hours of Operation:**

Monday thru Friday   9   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: JUL 20 2010 Check Number: 817 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: Community Healthcare Services, Inc.

Physical Address: 24747 Redlands Blvd Suite D

Mailing Address: Same

City: Loma Linda State: CA Zip Code: 92354

Telephone Number: 977-616-1247 Fax Number: 909-796-7942

Toll Free Number: 877-616-1247

E-mail: RxCHS@RxCHS.COM Website: under construction

Managing Pharmacist: Robert W. Brooks License Number: 25163

**Hours of Operation:**

Monday thru Friday 9 am 5 pm Saturday closed am \_\_\_\_\_ pm  
Sunday closed am \_\_\_\_\_ pm 24 Hours X - 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: AUG 18 2010 Check Number: 594 Amount: 500-

54559  
2009

**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: IBA Molecular North America, Inc

Physical Address: 5900-B Obata Way, Gilroy CA 95020

Mailing Address: 5900-B Obata Way, Gilroy, CA 95020

City: Gilroy State: CA Zip Code: 95020

Telephone Number: 408 842 0520 Fax Number: 408 842 0220

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

E-mail: FDG Gilroy@IBA-Gilroy.com Website: www.IBAUS.com

Managing Pharmacist: Homan Jarrar License Number: RPH13676

**Hours of Operation:**

Monday thru Friday 12 am 6 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: AUG 17 2010 Check Number: 336 Amount: 500-

54556  
2007

**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: Kindred Care  
Physical Address: 1918 E. 23rd St. Ste A  
Mailing Address: 1918 E. 23rd St. Ste A  
City: Lawrence State: KS Zip Code: 66046  
Telephone Number: 866-351-2636 Fax Number: 866-235-7541  
Toll Free Number: 866-351-2636  
E-mail: ges@kindredcare.com Website: www.kindredcare.com  
Managing Pharmacist: James Slough License Number: 1-10594

**Hours of Operation:**

Monday thru Friday 8 am 5 pm Saturday N/A am N/A pm  
Sunday N/A am N/A pm 24 Hours on-call services

**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: AUG 04 2010 Check Number: 546 Amount: 500.00

54407  
1995



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: KV Vet Supply  
Physical Address: 3190 N Road  
Mailing Address: PO Box 245  
City: David City State: NE Zip Code: 68632  
Telephone Number: 402-367-6047 Fax Number: 800-269-0093  
Toll Free Number: 800-423-8211  
E-mail: talloyde@KVET.com Website: www.KVSUPPLY.com  
Managing Pharmacist: Aaron Stutzman License Number: 12827

**Hours of Operation:**

Monday thru Friday 8 am 8 pm      Saturday 8 am 5 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: AUG 17 2010 Check Number: 377 Amount: 500~

54557  
2008

**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 XX Ownership Change \_\_\_\_\_ Name Change \_\_\_\_\_ Location Change \_\_\_\_\_  
(Please provide current license number if making changes: PH \_\_\_\_\_)

**GENERAL INFORMATION**

Pharmacy Name: Lone Star Pharmacy, LTD

Physical Address: 1417 East Interstate 30, Suite 3

Mailing Address: 1417 East Interstate 30, Suite 3

City: Garland State: Texas Zip Code: 75043

Telephone Number: 972-303-5462 Fax Number: 972-303-5470

Toll Free Number: 1-877-578-2797

E-mail: kanderson@lonestarrx.com Website: www.lonestarrx.com

Managing Pharmacist: Diana Campbell License Number: Texas: 29279

**Hours of Operation:**

Monday thru Friday \_\_\_\_\_am \_\_\_\_\_pm  
Sunday \_\_\_\_\_am \_\_\_\_\_pm  
Saturday \_\_\_\_\_am \_\_\_\_\_pm  
24 Hours XX

**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: AUG 16 2010 Check Number: 865 Amount: 500.<sup>00</sup>

54530  
2002

**NEVADA STATE BOARD OF PHARMACY**  
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
**APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE**  
**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 Pharmacy ☒ Ownership Change \_\_\_\_\_ Name Change \_\_\_\_\_ Location Change \_\_\_\_\_  
(Please provide current license number if making changes: PH \_\_\_\_\_)

**GENERAL INFORMATION**

Pharmacy Name: Mountain Care Pharmacy

Physical Address: 1030 W. Bellwood Ln.

Mailing Address: 1030 W. Bellwood Ln.

City: Murray State: UT Zip Code: 84123

Telephone Number: 801-747-7191 Fax Number: 801-747-7192

Toll Free Number: 1-888-569-8532

E-mail: jennie@mountaincarepharmacy.com Website: www.mountaincarepharmacy.com

Managing Pharmacist: Tyler Nixon RPh. License Number: 334033-1701  
334033-8911

**Hours of Operation:**

Monday thru Friday 9:00 am 5:00 pm

Saturday \_\_\_\_\_ am \_\_\_\_\_ pm  
on-call

Sunday \_\_\_\_\_ am \_\_\_\_\_ pm  
on-call

24 Hours ON-Call Pharmacist

**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: JUL 19 2010 Check Number: 315 Amount: 500.00

54306  
1983

**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: PARKVIEW COMPOUNDING PHARMACY  
Physical Address: 8283 GROVE AVENUE SUITE 105  
Mailing Address: PO BOX 572227 TARZANA CA 91357  
City: Rancho Cucamonga State: CA Zip Code: 91730  
Telephone Number: 909-981-0956 Fax Number: 909-981-8409  
Toll Free Number: 800-605-0166  
E-mail: louisfch@gmail.com Website: parkviewrx.com  
Managing Pharmacist: LOUIS PETRIE License Number: 40302

**Hours of Operation:**

Monday thru Friday 8:30 am 5:30 pm      Saturday closed am \_\_\_\_\_ pm  
Sunday closed am \_\_\_\_\_ pm      24 Hours no

**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: AUG 11 2010 Check Number: 267 Amount: 500.00

54516  
2000

**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: Pharmahalt Long Term Care, Inc

Physical Address: 132 Alden Road

Mailing Address: 132 Alden Road

City: Fairhaven State: Ma Zip Code: 02719

Telephone Number: (508) 998-8000 Fax Number: (508) 998-1145

Toll Free Number: 888-850-7888

E-mail: pharmahaltpharmacy.us Website: www.pharmahaltpharmacy.com

Managing Pharmacist: Adam Wilczek RPh License Number: 24520

**Hours of Operation:**

Monday thru Friday 9 am 6 pm

Saturday 9 am 1 pm

Sunday 1 am 1 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: 8-24-10 Check Number: 367 Amount: 500.00

54584  
7013

**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 <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: PH _____)			

**GENERAL INFORMATION**

Pharmacy Name: Ralphs Pharmacy #32  
Physical Address: 3410 W 3<sup>rd</sup> Street  
Mailing Address: 3410 W 3<sup>rd</sup> Street  
City: Los Angeles State: CA Zip Code: 90020  
Telephone Number: 213-480-3112 Fax Number: 213-480-0144  
Toll Free Number: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Website: \_\_\_\_\_  
Managing Pharmacist: Alexander Chung License Number: 50448

**Hours of Operation:**

Monday thru Friday 9 am 9 pm      Saturday 10 am 5:30 pm  
Sunday 10 am 5:30 pm      24 Hours \_\_\_\_\_

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

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

**Board Use Only**

Received: AUG 17 2010 Check Number: 912 Amount: 500~

54532  
2005

**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: Ralphs Pharmacy # 206

Physical Address: 5429 Hollywood Blvd

Mailing Address: 5429 Hollywood Blvd

City: Los Angeles State: CA Zip Code: 90029

Telephone Number: 323-957-6830 Fax Number: 323-962-3211

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

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

Managing Pharmacist: Annie Sarkissian License Number: 53668

**Hours of Operation:**

Monday thru Friday 9 am 9 pm

Saturday 10 am 5:30 pm

Sunday 10 am 5:30 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 *wrong per*

☒ Mail Service *R. green*

☐ Long Term Care

**Board Use Only**

Received: AUG 17 2010 Check Number: 135 Amount: 500~

54531  
2004

**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: Triplefin Specialty Services LLC DBA triplefin Special

Physical Address: 6000 Creek Road Cincinnati, Ohio 45242 Pharmi

Mailing Address: 6000 Creek Road

City: Cincinnati State: Ohio Zip Code: 45242

Telephone Number: 877-854-3060 Fax Number: \_\_\_\_\_

Toll Free Number: 1-877-854-3060

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

Managing Pharmacist: Vickie Marie Mouk License Number: 03324172

**Hours of Operation:**

Monday thru Friday 6:00 am 3:00 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: JUL 12 2010 Check Number: 9048 Amount: 500.00

54209  
1976



# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR NEVADA MDEG PROVIDER

### 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: National Seating + Mobility, Inc.

Physical Address: 7340 Eastgate Rd, Ste 130, Henderson NV 89011-4057  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 5959 Shallowford Rd., Ste 443

City: Chattanooga State: TN Zip Code: 37421

Telephone Number: 615-595-1115 x214 Fax Number: 615-595-1750

E-mail: Korady@nsm-seating.com Website: www.the right car.com

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

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

### MDEG ADMINISTRATOR INFORMATION (Person who runs the facility on a daily basis)

Name: Trent McCallison

\*\*Please complete the attached form. Must be included with the application.

### 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: <input type="text"/>                               |

Board Use Only  
Received AUG 12 2010 Check Number 666 Amount 500.00

54519  
710

**NEVADA STATE BOARD OF PHARMACY**  
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
**APPLICATION FOR NEVADA PHARMACY 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 Pharmacy X Ownership Change \_\_\_\_\_ Name Change \_\_\_\_\_ Location Change \_\_\_\_\_  
(Please provide current license number if making changes: PH \_\_\_\_\_)

**GENERAL INFORMATION**

Pharmacy Name: Advanced Care Rx Pharmacy 1  
Physical Address: 7512 Westcliff DR Las Vegas NV 89145  
Mailing Address: Same as Above  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone Number: 702-272-2709 Fax Number: 702-405-0673  
Toll Free Number: jerry@staffrxnv.com  
E-mail: \_\_\_\_\_ Website: www.acrxpharmacy.com  
Managing Pharmacist: Teresa Smith License Number: 13480

**Hours of Operation:**

Monday thru Friday 9:00 am 7:00 pm      Saturday 10:00 am 4:00 pm  
Sunday        am        pm      24 Hours       

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Retail <u>(compounding)</u> | <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 type="checkbox"/> Out of State                           | <input type="checkbox"/> Mail Service                |
| <input type="checkbox"/> Ambulatory Surgery Center              | <input type="checkbox"/> Long Term Care              |

**Board Use Only**

Received: AUG 18 2010 Check Number: 602 Amount: 500 -

54564  
2010

**NEVADA STATE BOARD OF PHARMACY**  
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
**APPLICATION FOR NEVADA PHARMACY 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 Pharmacy \_\_\_\_\_ Ownership Change ☒ Name Change ☒ Location Change \_\_\_\_\_  
(Please provide current license number if making changes: PH 00794)

**GENERAL INFORMATION**

Pharmacy Name: WALGREENS INFUSION SERVICES  
Physical Address: 16630 S. MCCARRAN BLVD. SUITE B14 RENO NV 89509  
Mailing Address: 485 HALF DAY RD STE 300  
City: BUFFALO GROVE State: IL Zip Code: 60089-8806  
Telephone Number: (715) 828-8200 Fax Number: (715) 842-8299  
Toll Free Number: (800) 829-8416  
E-mail: mary.leonard@walgreens.com Website: www.walgreenshealth.com  
Managing Pharmacist: Ronald L. Vaught License Number: 06335

**Hours of Operation:**

Monday thru Friday 8:45 am 5:15 pm      Saturday ON am CALL pm  
Sunday ON am CALL 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: AUG 20 2010 Check Number: 181 Amount: 500.00

**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 <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: Alkermes, Inc.

Physical Address: 852 Winter Street, Waltham, MA 02451

Mailing Address: 852 Winter Street

City: Waltham State: MA Zip Code: 02451

Telephone Number: 781-609-6000 Fax Number: 781-609-5859

Toll Free Number: —

E-mail: kevinoneill@alkermes.com Website: www.alkermes.com

Facility Manager: Gordon Pugh

Professional qualifications and experience of facility manager: 25 years experience in pharmaceutical operations & manufacturing. B.S. Microbiology (Cornell University), MBA (Northeastern University)

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: AUG 11 2010 Check Number: 214 Amount: 500.00

Page 1 - 2010

10-K

54496  
1060

**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: Baxter Healthcare Corporation

Physical Address: 10200 SW Commerce Circle

Mailing Address: One Baxter Parkway, DFS-3E, Deerfield, IL 60015

City: Wilsonville State: OR Zip Code: 97070

Telephone Number: 503-682-2850 Fax Number: 503-682-2853

E-mail: GRAPC@baxter.com

Facility Manager: Craig Hurre

Professional qualifications and experience of facility manager: See Attached Resume

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

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

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

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

**Board Use Only**

Received JUL 19 2010 Check Number 620 Amount 500.00

10-K

54238  
10/17

**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 X Name Change \_\_\_\_\_ Location Change \_\_\_\_\_  
(Please provide current license number if making changes: WH01603)

**GENERAL INFORMATION**

Facility Name: Bioform Medical Inc.

Physical Address: 4133 Courtney Rd. Ste 10

Mailing Address: (Same)

City: Franksville State: WI Zip Code: 53126

Telephone Number: 262-835-3300 Fax Number: 262-835-3330

Toll Free Number: 866-862-1221

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

Facility Manager: Dean Erickson

Professional qualifications and experience of facility manager: See Attachment A

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: JUL 19 2010 Check Number: 310 Amount: 500~

**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: BioRidge Pharma, LLC

Physical Address: 100 Campus Drive Suite 102

Mailing Address: Same as above

City: Florham Park State: New Jersey Zip Code: 07932

Telephone Number: 973-845-7600 Fax Number: 973-564-8010

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

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

Facility Manager: Thomas Cohn

Professional qualifications and experience of facility manager: Three years in a  
director level position at Neuman Wholesale Drug Co.

**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: AUG 04 2010 Check Number: 1056 Amount: 500.00

54398  
1058

**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: Bioscrip Pharmacy Services, Inc.  
Physical Address: 2787 Charter Street  
Mailing Address: Same as above  
City: Columbus State: Ohio Zip Code: 43228  
Telephone Number: 614-580-6710 Fax Number: 614-850-6950  
Toll Free Number: 800-274-7956  
E-mail: jdoenges@bioscrip.com Website: www.bioscrip.com  
Facility Manager: Jason S Doenges

Professional qualifications and experience of facility manager: Mr. Doenges is a Registered Pharmacist in the State of Ohio, #RPH.03122815-1, issued 2/20/1998. He has been employed as a staff pharmacist and/or pharmacy since 1998.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☐ Hospitals ☐ Wholesalers  
☒ Other: Nursing Homes

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: JUL 08 2010 Check Number: 131 Amount: 500.00

54236  
1046



**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: Busse Hospital Disposables

Physical Address: 75 Arkey Drive

Mailing Address: \_\_\_\_\_

City: Hawpauge State: NY Zip Code: 11788

Telephone Number: 631-435-4711 Fax Number: 631-435-2849

E-mail: mansari@busseinc.com

Facility Manager: Muhamad Ansari

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

SEE RESUME ATTACHED

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm

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

**Board Use Only**

Received JUL 08 2010 Check Number 169 Amount 500.00

54235  
1745

**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: Exel Inc

Physical Address: 5351 Jurupa St

Mailing Address: same

City: Ontario State: CA Zip Code: 91761

Telephone Number: 909-390-9875 Fax Number: 909-390-9979

Toll Free Number: n/a

E-mail: Steve.Pugh@exel.com Website: www.exel.com

Facility Manager: Steve Pugh

Professional qualifications and experience of facility manager: facility manager oversee:  
all day today operations at the facility and has been with Exel for  
18 year.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers

Type of Products to be handled or wholesaled:

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

Licensed as a Manufacturer by the FDA? ☐ Yes ☒ No, If yes include a copy of the FDA registration.

**Board Use Only**

Received: AUG 23 2010 Check Number: 112 Amount: 500.00

54579  
1067

**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: Exel Inc

Physical Address: 810 S wanamaker Ave

Mailing Address: same

City: Ontario State: CA Zip Code: 91761

Telephone Number: 909-390-1263 Fax Number: 909-390-0340

Toll Free Number: n/a

E-mail: Steve. Pugh @ exel.com Website: www.exel.com

Facility Manager: Steve. Pugh

Professional qualifications and experience of facility manager: facility manager oversees  
all day to day operations at the facility and has been with Exel Inc for  
18 years

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers

Type of Products to be handled or wholesaled:

☒ Legend Pharmaceuticals, Supplies or Devices

☐ Poisons or Chemicals

☐ Controlled Substances (include copy of DEA)

☐ Other: \_\_\_\_\_

☐ Hypodermic Devices

☐ Veterinary Legend Drugs

☐ Parenterals

Licensed as a Manufacturer by the FDA? ☐ Yes ☒ No, If yes include a copy of the FDA registration.

**Board Use Only**

Received: **AUG 23 2010** Check Number: 111 Amount: 500.00

54572  
1066

**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: Exel, Inc  
Physical Address: 8631 Polk Lane, Suite B Olive Branch MS 3865  
Mailing Address: same  
City: Olive Branch State: MS Zip Code: 38654  
Telephone Number: 662-809-5051 Fax Number: 602-890-6037  
Toll Free Number: \_\_\_\_\_  
E-mail: Keith.donathan@exel.com Website: www.exel.com  
Facility Manager: Keith Donathan

Professional qualifications and experience of facility manager: Facility Manager Oversees all day to day operations at the facility and has been with Exel, Inc 9 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: orc Medicines w/pseudoephedrine and ephedrine

**Board Use Only**

Received: \_\_\_\_\_ Check Number: \_\_\_\_\_ Amount: \_\_\_\_\_

**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: WH01576)

**GENERAL INFORMATION**

Facility Name: HF Acquisition Co. LLC dba HealthFirst

Physical Address: 22316 70th Avenue W, Unit A, Mountlake Terrace, WA 98043

Mailing Address: 22316 70th Avenue W, Unit A

City: Mountlake Terrace State: WA Zip Code: 98043

Telephone Number: 425-771-5733 Fax Number: 425-775-2374

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

E-mail: licensing@healthfirst.com Website: www.healthfirst.com

Facility Manager: Ruth Christopher

Professional qualifications and experience of facility manager: Has worked for HealthFirst for 28 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: JUL 07 2010 Check Number: 854 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 X Ownership Change \_\_\_\_\_ Name Change \_\_\_\_\_ Location Change \_\_\_\_\_  
(Please provide current license number if making changes: WH \_\_\_\_\_)

**GENERAL INFORMATION**

Facility Name: InfuSystem, Inc.

Physical Address: 31700 Research Park Dr. Madison Heights, MI 48071-4627

Mailing Address: same as above

City: Madison Heights State: MI Zip Code: 48071-4627

Telephone Number: 800-962-9656 Fax Number: 248 546-4216

Toll Free Number: 800-962-9656

E-mail: Jan.skoniczny@infusystem.com Website: www.infusystem.com

Facility Manager: Jan Skoniczny

Professional qualifications and experience of facility manager: 23 years experience in managing InfuSystem's amb. pump program

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: AUG 09 2010 Check Number: 731 Amount: 500.00

PT

54446  
1059

**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: National Distribution & Contracting Inc.

Physical Address: 407 New Sanford Road

Mailing Address: Same

City: Lawrence State: TN Zip Code: 37086

Telephone Number: 615 366 3230 Fax Number: 615 793 0490

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

E-mail: tmegan@ndc-inc.com Website: www.ndc-inc.com

Facility Manager: Alice Ann Nagel

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: JUL 20 2010 Check Number: 824 Amount: 500.00

54335  
1053

**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: Premium Health Services

Physical Address: 9121 Red Branch Rd, Suite A

Mailing Address: Same

City: Columbia State: MD Zip Code: 21045

Telephone Number: 410-730-6120 Fax Number: 410-730-6191

Toll Free Number: 877-730-4747

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

Facility Manager: Daniel C. Herlihy

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: JUL 15 2010 Check Number: 896 Amount: 500.00

54260  
1050



**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: Schwarz Pharma, LLC  
Physical Address: 1950 Lake Park Drive  
Mailing Address: 1950 Lake Park Drive  
City: Smyrna State: GA Zip Code: 30080  
Telephone Number: 800-477-7877 Fax Number: 770-970-8859  
Toll Free Number: 800-477-7877  
E-mail: - Website: www.ucb-usa.com  
Facility Manager: Martha Kliss

Professional qualifications and experience of facility manager: 12 years in pharmaceutical industry with experience in supply chain, sales & international sales management

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: \_\_\_\_\_

\*no drugs or controlled substances are manufactured, warehoused or distributed at this facility. Both manufacturer and SPL provider maintain DEA registrations

**Board Use Only**

Received: JUL 22 2010 Check Number: 890 Amount: 500~

54355  
1054

**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: UCB, Inc  
Physical Address: 1950 Lake Park Drive  
Mailing Address: 1950 Lake Park Drive  
City: Smyrna State: GA Zip Code: 30080  
Telephone Number: 770-970-7500 Fax Number: 770-970-8857  
Toll Free Number: -  
E-mail: - Website: www.ucb-usa.com  
Facility Manager: Martha Kliss

Professional qualifications and experience of facility manager: 12 years in pharmaceutical industry with experience in supply chain, sales & international sales management

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) <sup>\*</sup>  
☐ Other: \_\_\_\_\_

\*no drugs or controlled substances are manufactured, warehoused or distributed at this facility. Both manufacturer and SPL provider maintain DEA registrations

Board Use Only

Received: JUL 22 2010 Check Number: 889 Amount: 500<sup>00</sup>

54354  
1055

**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: Upstate Pharma, LLC

Physical Address: 331 Clay Road

Mailing Address: 331 Clay Road

City: Rochester State: NY Zip Code: 14623

Telephone Number: 585-274-5527 Fax Number: 585-272-3951

Toll Free Number: —

E-mail: — Website: www.ucb-usa.com

Facility Manager: Dave Hollingshead

Professional qualifications and experience of facility manager: B.S. Biochemistry, MBA, Operations Management; 24 years in pharmaceutical industry, 14 years in operations; Lean Six Sigma Certification

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: JUL 07 2010 Check Number: 872 Amount: 500.00

54188  
1043

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

**NEVADA STATE BOARD OF PHARMACY,**

**Petitioner,**  
**v.**

**NOTICE OF INTENDED ACTION  
AND ACCUSATION**

**STEVE DOUGLAS, R.Ph.,  
Certificate of Registration #10499,**

**Case No. 10-053-RPH-N**

**DON'S PHARMACY  
Certificate of Registration PH01266**

**Case No. 10-053-PH-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 Steve Douglas is a pharmacist licensed by the Board and Respondent Don's Pharmacy is licensed by the Board, located at 501 Ralston St., Reno, Nevada.

II.

On May 12, 2010, Caregiver A, the caregiver of Patient T, picked up Patient T's refill of 90 tablets of 2 mg clonazepam from Don's Pharmacy. When she returned home she examined the contents of the prescription bottle and noted that it contained approximately 10 white tablets similar to the 2mg clonazepam Patient T had previously taken and 80 larger pale green tablets that were unfamiliar to her. Caregiver A then

examined the bottle's labeling and noted two green stickers, one across the lid and another next to the patient instructions. Both stickers read, "This is the same medication you have been getting. Color, size or shape may appear different." Based on the stickers, Caregiver A was reassured that, although different in appearance, the green tablets were in fact 2mg clonazepam. Caregiver A administered to Patient T the green tablets, one by mouth three times that day, per the label's instructions.

### III.

Patient T is a 56 year old male patient with a prior history of heroin addiction. For the last eight years he has been successfully enrolled in a methadone treatment program and has been considered a model patient. However, Patient T suffers from a variety of physical and psychological problems associated with the addiction and because of this he has a caregiver, Caregiver A.

### IV.

On May 13, 2010, at approximately 7:00 am Patient T was found comatose on the living room couch and taken by ambulance to St. Mary's Hospital where he was admitted to the Progressive Care Unit (PCU). The initial diagnosis was drug overdose, aspiration pneumonia, acute delirium, sepsis, and severe thrombocytopenia. While in the PCU Patient T was physically restrained at the wrists, ankles, and torso because of frequent violent outbursts.

### V.

On May 19, 2010, Patient T was released from St. Mary's in stable condition. He was instructed to take only one 40 mg methadone tablet that night and to report to the

methadone clinic the next morning for follow-up. According to a later physician's note, Patient T ingested his normal dosage of methadone (90mg) that night and another 90 mg methadone tablet the next morning. It is also assumed that he ingested one or more of the green tablets believed to be 2 mg clonazepam.

#### VI.

On May 20, 2010, while Patient T was at the methadone clinic he became unresponsive and was transported to St. Mary's for the second time. Patient T was again admitted to the PCU and treated for a suspected overdose and severe thrombocytopenia. Patient T was so ill that Caregiver A initiated a DNR (Do Not Resuscitate) order for Patient T as it was believed that he might not live through the night.

#### VII.

On May 26, 2010, Patient T was stable and transferred to Northern Nevada Adult Mental Health Services(NNAMHS) for a psychiatric evaluation due to suspected suicidal tendencies, for a third hospitalization. Patient T spent the night at NNAMHS and was released the next morning.

#### VIII.

From May 27, 2010 until the morning May 30, 2010 Caregiver A monitored Patient T at home. During this time Patient T ingested 9 of the green pills at the normally scheduled times. On May 30, 2010, Patient T's behavior became increasingly bizarre and agitated prompting Caregiver A to take him to the emergency room at Renown Regional Medical Center (Renown). Patient T was admitted to Renown for a

fourth hospitalization where he was placed under physical restraints until he was released on June 3, 2010.

#### IX.

After his discharge from Renown, Caregiver A began to suspect that the green pills might be the cause of Patient T's distress. Caregiver A substituted the white pills for the green pills and noticed an eventual improvement in Patient T's mental and physical state. On June 6, 2010, Caregiver A searched an online database and identified the green pills as 100 mg clozapine. Caregiver A contacted Don's Pharmacy that afternoon and advised them of the error. On June 7, 2010, Caregiver A met with Pharmacist Chuck Boiselle who confirmed the filling error and provided Caregiver A with the correct medication.

#### X.

The investigation of this matter provided that on May 12, 2010, at approximately 10:48 am, Pharmaceutical Technician Christal Mathews processed Patient T's refill for 90 tablets of 2 mg clonazepam. After printing the label set, Mathews went to the shelf to retrieve the stock bottle. Noting that the open bottle in front only contained ten tablets, Mathews also retrieved the bottle directly behind it. At the filling counter, Mathews scanned the open bottle to verify the correct drug. She then opened the second stock bottle and saw that the tablets it contained were different in size and color. The open bottle that she scanned contained small white tablets. The second stock bottle contained larger pale green tablets. An examination of the label on the

second stock bottle that contained the pale green tablets revealed a product advisory that read, "New Product Appearance." Satisfied that this was the same product, Mathews counted out 80 of the pale green tablets and 10 of the white tablets and combined them in the same prescription bottle, separated by cotton. She then placed two green stickers on the bottle, one on the cap and one to the side of the main prescription label. The stickers said, "This is the same medication you have been getting. Color, size or shape may appear different". The prescription was then staged for the pharmacist to verify the prescription.

#### XI.

Respondent Steve Douglas verified the prescription. Respondent Douglas relied on Mathew's assertion that the two dissimilar tablets were the same drug. Respondent Douglas maintained that it was not the standard practice to "dig through" the cotton layer to examine the contents beneath. Respondent Douglas completed the final verification at 10:52 am and staged the prescription for customer pickup. The error was not discovered until being advised by Caregiver A approximately 26 days later.

#### **FIRST CAUSE OF ACTION**

#### XII.

In verifying and dispensing a combination of 2 mg clonazepam and 100 mg clozapine tablets to Patient T instead of just 2 mg clonazepam, Mr. Douglas violated Nevada Revised Statutes (NRS) 639.210(4) and Nevada Administrative Code (NAC) 639.945(1)(d) and (i).




## **SECOND CAUSE OF ACTION**

### **XIII.**

In owning and operating the pharmacy in which an unidentified employee misshelved the 100 mg stock bottle of clozapine directly behind the 2 mg clonazepam stock bottle and where Mr. Douglas misfiled Patient T's prescription with a combination of 2 mg clonazepam and 100 mg clozapine, Don's Pharmacy violated NRS 639.210(4) and NAC 639.945(1)(d) and (i) and (2).

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 5<sup>th</sup> day of August, 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 15 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**

**STEVE DOUGLAS, R.Ph.,**  
**Certificate of Registration #10499,**

**Case No. 10-053-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.

The Board has reserved Wednesday, September 8, 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 5<sup>th</sup> day of August, 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.

Steve Douglas, R.Ph.  
Certificate of Registration # 10499,

Don's Pharmacy  
Certificate of Registration No. PH01266,

Respondents.

**ANSWER AND NOTICE OF  
DEFENSE**

Case No. 10-053-RPH-N

Case No. 10-053-PH-N

---

Respondents Steve Douglas and Don's Pharmacy, by and through William J. Stilling of and for Parsons Behle & Latimer, answer the Notice of Intended Action and Accusation in the above-entitled matter and declare as follows.

**INTRODUCTION**

**DEFENSES AND REQUEST FOR HEARING**

1. Mr. Douglas and Don's Pharmacy request a hearing on the Notice of Intended Action and Accusation ("Notice of Intent") and will be available on Wednesday, September 8, 2010. If possible, we request the hearing take place in the afternoon on September 8.

**RESPONSE TO FACTUAL ALLEGATIONS  
AND CAUSES OF ACTION**

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

**I.**

Respondents admit the allegations in Paragraph I.

II. through VIII.

Respondents only have heard the specific factual allegations in paragraphs II through VIII with this Notice of Intended Action and through conversations recounted by other individuals. Accordingly, Respondents lack personal knowledge or information sufficient to form a belief about the truth of the facts alleged in paragraphs II through VIII.

IX.

Respondents admit that a caregiver or representative of Patient T contacted Don's Pharmacy to report a dispensing error and that Chuck Boiselle confirmed that the prescription Patient T received contained green 100 mg clozapine along with white 2 mg clonazepam. Respondents lack personal knowledge or information sufficient to form a belief about the truth of the facts alleged in paragraph III.

X.

Respondents admit the factual allegations in paragraph X.

XI.

Respondents admit the allegations in paragraph XI. Importantly, it is standard practice in the retail pharmacy industry to fill prescriptions with tablets or capsules of different size, color, or shape when one stock bottle does not contain enough pills to complete a prescription. It is standard practice in the retail pharmacy industry to fill part of such prescription with the "old look" product and part of the prescription with the "new look" product. The two different types of pills are normally separated in the prescription vial by cotton. Furthermore, it is common industry practice not to disturb the cotton separator in order to check the bottom layer of pills. Mr. Douglas conformed to the standard pharmacy practice. Nonetheless, the wrong drug was

ultimately dispensed by following the standard practice and Mr. Douglas and Don's Pharmacy have changed their practices.

### **FIRST CAUSE OF ACTION**

#### **XII.**

Paragraph VII does not aver factual allegations, but contains ultimate legal conclusions that are not subject to admission or denial of facts. Mr. Douglas followed standard retail pharmacy processes and to the best of his knowledge at the time he strictly followed the prescriber's instructions. While Respondents admit that a misdispensing occurred, a single misdispensing, especially when the activity is performed according to regular industry practices, does not evidence conduct that is "unprofessional," or conduct that is contrary to the "public" interest, or conduct that is "incompetent," "unskillful," or "negligent."

### **SECOND CAUSE OF ACTION**

#### **XIII.**

Paragraph XIII does not aver factual allegations, but contains ultimate legal conclusions that are not subject to admission or denial of facts. There is no dispute a misdispensing occurred, but the professional personnel at Don's Pharmacy performed their duties consistent with pharmacy industry standards. Nonetheless, for the same reasons set forth in Respondents' response to the First Cause of Action, Don's Pharmacy did not engage in unprofessional conduct.

### **STATEMENT OF COMPLIANCE**

Respondents do not dispute that a misdispensing occurred. Respondents deeply regret the misdispensing, have literally lost sleep over this, have played the scenario over and over in their minds, and have been plagued with worry about the effect this has had on Patient T and his caregiver. Moreover, Don's Pharmacy has taken steps to assure this type of misdispensing will

not happen again. Unfortunately, it would be an extremely rare event for a pharmacist to never make a dispensing error, especially a pharmacist like Mr. Douglas who has practiced for some thirty years. Perhaps it is Mr. Douglas' vigilance in practice and his care for patients over those years that have allowed him to avoid serious errors. It is this same record as a pharmacist that has caused him anxiety, worry, and second guessing as a result of this single misdispensing.

### **RESERVATION OF RIGHTS AND GENERAL DENIAL**

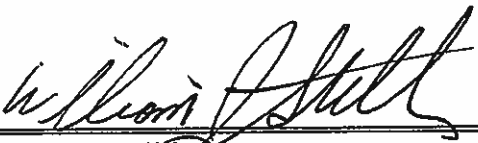
1. Respondents reserve the right to assert other affirmative defenses in this matter and in any civil litigation that may follow.

2. Respondents will provide the Board with the remedial steps they believe will minimize the likelihood of errors like this from occurring in the future.

3. Finally, to the extent Respondents did not specifically admit allegations in the Notice of Intent and Accusation, they deny such allegations.

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 20<sup>th</sup> day of August, 2010.

  
\_\_\_\_\_  
William J. Stilling  
Of and for PARSONS BEHLE &  
LATIMER  
Attorneys for Steve Douglas and Don's  
Pharmacy

1 **CERTIFICATE OF SERVICE**

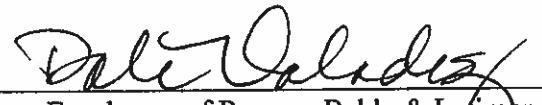
2  
3 I hereby certify that on August 20, 2010, I caused to be sent by first class, postage prepaid,  
4 and by e-mail a true and correct copy of the foregoing **ANSWER AND NOTICE OF**  
5 **DEFENSE**, to:

6  
7 Larry L. Pinson  
8 Executive Director  
9 Nevada State Board of Pharmacy  
431 W. Plumb Street  
Reno, NV 89509  
lpinson@pharmacy.nv.com

10  
11 I further hereby certify that on August 20, 2010, I caused to be sent by e-mail a true and  
12 correct copy of the foregoing **ANSWER AND NOTICE OF DEFENSE**, to:

13  
14 Carolyn Cramer  
ccramer@pharmacy.nv.gov

15  
16 Jeri Walter  
jwalter@pharmacy.nv.gov

17  
18  
19   
20 Employee of Parsons Behle & Latimer



Blank

---

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

---

NEVADA STATE BOARD OF PHARMACY,

Petitioner

v.

Steve Douglas, R.Ph.

Certificate of Registration # 10499,

Don's Pharmacy

Certificate of Registration No. PH01266,

Respondents.

**ANSWER AND NOTICE OF  
DEFENSE**

Case No. 10-053-RPH-N

Case No. 10-053-PH-N

---

Respondents Steve Douglas and Don's Pharmacy, by and through William J. Stilling of and for Parsons Behle & Latimer, answer the Notice of Intended Action and Accusation in the above-entitled matter and declare as follows.

**INTRODUCTION**

**DEFENSES AND REQUEST FOR HEARING**

1. Mr. Douglas and Don's Pharmacy request a hearing on the Notice of Intended Action and Accusation ("Notice of Intent") and will be available on Wednesday, September 8, 2010. If possible, we request the hearing take place in the afternoon on September 8.

**RESPONSE TO FACTUAL ALLEGATIONS  
AND CAUSES OF ACTION**

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

**I.**

Respondents admit the allegations in Paragraph I.

II. through VIII.

Respondents only have heard the specific factual allegations in paragraphs II through VIII with this Notice of Intended Action and through conversations recounted by other individuals. Accordingly, Respondents lack personal knowledge or information sufficient to form a belief about the truth of the facts alleged in paragraphs II through VIII.

IX.

Respondents admit that a caregiver or representative of Patient T contacted Don's Pharmacy to report a dispensing error and that Chuck Boisselle confirmed that the prescription Patient T received contained green 100 mg clozapine along with white 2 mg clonazepam. Respondents lack personal knowledge or information sufficient to form a belief about the truth of the facts alleged in paragraph III.

X.

Respondents admit the factual allegations in paragraph X.

XI.

Respondents admit the allegations in paragraph XI. Importantly, it is standard practice in the retail pharmacy industry to fill prescriptions with tablets or capsules of different size, color, or shape when one stock bottle does not contain enough pills to complete a prescription. It is standard practice in the retail pharmacy industry to fill part of such prescription with the "old look" product and part of the prescription with the "new look" product. The two different types of pills are normally separated in the prescription vial by cotton. Furthermore, it is common industry practice not to disturb the cotton separator in order to check the bottom layer of pills. Mr. Douglas conformed to the standard pharmacy practice. Nonetheless, the wrong drug was

ultimately dispensed by following the standard practice and Mr. Douglas and Don's Pharmacy have changed their practices.

### **FIRST CAUSE OF ACTION**

#### **XII.**

Paragraph VII does not aver factual allegations, but contains ultimate legal conclusions that are not subject to admission or denial of facts. Mr. Douglas followed standard retail pharmacy processes and to the best of his knowledge at the time he strictly followed the prescriber's instructions. While Respondents admit that a misdispensing occurred, a single misdispensing, especially when the activity is performed according to regular industry practices, does not evidence conduct that is "unprofessional," or conduct that is contrary to the "public" interest, or conduct that is "incompetent," "unskillful," or "negligent."

### **SECOND CAUSE OF ACTION**

#### **XIII.**

Paragraph XIII does not aver factual allegations, but contains ultimate legal conclusions that are not subject to admission or denial of facts. There is no dispute a misdispensing occurred, but the professional personnel at Don's Pharmacy performed their duties consistent with pharmacy industry standards. Nonetheless, for the same reasons set forth in Respondents' response to the First Cause of Action, Don's Pharmacy did not engage in unprofessional conduct.

### **STATEMENT OF COMPLIANCE**

Respondents do not dispute that a misdispensing occurred. Respondents deeply regret the misdispensing, have literally lost sleep over this, have played the scenario over and over in their minds, and have been plagued with worry about the effect this has had on Patient T and his caregiver. Moreover, Don's Pharmacy has taken steps to assure this type of misdispensing will

not happen again. Unfortunately, it would be an extremely rare event for a pharmacist to never make a dispensing error, especially a pharmacist like Mr. Douglas who has practiced for some thirty years. Perhaps it is Mr. Douglas' vigilance in practice and his care for patients over those years that have allowed him to avoid serious errors. It is this same record as a pharmacist that has caused him anxiety, worry, and second guessing as a result of this single misdispensing.

### **RESERVATION OF RIGHTS AND GENERAL DENIAL**

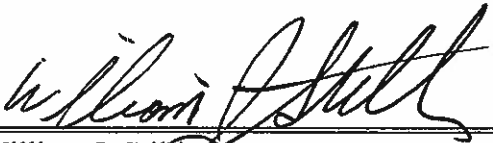
1. Respondents reserve the right to assert other affirmative defenses in this matter and in any civil litigation that may follow.

2. Respondents will provide the Board with the remedial steps they believe will minimize the likelihood of errors like this from occurring in the future.

3. Finally, to the extent Respondents did not specifically admit allegations in the Notice of Intent and Accusation, they deny such allegations.

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 20<sup>th</sup> day of August, 2010.

  
\_\_\_\_\_  
William J. Stilling  
Of and for PARSONS BEHLE &  
LATIMER  
Attorneys for Steve Douglas and Don's  
Pharmacy

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

**CERTIFICATE OF SERVICE**

I hereby certify that on August 20, 2010, I caused to be sent by first class, postage prepaid,  
and by e-mail a true and correct copy of the foregoing **ANSWER AND NOTICE OF  
DEFENSE**, to:

Larry L. Pinson  
Executive Director  
Nevada State Board of Pharmacy  
431 W. Plumb Street  
Reno, NV 89509  
lpinson@pharmacy.nv.com

I further hereby certify that on August 20, 2010, I caused to be sent by e-mail a true and  
correct copy of the foregoing **ANSWER AND NOTICE OF DEFENSE**, to:

Carolyn Cramer  
ccramer@pharmacy.nv.gov

Jeri Walter  
jwalter@pharmacy.nv.gov

  
\_\_\_\_\_  
Employee of Parsons Behle & Latimer

Blank

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

**NEVADA STATE BOARD OF PHARMACY,**

**Petitioner, NOTICE OF INTENDED ACTION AND  
ACCUSATION**

**VERONICA B. COX, PT.,  
Certificate of Registration PT10330,**

**Case No. 10-059-PT-N**

**Respondent.**

\_\_\_\_\_ /

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 Cox is a registered pharmaceutical technician with the Board.

II.

On August 4, 2010, Board Staff was informed that CVS had terminated the employment of Veronica Cox, pharmaceutical technician, for removing four books of CII prescriptions from a file drawer at CVS #8803 and placing them in the Cintas confidential destruction bin. It is presumed that the original confidential CII prescriptions were destroyed. In her written statement Ms. Cox admitted putting the prescriptions in a patient sensitive trash bag which was presumably destroyed because she wanted revenge by getting the managing pharmacist in trouble with the Nevada State Board of Pharmacy during the pharmacy's annual inspection, when the CII



prescriptions would be discovered to be missing. Ms. Cox also admitted in her written statement that she was unhappy with the managing pharmacist because she believed that she had received poor treatment which is why she destroyed the original CII prescriptions. The following original CII prescriptions are missing and presumed destroyed:

RX237000-237999 (02/05/2010 – 02/16/2010)

RX249000-249999 (04/26/2010 – 05/03/2010)

RX251000-251999 (05/07/2010 – 05/13/2010)

RX259000-259999 (06/30/2010 – 07/07/2010)


Ms. Cox intentionally had patient's CII prescriptions destroyed which are required to be kept pursuant to the Code of Federal Regulation and/or Nevada Revised Statutes.

### **FIRST CAUSE OF ACTION**

#### **III.**

In having destroyed original CII prescriptions that that were required to be kept pursuant to 21 CFR § 1306.11 and 21 CFR § 1304.04(h) and/or NRS 453.246 and/or 639.236(1), Respondent Cox violated NRS 453.246 and/or 639.236(1) and/or 639.210(4) and/or (11) and/or (12) and/or NAC 639.945(1)(i).

Signed and effective this 5<sup>th</sup> day of August, 2010.

  
Larry Pinson, Pharm. D., 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 15 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**

**VERONICA B. COX, PT.,**  
**Certificate of Registration PT10330,**

**Case No. 10-059-PT-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.

The Board has reserved Wednesday, September 8, 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 5<sup>th</sup> day of August, 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.**

**ANSWER AND**  
**NOTICE OF DEFENSE**

**VERONICA B. COX, PT.,**  
**Certificate of Registration PT10330,**

**Case No. 10-059-PT-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.

---

Veronica B. Cox, PT

Blank

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

**NEVADA STATE BOARD OF PHARMACY,**

**Petitioner,**

**v.**

**NOTICE OF INTENDED ACTION  
AND ACCUSATION**

**JIANSHENG LI, R.Ph.,  
Certificate of Registration #17707,**

**Case No. 10-052-RPH-N**

**CVS/PHARMACY #9168,  
Certificate of Registration #PH00506,**

**Case No. 10-052-PH-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 Jiansheng Li is a pharmacist licensed by the Board and CVS/Pharmacy #9168 (CVS #9168) is a pharmacy licensed by the Board, located at 1119 California Avenue in Reno, Nevada.

II.

On or about May 20, 2010, Dr. Paul Shonnard, saw his patient Cameron Kroll and wrote a prescription for 21 tablets of 7.5 mg. Meloxicam with instructions to take one tablet by mouth daily for 21 days. On May 21, 2010 Dr. Eric Kroll discovered that his son, Cameron, had not gone to the pharmacy to drop off the prescription he was given by Dr. Shonnard the previous day. Dr. Kroll phoned in the prescription for Meloxicam to CVS #9168 and included another prescription for Norco 10/325 with directions to take one tablet by mouth every 4 to 6 hours as needed for pain and a third



prescription for asprin 325 #60 with directions to take one tablet twice daily.

### III.

Mr. Li transcribed the prescriptions called in by Dr. Kroll and gave the transcribed prescriptions to a pharmaceutical technician for input into the CVS pharmacy computer. During the input process, the pharmaceutical technician mistakenly entered the Norco directions into the Meloxicam prescription information directing the patient to take one tablet every four to six hours as needed for pain.

### IV.

Mr. Li was the filling and verification pharmacist. During the filling process he counted, filled and labeled the prescription. During the verification process Mr. Li identified the error in the instructions and printed out a new prescription label. Mr. Li then included the new label set in the bag with the prescription bottle, but failed to change the label on the bottle. The mislabeled bottle was then staged for customer pickup. Dr. Kroll picked up the prescriptions for Cameron later that same afternoon. Dr. Kroll maintains that he was not counseled nor was counseling offered.

### V.

Cameron Kroll ingested three tablets of Meloxicam over a twelve hour period before the error was discovered. Dr. Kroll contacted the pharmacy and advised them of the error on May 22, 2010. On May 25, 2010 Mr. Li contacted Cameron Kroll and confirmed that although the phoned in prescriptions were transcribed correctly, it had been input into the pharmacy computer incorrectly and indicated that physicians routinely prescribe 15 mg. of Meloxicam. Cameron Kroll was concerned that Mr. Li had minimized the seriousness of this error because if he had ingested all 21 tablets he would have had the equivalent of 42,000 mg of ibuprofen in 84 hours and could have caused kidney dysfunction and gastric intestinal bleeding.

### VI.

During the investigation of this matter Board staff examined the counseling log.

The counseling log at CVS #9168 confirmed that Mr. Li had not provided counseling to Dr. Kroll when he picked up the prescriptions for Cameron as he had initialed the box that counseling was not provided.

#### **FIRST CAUSE OF ACTION**

VII.

In failing to strictly follow the instructions of Cameron Kroll's physician by his prescription for Meloxicam 7.5 mg. tablets #21 with incorrect directions, Mr. Li violated Nevada Revised Statutes (NRS) 639.210(4) and/or Nevada Administrative Code (NAC) 639.945(1)(d) and (i).

#### **SECOND CAUSE OF ACTION**

VIII.

In failing to label the prescription vial with the correct dosing instructions for the Meloxicam tablets that were dispensed to Dr. Kroll for his son Cameron, Mr. Li violated NRS 639.210(4) and/or 639.2801(6) and/or NAC 639.945(1)(d) and (i).

#### **THIRD CAUSE OF ACTION**

IX.

In failing to counsel Dr. Kroll on the three new prescriptions for Cameron Kroll, Mr. Li violated NRS 639.210(4) and/or NAC 639.707(1) and/or 639.945(1)(i).


#### **FOURTH CAUSE OF ACTION**

VII.

In owning and operating the pharmacy in which Mr. Li failed to label Cameron Kroll's prescription for Meloxicam tablets with the correct dosing instructions and then failing to counsel when the prescriptions were picked up, CVS #9168 violated NRS 639.210(4) and or NAC 639.945(1)(d) and (i) and (2).

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 5<sup>th</sup> day of August, 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 15 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**

**JIANSHENG LI, R.Ph.,**  
**Certificate of Registration #17707,**

**Case No. 10-052-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

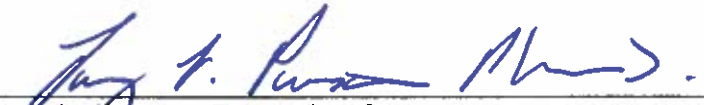
You have the right to a hearing before the Nevada State Board of Pharmacy to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. Should you desire a hearing, it is required that you complete two copies of 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.

The Board has reserved Wednesday, September 8, 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 5<sup>th</sup> day of August, 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.**

**JIANSHENG LI, R.Ph.,  
Certificate of Registration #17707,**

**Respondent.**

**ANSWER AND  
NOTICE OF DEFENSE**

**Case No. 10-052-RPH-N**

\_\_\_\_\_/

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.

---

Jiansheng Li, R.Ph.

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

**NEVADA STATE BOARD OF PHARMACY,**

**Petitioner,**

**v.**

**CVS/PHARMACY #9168,  
Certificate of Registration #PH00506,**

**ANSWER AND  
NOTICE OF DEFENSE**

**Case No. 10-052-PH-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.

\_\_\_\_\_  
type or print name

\_\_\_\_\_  
for CVS #9168

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

JIANSHENG LI, RPH

Certificate of Registration No. 17707;

CVS PHARMACY #9168

Certificate of Registration No. PH00506;

Respondents.

MOTION TO DISMISS FOR FAILURE  
TO STATE A CLAIM AND FOR LACK  
OF JURISDICTION; MEMORANDUM  
IN SUPPORT THEREOF

Case No. 10-052-RPH-N

Case No. 10-052-PH-N

TO THE NEVADA STATE BOARD OF PHARMACY AND THEIR ATTORNEYS  
OF RECORD:


PLEASE TAKE NOTICE THAT, pursuant to Nevada Revised Statute ("NRS") 639.241 *et seq.*, and NRS 233B.121 *et seq.*, Respondent CVS Pharmacy #9168 ("CVS"), by and through its counsel, hereby moves to dismiss the Fourth alleged Cause of Action against CVS in Case No. 10-052-PH-N in the Notice of Intended Action and Accusation, filed on August 5, 2010, ("Accusation") by Petitioner, the Nevada State Board of Pharmacy ("Board"), for failure to state a claim and for lack of jurisdiction. CVS requests that its motion to dismiss be heard at the September 2010 Board meeting prior to the disciplinary hearing on the Accusation.

This motion is based upon the following facts: (a) the Board's Accusation does not allege any facts indicating that CVS took any actions or made any omissions; (b) the Board lacks jurisdiction and/or the authority to impose strict or vicarious liability against CVS under NAC 639.945, as promulgated under NRS 639.070 and/or NRS 639.210, solely based upon the Pharmacist's actions.

This motion is based on this notice and motion to dismiss, the accompanying memorandum of points and authorities, the pleadings, documents, and files of record for the Board in this case, and on such evidence and argument as may be presented at the time of the hearings on this matter.

Respectfully submitted this 17th day of August 2010.

DYER, LAWRENCE, PENROSE,  
FLAHERTY, DONALDSON & PRUNTY

By:   
Michael W. Dyer  
Todd E. Reese  
Attorneys for Respondent CVS #9168

## **MEMORANDUM OF POINTS AND AUTHORITIES**

The Nevada State Board of Pharmacy ("Board") filed a Notice of Intended Action and Accusation on August 5, 2010, ("Accusation") against CVS Pharmacy #9168, ("CVS") Case No. 10-052-PH-N, and against Jiansheng Li, RPH, ("Mr. Li") Case No. 10-052-RPH-N. This motion is filed solely on behalf of CVS. Mr. Li has been terminated by CVS on unrelated grounds, and is not represented by the Dyer Lawrence law firm.

In this action, the Board seeks to, among other things, impose penalties and sanctions on CVS for alleged violations of NRS Chapter 639 and NAC Chapter 639, even though the Board has not alleged that CVS took, or failed to take, any actions which are in violation of any specified provision of NRS Chapter 639, or which caused the failure to follow directions and mislabeling of the prescription by Mr. Li. Instead, the Accusation merely asserts that CVS "violated NRS 639.210(4) and or NAC 639.945(1)(d) and (i) and (2)" by "owning and operating the pharmacy in which" the violations occurred. Since it is literally and legally impossible for a properly licensed entity to "violate" any provision of NRS Chapter 639 or NAC Chapter 639 merely by "owning and operating" a pharmacy, which it is properly licensed to own and operate, the only logical conclusion is that the Board is attempting to individually discipline CVS based solely on vicarious and/or strict liability through NAC 639.945(2).

CVS asserts in this Motion to Dismiss that: (a) the Accusation fails to allege facts sufficient to state a claim in the Fourth Cause of Action for a violation by CVS of NRS 639.210(4) or NAC 639.945(1)(d) and (i), and; (b) the Board has no jurisdiction or authority to impose discipline upon CVS based solely on the improper acts of the Pharmacist under NAC 639.945(2).

## **I. FACTUAL AND PROCEDURAL HISTORY**

The facts presented for purposes of this Motion to Dismiss are the facts presented by the Board in the Accusation. In relevant portion, they are as follows.

"On May 21, 2010 Dr. Eric Kroll . . . phoned in [a] prescription for Meloxicam to CVS #9168 and included another prescription for Norco 10/325 with directions to take one tablet by mouth every 4 to 6 hours as needed for pain and a third prescription for aspirin 325 #60 with directions to take one tablet twice daily." Accusation, ¶ II. The prescription for Meloxicam had instructions to "take one tablet by mouth daily for 21 days." Id. "Mr. Li transcribed the prescriptions called in by Dr. Kroll and gave the transcribed prescriptions to a pharmaceutical technician for input into the CVS pharmacy computer." Id. ¶ III. "During the input process, the pharmaceutical technician mistakenly entered the Norco directions into the Meloxicam prescription information directing the patient to take one tablet every four to six hours as needed for pain." Id.

"Mr. Li was the filling and verification pharmacist." Id. ¶ IV. "During the verification process Mr. Li identified the error in the instructions and printed out a new prescription label." Id. "Mr. Li then included the new label set in the bag with the prescription bottle, but failed to change the label on the bottle." Accusation, ¶ IV. The mislabeled bottle was then staged for customer pickup and given to Dr. Kroll when he picked up the prescriptions for Cameron later that same afternoon. Id. "Dr. Kroll . . . was not counseled nor was counseling offered." Id.

The Board filed the Accusation on August 5, 2010. The Accusation notes that the Board "has jurisdiction over this matter because Respondent Jiansheng Li is a pharmacist licensed by the Board and CVS/Pharmacy #9168 (CVS #9168) is a

pharmacy licensed by the Board, located at 1119 California Avenue in Reno, Nevada.” Id. ¶ I. The Board seeks disciplinary action against Mr. Li for alleged violations of NRS 639.210(4), NRS 639.2801(6), NAC 639.707(1), and NAC 639.945(1)(d) and (i). Id. ¶¶ VII-IX. The Board seeks disciplinary action against CVS for alleged violations of NRS 639.210(4) and NAC 639.945(1)(d) and (i) and (2). Id. ¶ X.<sup>1</sup>

## **II. DISCUSSION**

While considering CVS’s motion to dismiss for failure to state a claim, the Board may view “all factual allegations [in the Accusation] . . . as true and draw all inferences in [the Board’s] favor. [The Accusation] . . . should be dismissed only if it appears beyond a doubt that . . . [the Board] could prove no set of facts, which, if true, would entitle it to relief.” Buzz Stew, LLC v. City of N. Las Vegas, 124 Nev. \_\_\_, \_\_\_, 181 P.3d 670, 672 (124 Nev. Adv. Rep. 21, April 17, 2008). “Dismissal is proper where the allegations are insufficient to establish the elements of a claim for relief.” Stockmeier v. Nev. Dep’t of Corr. Psychological Review Panel, 124 Nev. \_\_\_, \_\_\_, 183 P.3d 133, 135 (124 Nev. Adv. Rep. 30, May 15, 2008) (internal quotations omitted).

**A. The Fourth Cause of Action Fails To State a Claim Because the Allegations in the Accusation Fail to Allege Facts Supporting a Claim Against CVS Under NRS 639.210(4) and/or NAC 639.945(1)(d) and (i), And Thus Fails to Meet the Pleading Requirements of NRS 639.241(2) or of Due Process.**

**1. The Accusation Does Not Allege a Violation of NRS 639.210(4) and/or NAC 639.945(1)(d) or (i) By CVS.**

In the present accusation, the Board alleges in the Fourth Cause of Action that CVS has “violated NRS 639.210(4) and or NAC 639.945(1)(d) and (i) and (2),” simply by

---

<sup>1</sup> The Accusation designates both the First and Fourth Causes of Action as Paragraph “VII.” To avoid confusion, the Fourth Cause of Action will be designated herein as Paragraph “X.”

"owning and operating the pharmacy in which" the violations occurred. Accusation, ¶ X. As previously noted, it is not possible for the holder of a valid license to have "violated" any provisions of the NRS or NAC by merely "owning and operating" the pharmacy. Stated differently, there must be some improper action or a failure to take required action, in order for the license holder itself to have "violated" any NRS or NAC provision. Since the Accusation does not allege that CVS, as the license holder, took, or failed to take, any action, the assertion in the Accusation that CVS is subject to discipline by the Board must be based entirely on the premise that the Board may separately discipline license holders under NRS 639.210(4) and/or NAC 639.954(1)(d) and (i) and/or (2), solely on the basis of strict or vicarious liability. However, the language of the cited provisions of NRS 639.210 and NAC 639.954 reveals that such is not the case.

NRS 639.210(4) provides that the Board may suspend or revoke a certificate, license, registration or permit when the "**holder**" of the certificate, license, registration or permit "[i]s guilty of unprofessional conduct or conduct contrary to the public interest." Similarly, NAC 639.945(1)(i) provides that "unprofessional conduct and conduct contrary to the public interest" consists of "Performing any of his duties as the holder of a license, certificate or registration issued by the Board, or as the owner of a business or an entity licensed by the Board, in an incompetent, unskillful or negligent manner." NAC 639.945(1)(d) requires a failure "strictly to follow the instructions of the person . . . making . . . a prescription . . . as to its filling or refilling, [or] the content of the label of the prescription." Thus, NRS 639.210(4) and NAC 639.945(1)(d) and (i) require that CVS must have taken some action, or must have failed to act when action is required, in

order for the Board to take action against CVS's license. The language of the statute cannot be read as intending any other conclusion.

However, the Accusation does not allege that CVS has done anything, much less that CVS has failed to comply with Nevada law or has acted in an incompetent or unprofessional manner. The only allegations in the Accusation regarding CVS are that "CVS/Pharmacy #9168 (CVS #9168) is a pharmacy licensed by the Board, located at 1119 California Avenue in Reno, Nevada." Accusation, ¶ I. That "Dr. Kroll phoned in prescription[(s)] . . . to CVS #9168." Id. ¶ II. That "Mr. Li transcribed the prescriptions called in by Dr. Kroll and gave the transcribed prescriptions to a pharmaceutical technician for input into the CVS pharmacy computer." Id. ¶ III. That "[t]he counseling log at CVS #9168 confirmed that Mr. Li had not provided counseling to Dr. Kroll . . . ." Id. ¶ VI. And, finally, that CVS "own[ed] and operat[ed] the pharmacy in which" the violations occurred, thus, allegedly, violating "NRS 639.210(4) and or NAC 639.945(1)(d) and (i) and (2)." Id. ¶ X. ***The Accusation contains no allegations that CVS took any actions, or made any omissions, which caused, or even contributed to, Mr. Li's failure to follow instructions and the mislabeling of Mr. Kroll's prescription.*** The Accusation, taken as true, does not suggest in any manner that CVS has taken any action, let alone incompetent action. Without any assertion of inappropriate action, or failure to take legally mandated action, CVS itself cannot have acted unprofessionally, conducted itself in a manner contrary to the public interest, or failed to follow the doctor's instructions. The claims against CVS based on NRS 639.210(4) and/or NAC 639.945(1)(d) and (i) must, then, be dismissed.



## 2. The Accusation Fails to Meet the Requirements of NRS 639.241(2) and the Principles of Due Process.

In the context of an Accusation before the Board, the requirement to provide basic information about the allegations is codified by NRS 639.241(2), which provides:

The accusation is a written statement of the charges alleged and must set forth in ordinary and concise language ***the acts or omissions with which the respondent is charged*** to the end that the respondent will be able to prepare his defense. The accusation must specify the statutes and regulations which the respondent is alleged to have violated, but must not consist merely of charges phrased in language of the statute or regulation. [Emphasis added].

Thus, the Accusation must state the specific “acts or omissions” that CVS allegedly committed or omitted. However, the only “act or omission” with which CVS is charged is ***“owning and operating the pharmacy in which”*** the violations occurred. Accusation, ¶ X (emphasis added). Essentially, the Board is claiming that the very act of owning and operating a Pharmacy constitutes either (1) an “incompetent” act under NAC 639.945(1)(i), which leads to liability under NRS 639.210(4) for “unprofessional conduct or conduct contrary to the public interest,” or (2) the failure to follow the instructions of a person making a prescription under NAC 639.945(1)(d). Stated differently, the Accusation must be read as asserting that a “strict liability” standard<sup>2</sup> exists that allows

---

<sup>2</sup> “Strict liability” is generally liability without fault or knowledge. Black’s Law Dictionary, 926 (7th ed. 1999). In the instant context, “strict liability” would mean imposing discipline directly on the Pharmacy where a licensed employee has acted in violation of the pharmacy laws and regulations without the fault, knowledge, or any act of the Pharmacy.

The “strict liability” standard of liability is contrasted with “vicarious liability,” which is the liability imposed on a supervisory party for the acts of its subordinates. Black’s Law Dictionary, 927 (7th ed. 1999). The typical example is *respondeat superior*, where the employer may be required to pay any judgment obtained against an employee by a third party. In the instant context “vicarious liability” means, for example, requiring the Pharmacy to pay a fine imposed by the Board on a licensed employee, not imposing separate discipline upon the Pharmacy itself for the same act.

See also Kohler v. Inter-Tel Techs., 244 F.3d 1167, 1177 (9th Cir. 2001) (noting the confusion between the two doctrines).

the imposition of separate, and additional, discipline directly against the holder of a pharmacy license; even where (a) the pharmacy license holder has acted in full compliance with all Nevada laws and regulations, (b) the only actions alleged are those of a licensed employee acting in clear violation of the systems, policies and procedures that the holder of the pharmacy license has put into place in order to assure compliance with the provisions of Nevada pharmacy law, and (c) the licensed employee has acted in clear violation of the pharmacy's directives.

The requirement in NRS 639.241(2) that the Accusation contain the facts and allegations against a respondent is simply a codification of the constitutional requirements of due process; that a respondent must be able to understand the charges against him and "prepare his defense." This is the "notice" portion of procedural due process – that is, notice and the opportunity to be heard. Cleveland Bd. of Educ. v. Loudermill, 470 U.S. 532, 546 (1985) ("The essential requirements of due process . . . are notice and an opportunity to respond."); Bell v. Burson, 402 U.S. 535, 542 (1971) ("[D]ue process requires that when a State, [here the Board,] seeks to terminate an interest such as that here involved, it must afford notice and opportunity for hearing . . . before the termination becomes effective." (internal quotation marks omitted)); Carpenter v. Mineta, 432 F.3d 1029, 1036 (9th Cir. 2005) ("Due process requires notice and an opportunity to be heard."). The notice requirement of due process requires that the "notice [be] reasonably calculated, under all the circumstances, to apprise interested parties of the pendency of the action and afford them an opportunity to present their objections." Mullane v. Central Hanover Trust Co., 339 U.S. 306, 314 (1950).

The notice required by due process is no empty formality. Rather, notice serves to compel the [accusing entity] to be sufficiently specific as to the . . . [allegations] to inform the [respondent/defendant] of what he is

accused of doing so that he can prepare a defense to those charges and not be made to explain away vague charges . . . .

Sira v. Morton, 380 F.3d 57, 70 (2nd Cir. 2004) (citations and internal quotation marks and brackets omitted.))<sup>3</sup> The notice requirement of due process is not met when allegations are so factually vague so as to leave the accused baffled about the accusations against him, or where unpleaded causes of action are prosecuted against the accused. Grijalva v. Shalala, 152 F.3d 1115, 1122 (9th Cir. 1998) ("The appeal rights and other procedural protections available to Medicare beneficiaries are meaningless if the beneficiaries are unaware of the reason for service denial and therefore cannot argue against the denial.").<sup>4</sup> This is because lack of notice of the specific facts and claims against a respondent reduces a respondent "to guessing what evidence can or should be submitted in response and . . . responding to every possible

---

<sup>3</sup> See also Mathews v. Eldridge, 424 U.S. 319, 325 (1976) (holding that notice must be "timely and adequate" and must "detail[] the reasons for a proposed termination." (citing Goldberg v. Kelly, 397 U.S. 254, 267-268 (1970) (termination of welfare benefits))); Bowman Transp., Inc. v. Arkansas-Best Freight System, Inc., 419 U.S. 281, 289 n.4 (1974) ("A party is entitled, of course, to know the issues on which decision will turn and to be apprised of the factual material on which the agency relies for decision so that he may rebut it."); Sira v. Morton, 380 F.3d 57, 70 (2d Cir. 2004) ("Toward this end, due process requires more than a conclusory charge; . . . [the Respondent] must receive notice of at least some 'specific facts' underlying the accusation."); Barnes v. Healy, 980 F.2d 572, 579 (9th Cir. 1992) ("Due process requires notice that gives an agency's reason for its action in sufficient detail that the affected party can prepare a responsive defense."); Dep't of Educ. v. Bennett, 864 F.2d 655, 659 (9th Cir. 1988) ("[N]otice will be adequate for due process purposes if the party proceeded against understood the issue and was afforded full opportunity to justify his conduct." (internal quotation marks omitted)); Dutchess Bus. Servs. v. Nev. State Bd. of Pharm., 191 P.3d 1159, 1166 (Nev. 2008) ("Administrative bodies must . . . and give notice to the defending party of the issues on which decision will turn and . . . the factual material on which the agency relies for decision so that he may rebut it." (internal quotation marks omitted)); Nevada State Apprenticeship Council v. Joint Apprenticeship & Training Comm. for Elec. Indus., 94 Nev. 763, 766 (1978) ("[D]ue process requirements of notice are satisfied where the parties are sufficiently apprised of the nature of the proceedings so that there is no unfair surprise.")

<sup>4</sup> See also NLRB v. Quality C.A.T.V., Inc., 824 F.2d 542, 545-546 (7th Cir. 1987) (holding that notice is not sufficient "where the party never received notice that such a violation is contemplated for prosecution."); NLRB v. Complas Industries, Inc., 714 F.2d 729, 734 (7th Cir. 1983) (holding that "respondent was not provided with notice comporting with due process where the original complaint did not give any indication of the" specific claim that the respondent was found guilty of violating); Soule Glass & Glazing Co. v. NLRB, 652 F.2d 1055, 1074 (1st Cir. 1981) ("Due process prohibits the enforcement of a finding by the Board of a violation neither charged in the complaint nor litigated at the hearing. Stated in the strongest terms, failure to clearly define the issues and advise an employer charged with a violation . . . of the specific complaint he must meet and provide a full hearing upon the issue presented is . . . to deny procedural due process of law." (citations and internal quotation marks omitted.))

argument against . . . [discipline] at the risk of missing the critical one altogether.” Barnes v. Healy, 980 F.2d 572, 579 (9th Cir. 1992) (citing Gray Panthers v. Schweiker, 652 F.2d 146, 168-69 (D.C. Cir. 1980)); NLRB v. Quality C.A.T.V., Inc., 824 F.2d 542, 545-46 (7th Cir. 1987) (“The situation is different, however, where the party never received notice that such a violation is contemplated for prosecution. In such a case, other evidence may exist or other arguments might be made that the party reasonably chose not to pursue or emphasize in the defense of the only claim of which it had been informed.”).

In the present case, the only basis for disciplining CVS is that CVS owned and operated a pharmacy where a pharmacist allegedly made a mistake. Without more specificity, this is nothing more than an assertion of strict liability. Complaint, ¶¶ X. The Accusation contains no allegations of any actions taken by CVS, nor any failure to take required actions. Clearly, simply owning and operating a pharmacy is not an “incompetent act” that is “against public policy.” NRS 639.210(4); NAC 639.945(1)(i). Nor is owning and operating a pharmacy a failure to follow instructions. NAC 639.945(1)(d). And there are no allegations in the Accusation that CVS acted, or failed to act, or that such action, or failure to act, resulted in a violation by CVS, as the holder of the pharmacy license, of the specified Nevada law: NRS 639.210(4) and NAC 639.945(1)(d) and (i). Accordingly, the allegations in the Fourth Cause of Action based upon NRS 639.210(4) and NAC 639.945(1)(d) and (i) fail to state a claim, violate the pleading requirements of NRS 639.241(2) and the due process requirements of the Fourteenth Amendment of the United States Constitution, and must be dismissed.

///

///

**C. The Fourth Cause of Action Fails To State a Claim Because the Board Lacks Authority to Impose Vicarious and/or Strict Liability Upon a Pharmacy Through NAC 639.945(1)(d) and (i) or NAC 639.945(2) as based upon NRS 639.070 or NRS 639.210(4).**

**1. NAC 639.945 Purports to be Based Upon NRS 639.070 and NRS 639.210(4), Which Do Not Provide For Strict or Vicarious Liability.**

NAC 639.945 purports to be based upon NRS 639.070 and NRS 639.210(4). However, NRS 639.070 authorizes the Board's general powers, such as making regulations to enforce NRS Chapter 639, and does not include an authorization to impose fines or penalties based on strict or vicarious liability. NRS 639.210(4) authorizes discipline against "the holder or applicant" of the license, but specifies the type of actions, or inaction, for which discipline may be imposed. NRS 639.210(4) likewise does not include any provision for strict or vicarious liability. Thus, neither statute expressly, or even impliedly, authorizes strict or vicarious liability and any attempt by the Board to impose such strict or vicarious liability would be contrary to the decision of the Nevada Supreme Court in Andrews v. Nevada State Bd. Of Cosmetology, 86 Nev. 207 (1970). As pointed out by the Andrews Court:

As an administrative agency the Board has no general or common law powers, but only such powers as have been conferred by law expressly or by implication. [Citations]. Official powers of an administrative agency cannot be assumed by the agency, nor can they be created by the courts in the exercise of their judicial function. [Citations]. The grant of authority to the agency [in the statute] must be clear.

Id. at 208; see also City of Henderson v. Kilgore, 122 Nev. 331, 334-35 (2006); Clark County Sch. Dist. v. Clark County Classroom Teachers Ass'n, 115 Nev. 98, 102 (1999).

Accordingly, because strict or vicarious liability is not authorized in the statutes relied upon by the Board to enact NAC 639.945, there is no basis for the Board to

impose strict or vicarious liability upon a pharmacy. Therefore, to the extent that the Board is seeking to impose separate liability on CVS solely for the acts of Mr. Li, and without any action or failure to act on the part of CVS, the Fourth Cause of Action against CVS must be dismissed.

**2. Even if CVS May Be Held Liable Under these Circumstances, the Accusation Does Not Plead Any Facts Indicating that CVS Has Performed Any Acts, or Failed to Act, that Would Require Discipline.**

As discussed above, the Accusation does not allege any facts showing that CVS took any incompetent action under NRS 639.210(4) and NAC 639.945(1)(d) and (i). The only allegation of CVS's action or inaction is that CVS "own[ed] and operat[ed] the pharmacy in which" the violations occurred. Accusation, ¶ X. To the extent that the Board has any authority to discipline CVS in this case, the allegations of "owning and operating" do not support any form of independent discipline.

In general, the Board is charged with enforcing NRS Chapter 639. If an incident at a pharmacy involves the wrongdoing or failure to act of the pharmacy license holder, the Board can, and must, file an accusation specifying how the license holder violated Nevada law. In such an accusation, the Board must set forth those specific facts that support discipline against the license holder, whether that be for the pharmacy's action, or the pharmacy's knowledge of a situation and willful inaction or ignorance of it. The Board, then, has no need to resort to vicarious or strict liability based upon NAC 639.945(2), as the statutes it is based upon do not support vicarious or strict liability. Andrews, 86 Nev. at 208 ("As an administrative agency the Board has no general or common law powers, but only such powers as have been conferred by law expressly or by implication."). And the Board must allege some specific facts of the pharmacy's

wrong doing to comport with due process. Barnes, 980 F.2d at 579 ("Due process requires notice that gives an agency's reason for its action in sufficient detail that the affected party can prepare a responsive defense.").


But in this case, the Board did not plead sufficient facts to impose discipline upon CVS. The Accusation does not allege that CVS has done anything, much less that CVS has failed to comply with Nevada law or has acted in an incompetent or unprofessional manner. Because the Accusation does not even suggest in any manner that CVS has taken any action, let alone incompetent action, or has failed to take required action, the Fourth Cause of Action in the Accusation fails to state a claim against CVS.

### **III. CONCLUSION**

For the reasons stated above, the Accusation fails to state a claim. CVS respectfully moves the Nevada State Board of Pharmacy to dismiss the Fourth Cause of Action in the Accusation against CVS.

Respectfully submitted this 17th day of August 2010.

DYER, LAWRENCE, PENROSE,  
FLAHERTY, DONALDSON & PRUNTY

By:   
Michael W. Dyer  
Todd E. Reese  
Attorneys for Respondent CVS #9168





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 17<sup>th</sup> day of August, 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 15 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**

**JIANSHENG LI, R.Ph.,**  
**Certificate of Registration #17707,**

**Case No. 10-060-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.

The Board has reserved Wednesday, September 8, 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 17<sup>th</sup> day of August, 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.**

**ANSWER AND**  
**NOTICE OF DEFENSE**

**JIANSHENG LI, R.Ph.,**  
**Certificate of Registration #17707,**

**Case No. 10-060-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.

\_\_\_\_\_  
Jiansheng Li, R.Ph.



# Nevada State Board of Pharmacy

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

July 16, 2010

## CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Stacey Beise, R.Ph  
611 Chesapeake Court  
Hermitage, PA 16148

RE: Nevada Certificate of Registration Number: 13773  
Nevada Board of Pharmacy Case Number: 10-057-RPH-O

Dear Ms. Beise:

Enclosed you will find original copies of the following documents:

- (1) one Notice of Intended Action and Accusation
- (2) one Statement to Respondent
- (3) three Notices of Defense

These documents indicate that a disciplinary matter before the Nevada State Board of Pharmacy has been commenced. Please review these documents carefully, and if you would like a hearing on this matter please complete the Answer and Notice of Defense documents and return them to this office within fifteen (15) days of receipt.

As an alternative to a hearing, the investigative committee of the Board can offer you a settlement in this matter. Particularly, the investigative committee offers to present a stipulated agreement in settlement of the present action to the Board for the Board's review and approval.

We have enclosed the Stipulation that would be presented to the Board in lieu of an actual hearing if you choose to accept the Stipulation. The stipulated agreement will be presented to the Board at the September, 2010 public meeting, will be discussed, and will be accepted as presented, rejected as presented, or modified. You will not need to be present when the stipulated agreement is presented to the Board, and you will be notified of the decision of the Board.

Stacey Beise, R.Ph  
July 16, 2010  
Page 2

No action against your license other than acceptance of the stipulated agreement can be taken by the Board unless you are notified and provided the opportunity to appear before the Board at a subsequent meeting. If you would like to accept the above offer for a stipulated agreement, you must sign and date the enclosed Stipulation and return it to this office within fifteen (15) days of the receipt of this letter.

If you would like to discuss the stipulation or if you have any questions, please call me.

Sincerely,

A handwritten signature in blue ink that reads "Larry L. Pinson, PharmD." The signature is fluid and cursive, with the last name "Pinson" being the most prominent part.

Larry L. Pinson, PharmD.  
Executive Secretary

jlw

Enclosures

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

**NEVADA STATE BOARD OF PHARMACY,**

**Petitioner,**

**v.**

**NOTICE OF INTENDED ACTION  
AND ACCUSATION**

**STACEY BEISE, R.PH  
Certificate of Registration No.: 13773**

**Case No. 10-057-RPH-O**

**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 Beise is a registered pharmacist with the Board.

II.

On July 18, 2001, the State of Pennsylvania, before the Commonwealth of Pennsylvania, Department of State, the State Board of Pharmacy, issued its Consent Agreement and Order in the matter of disciplinary proceedings against Stacey Beise (File No. 00-54-06530 and VRP No. 194-68-3552). Ms. Beise voluntarily admitted that she suffered from chemical dependence and signed an agreement with the Pennsylvania Voluntary Recovery Program (VRP). Ms. Beise's pharmacist license was suspended, the suspension was stayed and she was placed on probation for a period of three years. On three occasions Ms. Beise tested positive for alcohol and failed to provide a UA on another occasion. Ms. Beise's pharmacist license was suspended on October 14, 2003 for a period of three years for violating her Board's Order. On June



24, 2008 the Pennsylvania Board granted Ms. Beise reinstatement of her pharmacist's license with conditions parallel to the Pennsylvania VRP. Currently Ms. Beise is on three years monitored probation with the Pennsylvania Board of Pharmacy.

III.

By receiving discipline against your license in a sister-state, you are subject to discipline in Nevada pursuant to NRS 639.210(14).

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 9<sup>th</sup> day of July, 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 (15) 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**

**STACEY BEISE, R.PH  
Certificate of Registration No. 13773,**

**Case No. 10-057-RPH-O**

**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 6, 2007 as the date for a hearing on this matter, if requested, at the Airport Plaza Hotel, 1981 Terminal Way, Reno, Nevada.

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 9<sup>th</sup> day of July, 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.**

**ANSWER AND NOTICE  
OF DEFENSE**

**STACEY BEISE, R.PH  
Certificate of Registration No.: 13773**

**Case No. 10-057-RPH-O**

**Respondent.**

\_\_\_\_\_/

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

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.

\_\_\_\_\_  
Stacey Beise, RPh

**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: Walgreens Infusion Services  
Physical Address: 1239 Pomona Rd., Corona CA 92882-7108  
Mailing Address: 485 Half Day Rd., Suite 300  
City: Buffalo Grove State: IL Zip Code: 60089  
Telephone Number: 800-287-3375 Fax Number: 951-280-3674  
Toll Free Number: 800-287-3375  
E-mail: Robin.VanCleave@Walgreens.com Website: www.Walgreenshealth.com  
Managing Pharmacist: Dhruvish Patel License Number: RPH 55029

**Hours of Operation:**

Monday thru Friday 8:00 am 6:00 pm  
Sunday on am call pm  
Saturday on am call 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: AUG 09 2010 Check Number: 881 Amount: 500.00

54419  
1998

## OWNERSHIP IS A CORPORATION

State of Incorporation: Delaware

Parent Company if any: Walgreens Infusion Services, Inc.

Corporation Name: Option Care Enterprises, Inc. ("OCE")

Mailing Address: 485 Half Day Rd, Suite 300

City: Buffalo Grove State: IL Zip: 60089-8806

Telephone: 800-879-6137 Fax: 847-913-9024

License Contact Person: Robin VanCleave

Professional Compliance Contact Person: Steve Kennedy

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. Walgreens Infusion Services, Inc. (WIS) %: 100 of OCE
2. Walgreen Co. (Walgreen Co. is publicly %: 100 of WIS
3. traded; no individual owns 5%) %: \_\_\_\_\_
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: 02/15/1909

Registration number issued: \_\_\_\_\_

Stock Exchange: NYSE

List any physician shareholders and percentage of ownership:

None

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

Please see attached.

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.

Lori Zsitek  
Signature of owner or executive officer

07/29/2010  
Date

Lori Zsitek, Vice President  
Print or Type name and title



CORPORATE STATEMENT OF RESPONSIBILITY  
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Lori Zsitek

Corporate Officer of Option Care Enterprises, Inc.

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.

Lori Zsitek  
Signature

07/29/2010  
Date

AGREED BOARD ORDER #H-03-001-B

RE: IN THE MATTER OF  
OPTION CARE ENTERPRISES, INC.  
(PHARMACY LICENSE #21745)

BEFORE THE TEXAS STATE  
BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy the matter of pharmacy license number 21745 issued to Option Care Enterprises, Inc., 5407 Bandera Road, Suite 102, San Antonio, Texas 78238.

By letter dated March 12, 2003; the Texas State Board of Pharmacy gave preliminary notice to Option Care Enterprises, Inc. of its intent to take disciplinary action with respect to pharmacy license number 21745 issued to Option Care Enterprises, Inc.. This action was taken as a result of an investigation which produced evidence indicating that Option Care Enterprises, Inc. may have violated:

Section 551.003(16); Section 565.001(a)(1), (2), (12), and (13); Section 565.002(3) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Subtitle J (Vernon 2001);

Section 281.7(a)(12) and (13); Section 291.36(b)(3) and (27); Section 291.36(c)(1)(B)(i), (ix), and (xvi); Section 291.36(c)(2)(A)(iv) and (vi); Section 291.36(c)(2)(B)(ii), (iii), and (v); Section 291.36(d)(2)(B)(iii) and (iv); and Section 295.3 of the Texas Pharmacy Rules of Procedure, 22 TEX. ADMIN. CODE (2002); and

Section 431.003; Section 431.021(a), (b), and (r); and Section 431.112(a)(1) of the Texas Food Drug and Cosmetic Act, TEX. HEALTH AND SAFETY CODE ANN. (Vernon 2001), in that, allegedly:

COUNT

On or about June 24, 2002, Kenton Graham Wylie, while acting as an employee (pharmacist-in-charge) of Option Care Enterprises, Inc., 5407 Bandera Road, San Antonio, Texas 78238, incorrectly dispensed 400 meq magnesium sulfate ( $MgSO_4$ ) in a compounded total parenteral nutrition (TPN) on a prescription drug order calling for 20 meq magnesium sulfate ( $MgSO_4$ ). The intravenous TPN was ordered by the physician for patient C.B., a thirteen-year-old child, to be administered via "central line." The incorrect mixture contained twenty (20) times the prescribed amount of magnesium sulfate ( $MgSO_4$ ). The prescription order was labeled as containing 20 meq magnesium sulfate.

As a result of taking the incorrect dosage of the medication, patient C.B. was seen at the emergency room of North Central Baptist Hospital on June 26, 2002, where he was determined to have toxic levels of magnesium. He received emergency care and the TPN infusion was stopped. He was emergently transferred to Wilford Hall Medical Center for dialysis, where he went into a coma and died on June 30, 2002. The prescription was assigned prescription number 128274.

An informal conference was held in the office of the Texas State Board of Pharmacy on April 16, 2003, with Kathy Lozano, General Manager of Option Care Enterprises, Inc.; Lisa Kim Barnum, R.Ph., Pharmacist-in-Charge of Option Care Enterprises, Inc.; Kenton Graham Wylie, R.Ph.; Keith Kendall, Outside Counsel for Option Care Enterprises, Inc.; and Joseph P. Bonaccorsi, Senior Vice President/General Counsel/Secretary of Option Care Enterprises, Inc., in attendance. The Texas State Board of Pharmacy was represented by: Kerstin E. Arnold, General Counsel; Lori Tullos Barta, Assistant General Counsel; Allison Benz, R.Ph., M.S., Assistant Director of Enforcement; Joe Lewis, Chief Investigator; and W. Michael Brimberry, R.Ph., M.B.A., Board Member.

At the aforementioned conference, Joseph P. Bonaccorsi stated he was present for and on behalf of Option Care Enterprises, Inc. By their appearance at the informal conference and by their signatures on this Order, Kathy Lozano and Joseph P. Bonaccorsi agree that the Texas State Board of Pharmacy has jurisdiction in this matter and do hereby waive the right to notice of hearing, to a formal administrative hearing, and to judicial review of this Order.

After discussion of the matters previously outlined in this Order, and subsequent communications, Kathy Lozano and Joseph P. Bonaccorsi, on behalf of Option Care Enterprises, Inc., agreed to the entry of an Order disposing of the need for further disciplinary action in this matter. By their signatures on this Order, Kathy Lozano and Joseph P.

Bonaccorsi neither admit nor deny the truth of the matters previously set out in this Order with respect to the above alleged violations.

Should this Order not be accepted by the Board, it is agreed that neither the presentation of the Order to the Board nor the Board's consideration of the Order, will be deemed to have unfairly or illegally prejudiced the Board or its individual members and, therefore, will not be grounds for precluding the Board or any individual member of the Board from further participation in proceedings related to the matters set forth in the Order.

Kathy Lozano and Joseph P. Bonaccorsi, on behalf of Option Care Enterprises, Inc., understand that any failure to comply with the terms of this Order is a basis for discipline under the Texas Pharmacy Act.

At the conclusion of the aforementioned conference, and subsequent communications, it was agreed among the parties that Option Care Enterprises, Inc. shall comply with the terms and conditions set forth in the ORDER OF THE BOARD below.

#### **ORDER OF THE BOARD**

THEREFORE, PREMISES CONSIDERED, the Texas State Board of Pharmacy does hereby ORDER that pharmacy license number 21745 held by Option Care Enterprises, Inc. (hereinafter referred to as "Respondent") shall be, and such license is hereby reprimanded.

It is further ORDERED that Respondent shall pay an administrative penalty of one thousand five hundred dollars (\$1,500.00) for the Count previously set out in this Order. This administrative penalty is due sixty (60) days after the entry of this Order.

It is further ORDERED that Respondent shall ensure that all pharmacists at Option Care Enterprises, Inc. complete the Institute for Safe Medication Practices (ISMP®)

Agreed Board Order #H-03-001-B  
Option Care Enterprises, Inc.  
Page 4

Medication Safety Self Assessment™. The ISMP® assessment must be completed, and Respondent must submit documentation of completion, along with an action plan implementing recommendations from the ISMP® assessment, to the Texas State Board of Pharmacy, Enforcement Division, within ninety (90) days of entry of this Order.

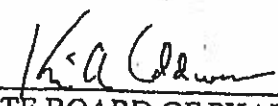
It is finally ORDERED that failure to comply with any of the terms and conditions in this Order constitutes a violation and shall be grounds for further disciplinary action against the Texas pharmacy license held by Respondent.

Agreed Board Order #H-03-001-B  
Option Care Enterprises, Inc.  
Page 5

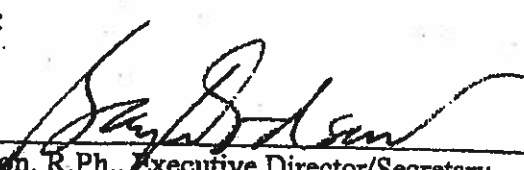
And it is so ORDERED.

THIS ORDER IS A PUBLIC RECORD.

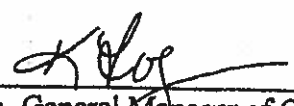
SIGNED AND ENTERED ON THIS 6th day of August, 2003.

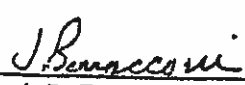
  
MEMBER, TEXAS STATE BOARD OF PHARMACY

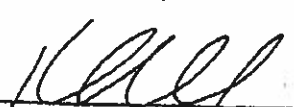
ATTEST:

  
Gay Dodson, R.Ph., Executive Director/Secretary  
Texas State Board of Pharmacy

APPROVED AS TO FORM AND AGREED TO:

  
Kathy Lozano, General Manager of Option Care Enterprises, Inc.

  
Joseph P. Bonaccorsi, Legal Counsel for Option Care Enterprises, Inc.  
Senior Vice President, General Counsel, Secretary  
Optioncare®  
485 Half Day Road, Suite 300  
Buffalo Grove, Illinois 60089

  
Kerstin E. Arnold, General Counsel  
Texas State Board of Pharmacy



California State Board of Pharmacy  
1625 North Market Boulevard, Suite N219, Sacramento, CA 95834  
Phone (916) 574-7900  
Fax (916) 574-8618  
[www.pharmacy.ca.gov](http://www.pharmacy.ca.gov)

STATE AND CONSUMER SERVICES AGENCY  
DEPARTMENT OF CONSUMER AFFAIRS  
ARNOLD SCHWARZENEGGER, GOVERNOR

July 21, 2010

Nevada State Board of Pharmacy  
431 West Plumb Lane  
Reno, NV 89509-3766

RE: License Verification-Walgreens Infusion Services  
California Pharmacy License Number PHY 48782

Nevada State Board of Pharmacy:

This is in response to correspondence received by the California State Board of Pharmacy on July 19, 2010 requesting license verification on Walgreens Infusion Services, PHY 48782.

The records of the California State Board of Pharmacy show that on September 25, 2007, the California State Board of Pharmacy issued Original Pharmacy License Number PHY 48782 to Walgreens Infusion Services. The address of record is 1239 Pomona Rd., Corona, CA 92882-7108.

The records of the California State Board of Pharmacy show that said license is in full force and effect until September 1, 2011.

Further, the records of the California State Board of Pharmacy show that no prior discipline has been taken against said license and said license is current, with no encumbrances.

If you have any questions or if we may be of further assistance regarding this matter, please contact Erin LaPerle via e-mail at [Erin.LaPerle@dca.ca.gov](mailto:Erin.LaPerle@dca.ca.gov).

Sincerely,

Virginia Herold  
Executive Officer

By

A handwritten signature in black ink, appearing to read "Erin LaPerle", written over a horizontal line.

Erin LaPerle  
Public Inquiry Analyst

# 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: LV MEDICAL SUPPLY

Physical Address: 2101 S. DECATUR BLVD #15  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 2101 S. DECATUR BLVD #15

City: LAS VEGAS State: NEVADA Zip Code: 89102

Telephone Number: (702)878-4400 Fax Number: (702)878-4100

E-mail: LVSUPPLY@yahoo.com Website: \_\_\_\_\_

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

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

Fri: 9:00 to 5:00 Sat: Ø to Ø Sun: Ø to Ø Holidays: Ø to Ø

### MDEG ADMINISTRATOR INFORMATION (Person who runs the facility on a daily basis)

Name: ARSEN MANUKYAN

\*\*Please complete the attached form. Must be included with the application.

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

☒ Medical Gases

☐ Respiratory Equipment

☐ Life-sustaining equipment

☒ Diabetic Supplies

☐ Assistive Equipment

☐ Parenteral and Enteral Equipment

☐ Orthotics and Prosthesis

Other: \_\_\_\_\_

Board Use Only

Received AUG 18 2010 Check Number 1014 Amount 500



**OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION**

State of Incorporation: NEVADA  
Parent Company if any: \_\_\_\_\_  
Corporation Name: LV MEDICAL DIAGNOSTIC, INC  
Mailing Address: 2101 S. DECATUR BLVD #15  
City, State and Zip: LAS VEGAS, NV 89102  
Telephone Number: (702) 878-4400 Fax Number: (702) 878-4100  
License Contact Person: ARAGATS KARAPETYAN  
Professional Compliance Contact Person: ARSEN MANUKYAN

**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>ARAGATS KARAPETYAN</u>	<u>PRESIDENT</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>ARAGATS KARAPETYAN</u>	<u>3360 PASO ANDRES ST. LV. NV, 89146</u>
Name	Address
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 %
- 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.

N/A

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

N/A

- 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.

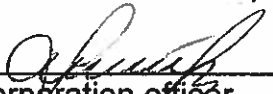
<del>N/A</del> Practitioner	Name: _____
<del>N/A</del> Advanced Practitioner of Nursing	Name: _____
<del>N/A</del> Physician's Assistant	Name: _____
<del>N/A</del> Physical Therapist	Name: _____
<del>N/A</del> Occupational Therapist	Name: _____
<del>N/A</del> Registered Nurse	Name: _____
<del>N/A</del> 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

08-14-10  
\_\_\_\_\_  
Date

ARAGATS KARAPETYAN  
\_\_\_\_\_  
Type name and title

PRESIDENT  
\_\_\_\_\_

# PERSONAL HISTORY RECORD

Date 08-14-10

## 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 DME  
LV MEDICAL SUPPLY 2101 S. DECATUR BLVD #15 LAS VEGAS, NV 89102  
Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

### 1. PERSONAL INFORMATION:

KARAPETYAN ARAGATS  
Last Name First Name Middle Name

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

3360 PASO ANDRES ST LAS VEGAS NV 89146  
Present Residence Address-Street or RFD City State/Zip

2101 S. DECATUR BLVD 07-02-10 LAS VEGAS NU 89102  
Present Business Address Dates City State/Zip

PRESIDENT 07-02-10  
Occupation Dates Phone:

ARMENIA, YEREVAN  
Place of Birth (City, County, State)

54 M  
Age Sex

BROWN GRY white 230 MED. 5'6  
Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics NONE

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

If naturalized, certificate No Date 02-26-02

Place LOS ANGELES, CA (If naturalized, document must be verified.)

### 2. MARITAL INFORMATION:

Single ☐ Married ☐ Separated ☐ Divorced ☒ Widowed ☐ Engaged ☐  
Applicant's initial AK

## MARITAL INFORMATION-Continued

A. **Current Marriage** NONE  
 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
SUSAN MARTIROSYAN	1989	ARMENIA	1998	YEREVAN, ARMENIA
TEREZA ARAKELYAN	2001	LAS VEGAS	05-14-09	LAS VEGAS, NV

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

Name	Street	City	State	Zip	Telephone
SUSAN	N/A	LOS ANGELES	CA		
TEREZA	N/A	LAS VEGAS	NV		

### 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 AK

**FAMILY INFORMATION-Continued**

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

Name NONE

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 DJIVAN KARAPETIAN			DECEASED
Mother SHUSHIK KARAPETIAN			DECEASED
Father-in-Law MNATSAKAN			DECEASED
Mother-in-Law MARYSYA			DECEASED

**D. Brothers and Sisters:**

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

Name (Maiden)	Birth Date	Address	Occupation
TSOVINAR KARAPETIAN		ARMENIA	PROFESOR
Spouse ASHOT YERANOSYAN		ARMENIA	TRAINER
ARA KARAPETIAN		ARMENIA	BUSSINES MAN
Spouse NARINE PETROSYAN		ARMENIA	ACCOUNTING

Spouse \_\_\_\_\_

Spouse \_\_\_\_\_

**4. EDUCATION:**

Name of School	Location	Dates Attended	Graduate
Grammar School			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any ECONOMYCollege or university where obtained UNIVERSITY OF ECONOMY in ARMENIAApplicant's initial HK

**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
1994	38	Dismissed	FRESNO, CA		FRESNO P.D.

- 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
FREDERIK	DRIVER	N/A	TEXAS	2008

Applicant's initial AK

# 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
1990-1995	MAPLE RD	GLENDALE, CA	
1995-1996	CATALINA	BURBANK, CA	
1996-1997	1117 S. LAKE ST.	BURBANK, CA	
1997-2002	5227 EAGLEDALE	LOS ANGELES, CA	
2002-	3360 PASO ANDRES ST.	LAS VEGAS, NV	89146

Applicant's initial AK



## 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 1995-1998	Name/Mailing Address of Employer/Business VMK CLOTHING GLENDALE CA	Reason for Leaving LEASE EXPIRED
Title OWNER	Description of Duties SUPERVISE	Name of Supervisor N/A
Month and Year 1993-1995	Name/Mailing Address of Employer/Business GIMMYS FASHION	Reason for Leaving
Title GENERAL	Description of Duties MANAGER	Name of Supervisor N/A
Month and Year 2001-2004	Name/Mailing Address of Employer/Business LA DEPARTMENT STORE	Reason for Leaving STORE CLOSED
Title MANAGER	Description of Duties MANAGE STORE	Name of Supervisor N/A
Month and Year 2004-2006	Name/Mailing Address of Employer/Business TERRY'S FASHION	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year 2006-2007	Name/Mailing Address of Employer/Business SILVER LAKE AUTO BODY	Reason for Leaving
Title MARKETING	Description of Duties MANAGER	Name of Supervisor JACK
Month and Year 2007-	Name/Mailing Address of Employer/Business LAS VEGAS FREIGHT	Reason for Leaving
Title OWNER	Description of Duties OPERET	Name of Supervisor N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

If additional space is needed, please provide an attachment.

Applicant's initial A.K. Page 6

## 9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>THABT. OMAR</u>	Home					
Employer <u>OMAR GALVEZ LAW GROUP</u>	Business	<u>6600 W. CHARLSTONE</u>		<u>#132</u>		
Name <u>DON CHAIREZ</u>	Home					
Employer <u>ATTORNEY</u>	Business	<u>P.O. Box 93355</u>				
Name <u>GARNIK K.</u>	Home					
Employer <u>PROMOTOR - BOXING</u>	Business	<u>2790 E. FLAMINGO</u>				
Name <u>SERJ ARMANI</u>	Home					
Employer <u>PRIVATE INVESTIGATOR</u>	Business	<u>7550 W. CHARLSTONE</u>		<u>#105</u>		
Name <u>JACK</u>	Home					
Employer <u>BEST CHOICE AUTO</u>	Business	<u>3720 W. DESERT INN RD</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 AK

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

ATTACHED

WITH



Date of photograph 08-16-10

Applicant's initial AK

STATE OF \_\_\_\_\_ ss.

COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a 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,

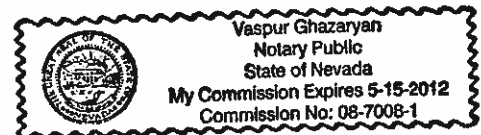
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a license in the State of Nevada.

\_\_\_\_\_  
Signature of Applicant

Subscribed and Sworn to before me this 16<sup>th</sup> day of

August 2010

\_\_\_\_\_  
Notary Public



(seal)

Applicant's initial AK Page 9

Date 08-14-10

Each MDEG shall employ an administrator at all times. The administrator must be:

1. A natural person.
2. Have a high school diploma or its equivalent.
3. Have: a) At least 1500 hours of verifiable work experience relating to the products provided be the medical products provider or medical products wholesaler or b) An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care.
4. Be employed be the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week and
5. Be approved by the board.
6. The administrator shall ensure that that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

A medical products provider or medical products wholesaler shall notify the staff of the Board of the cessation of employment of an administrator within 3 business days after the cessation of the employment. A medical products provider or medical products wholesaler shall notify the staff of the Board of the employment of a new administrator within 3 business dates after the beginning of the employment.

A medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator. The Board may summarily suspend the operation of a business or facility that operates without an administrator.

## GENERAL INSTRUCTIONS

Type or print an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner.

All applicants are advised that this application to be a MDEG administrator is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for \_\_\_\_\_

DME

Nature of MDEG

LV MEDICAL SUPPLY 21015 DECATUR BLVD S15 LAS VEGAS NV 89102  
Name and Address of Business for Which MDEG Administrator Is Requested

\_\_\_\_\_  
If applicable, Name Under Which It Is Now Operated

MANUKYAN  
Last Name

ARSEN  
First Name

\_\_\_\_\_  
Middle Name

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

6633 SHADOW COVE LAS-VEGAS NV 89139  
Present Residence Address-Street or RFD City State/Zip

2101 S DECATUR #15 LAS VEGAS NV 89102  
Present Business Address City State/Zip

ADMINISTRATOR Dates \_\_\_\_\_  
Present Position with the MDEG

Phone: \_\_\_\_\_ Fax: 8784100

Email address: LV SUPPLY @ YAHOO. COM

ARMENIA - YEREVAN  
Place of Birth (City, County, State)

50  
Age

M  
Sex

BROWN  
Color of Eyes

BLACK  
Color of Hair

200  
Weight

5'9"  
Height

Scars, tattoos or distinguishing marks and/or characteristics none

Are you a citizen of the United States? Yes ☒ No ☐

If alien, registration No. \_\_\_\_\_

If naturalized, certificate No. \_\_\_\_\_ Date 06-15-2000

Place L.A. CA. (If naturalized, document must be verified.)

A MDEG administrator must document that he or she has been employed for at least 1500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Please provide the following information to document your hours of employment.

09-11-2006	LONE MOUNTAIN MEDICAL CLINIC	1536
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
MANAGER	MANAGING MEDICAL OFFICE	V. BARARIA M.D.
Title	Description of Duties	Name of Supervisor

FROM 2007	HI-TECH DIAGNOSTICS INC	4260
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
ADMINISTRATOR	OPERATING THE OFFICE	A. BAGDASARYA
Title	Description of Duties	Name of Supervisor

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor

or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse,

1. I have ☒ I have not ☐ been charged, arrested or convicted of a felony or misdemeanor.
2. I have ☐ I have not ☒ been the subject of an administrative action whether completed or pending.
3. I have ☐ I have not ☒ had a license suspended, revoked, surrendered or otherwise disciplined, including any action against a professional license that was not made public.

If you checked "I have" to questions 1, 2 and/or 3, please include the following information and provide a written explanation and/or documents.

- a) Board Administrative Action:  
b)

State: \_\_\_\_\_

Date: \_\_\_\_\_

Case Number: \_\_\_\_\_

- c) Criminal Action:

State: CA

Date: 1994

Case Number: DISSMIST

County: LA

Court: GLENDALE

4. Will you be actively involved in and aware of the daily operation of the MDEG?

Yes ☒ No ☐

5. Will you be employed fulltime with the MDEG?

Yes ☒ No ☐

6. Will you be present at the site of the MDEG during its normal operating hours?

Yes ☒ No ☐

If you answer No to questions 4, 5 or 6 please provide a written letter of explanation.

.....  
.....  
.....  
.....  
.....  
.....  
.....

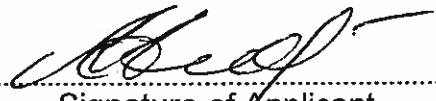


Date of photograph 08-16-10



I, ARSEN MANUKYAN, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a MDEG license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Revised Statutes and Regulations.

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or MDEG in the State of Nevada.

  
Signature of Applicant

# 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: TROPICANA MEDICAL SUPPLY, INC

Physical Address: 5020 E. TROPICANA AVE BS LAS-VEGAS NV 89122  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 5020 E. TROPICANA AVE BS ~~1415~~

City: LAS-VEGAS State: NV Zip Code: 89122-6749

Telephone Number: (702) 547-6017 Fax Number: (702) 547-6019

E-mail: TMS-INC@HOTMAIL-Com Website: N/A

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

Mon: 9AM to 6PM Tue: 9AM to 6PM Wed: 9AM to 6PM Thu: 9AM to 6PM

Fri: 9AM to 6PM Sat:      to      Sun:      to      Holidays:      to     

### FACILITY ADMINISTRATOR INFORMATION

Name: MERCY O. ALONGE

Address: 11544 ARUBA BEACH AVE

City: LAS-VEGAS State: NV Zip Code: 89138

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

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

- ☒ Assistive Equipment
- ☒ Parenteral and Enteral Equipment
- ☒ Orthotics and Prosthesis

Other: DURABLE MEDICAL SUPPLIES

### Board Use Only

Received \_\_\_\_\_ Check Number 233 Amount 500~

54353  
702

**OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION**

State of Incorporation: NEVADA  
Parent Company if any: NONE  
Corporation Name: TROPICANA MEDICAL SUPPLY, INC  
Mailing Address: 5020 E. TROPICANA AVE B5  
City, State and Zip: LAS-VEGAS NV 89122  
Telephone Number: (702) 547-6017 Fax Number: (702) 547-6019  
License Contact Person: \_\_\_\_\_  
Professional Compliance Contact Person: TERMAINE THOMAS

**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>MERCY O. ALONGE</u>	<u>PRESIDENT/OWNER</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>MERCY O. ALONGE</u>	<u>11544 ARUBA BEACH AV L.V NV 89138</u>
Name	Address
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%  
3) What was the price paid per share? 0.00  
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.

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.

TROPICANA MEDICAL SUPPLY, INC , NEVADA  
MERCY O ALONGE

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

MEDICARE # (PENDING) NPI # 1922108737

MEDICAID # 003302512

- 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. NONE


___ 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

07/15/2010  
Date

MERCY O. ALONGE PRESIDENT / OWNER  
Type name and title

# PERSONAL HISTORY RECORD

Date 07/15/2010

## GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for NV MDEG PROVIDER  
Nature of License  
TROPICANA MEDICAL SUPPLY, INC. 5020 E. TROPICANA AVE BS LV NV 89  
Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

### 1. PERSONAL INFORMATION:

ALONGE MERCY OLUNATOYIN  
Last Name First Name Middle Name

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

11544 ARUBA BEACH AVE LAS-VEGAS NV 89138  
Present Residence Address-Street or RFD City State/Zip

5020 E. TROPICANA AVE (07/2009) LAS-VEGAS NV 89122  
Present Business Address Dates City State/Zip

BUSINESS MARKETING CONSULTANT (07/2010) (702) 547-6017  
Occupation Dates Phone:

1 OSUN, NIGERIA  
Date of Birth Place of Birth (City, County, State)

29 YRS OLD FEMALE  
Age Sex

BROWN BLACK LIGHT BROWN 170lbs NO 5'11  
Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics WEAR GLASSES

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

If naturalized, certificate No. Date

Place (If naturalized, document must be verified.)

### 2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐  
Applicant's initial M.A

Page

MARITAL INFORMATION-Continued

A. **Current Marriage** JANUARY 25<sup>TH</sup>, 2005 LAS-VEGAS, NV  
 Date  
 Spouse's full name (Maiden) ADEYINKA ADEOLA-HAZZAN  
 Date of Birth \_\_\_\_\_ Place of Birth LAGOS, NIGERIA  
 Resident address NO 41 ILUPEJU ADESHIYAN LAGOS NIGERIA  
 Street City State Zip  
 Telephone: Residence (\_\_\_\_\_) Business (\_\_\_\_\_) \_\_\_\_\_  
 Spouse's employer NIGERIA BREWERY Occupation MARKETING MANAGER  
 Address of employer 1100 IKEJA EXPRESS WAY IKEJA LAGOS NIGERIA  
 Street City State Zip

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

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
N/A				

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

Name	Street	City	State	Zip	Telephone
N/A					

3. **FAMILY INFORMATION:**

A. **Children and Dependents:**

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

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

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 M-A

**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 <u>EMMANUEL O ALONGE</u>		<u>3636 W. IMPERIAL HWY</u> <u>APT #127 INGLEWOOD, CA 90303</u>	<u>CLERGY MAN</u> <u>(APOSTLE)</u>
Mother <u>AGNES M JACOB</u>		<u>3636 W. IMPERIAL HWY</u> <u>APT #127 INGLEWOOD, CA 90303</u>	<u>CLERGY WOMAN</u> <u>(PROPHETESS)</u>
Father-in-Law <u>(DECEASED)</u> <u>RASHEED A HAZZAN</u>		<u>8201 W. BELLFORT ROAD #142</u> <u>HOUSTON TX 77071</u>	<u>PUBLICIST/</u> <u>MUSICIAN</u>
Mother-in-Law <u>(DECEASED)</u> <u>IDAYAT CHRISTIANA AJAGBE</u>		<u>#53 ILUPESU EXP WAY</u> <u>PALMGROVE, LAGOS NIGERIA</u>	<u>BUSINESS</u> <u>TYPCOON</u>

**D. Brothers and Sisters:**

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

Name (Maiden)	Birth Date	Address	Occupation
<u>RHONDA ALONGE</u>		<u>300 GEMSTONE TRAIL</u> <u>ARLINGTON TX 76001</u>	<u>PHARMACY-TECH</u>
Spouse <u>OLA DANIEL</u>		<u>300 GEMSTONE TRAIL</u> <u>ARLINGTON TX 76001</u>	<u>COMPUTER</u> <u>ENGINEER</u>
<u>FUNMILOLA ALONGE</u>		<u>NO 360 FEDERAL LOW COST HOUSE ESTATE</u> <u>OLJE, ILORIN KWARA STATE (NIG)</u>	<u>COMMUNICATION SPEC</u>
Spouse <u>N/A</u>			
<u>ISACC ALONGE</u>		<u>NO 360 LOW COST HOUSE ESTATE</u> <u>OLJE, ILORIN KWARA STATE NIGERIA</u>	<u>PASTOR</u>
Spouse <u>FUNMILAYO AINA</u>		<u>NO 360 LOW COST HOUSE ESTATE</u> <u>OLJE, ILORIN KWARA STATE NIGERIA</u>	<u>FULL HOUSE WIFE</u>
<u>CLEMENT ALONGE</u>		<u>7077 ALVERN UNIT A-311</u> <u>LOS-ANGELES, CA 90045</u>	<u>NURSING STUDENT</u>
Spouse <u>N/A</u>			

**4. EDUCATION:**

	Name of School	Location	Dates Attended	Graduate
Grammar School	<u>CROCKETT JUNIOR HIGH SCHOOL</u>	<u>IRVING, TX</u>	<u>08/1995 - 05/1997</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	<u>LEUZINGER HIGH SCHOOL</u>	<u>LAWDALE, CA</u>	<u>08/98 - 05/2000</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College	<u>EL CAMINO COMMUNITY COLLEGE</u>	<u>INGLEWOOD, CA</u>	<u>09/01 - 11/01</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
University	<u>GEORGE WASHINGTON PRE. SCHOOL</u>	<u>LOS-ANGELES, CA</u>	<u>08/1997 - 05/98</u>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Type of degree obtained, if any CERTIFIED NURSING ASSISTANTCollege or university where obtained EL-CAMINO COLLEGE, INGLEWOOD CAMPUSApplicant's initial M.A



**5 MILITARY INFORMATION:**

- A. Have you ever served in any armed forces? Yes ☐ No ☒

Branch.....Date of entry-active service.....

Date of separation.....Type of discharge.....

Rating at separation.....Serial number.....

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☒ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

- B. Have you registered for the draft? Yes ☐ No ☒

County.....State.....Date registered.....

**6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)**

- A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency

- B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.
- C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒
- D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒
- E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒
- F. Have you every had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒ If yes, when?.....city, county and state.....
- G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒ If yes when?.....city, county and state.....
- H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒ If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant's initial M. A.

## 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. List all cases without exception, including bankruptcies:

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

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

Yes ☐ No ☒ If yes, complete the following:

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

## 7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
Present - 03/2010	11544 ARUBA BEACH AVE	LAS-VEGAS	NV (CLARK)
03/2010 - 07/2009	10044 BARENGIO AVE	LAS-VEGAS	NV (CLARK)
07/2008 - 07/2009	10064 BARENGIO AVE	LAS-VEGAS	NV ✓
10/2006 - 07/2008	10017 BONTERRA AVE	LAS-VEGAS	NV ✓
12/2005 - 10/2006	3700 E. BONANZA ROAD #1224	LAS-VEGAS	NV (CLARK)
12/2004 - 12/2005	3700 E. BONANZA ROAD #1123	LAS-VEGAS	NV (CLARK)
03/2001 - 12/2004	3924 W. 13TH STREET APT #1	INGLEWOOD CALIFORNIA	(INGLEWOOD)
04/1999 - 03/2001	12931 KORNBLUM AVENUE APT D	HAWTHORNE, CA	
06/98 - 04/1999	1946 N. WESTERN AVE #4	LOS ANGELES, CA	
02/1995	240 W. ROCHELLE PLACE RD #12466	IRVING TX	
06 <sup>to</sup> /1998			

Applicant's initial M.A. Page

## 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
07/2009 to Present	TROPICANA MEDICAL SUPPLY, INC 5020 E. TROPICANA AVE B-5 LV NV 89122	PRESIDENT / OWNER
	Human Resources Managerial Duties, Hiring New Applicant	Overseeing all activities
06/2009	DESSERT LANE LLC 640 DESSERT LANE LAS-VEGAS, NV 89106	MEDICAL PURPOSE
	Nursing Assistant Patient Care/Services	Marie C
01/2008	SILVER HILLS HEALTH CARE CENTER 3450 N. BUFFALO DRIVE LAS-VEGAS NV 89129	CHANGE OF ENVIRONMENT (MOVED)
	Nursing Assistant / Patient Care Manager	Loretta Darwin
11/2006	MANOR HEALTH CARE CENTER 8501 DEL WEBB BLVD LV NV 89134	OFFERED BETTER OPPORTUNITY
	Nursing Assistant Patient Care Services	Gayle Green
02/2005	THE HEIGHT OF SUMMER LN 10550 PARIS RUN DRIVE LV NV 89144	MATERNITY SITUATION
	Nursing Assistant / Patient Care Specialist	Connie J
(02/05 - 11/2008)	ASSOCIATE HEALTH SERVICES PROFESSIONAL 2675 S. JONES BLVD #105 LV NV 89146	BUSINESS CLOSED
	Nursing Assistant / Patient Care Specialist	Kyle Johnson
04/2002 - 02/2005	ASSOCIATE HEALTH PROFESSIONAL 361 HOSPITAL RD #522 NEWPORT BEACH, CA	TRANSFERRED TO NV
	Nursing Assistant / Patient Care Specialist	Kyle Johnson
12/2002 - 02/2004	PACIFIC NURSES PROVIDER 3540 WILSHIRE BLVD #404 LA, CA 90010	MOVED / CHANGE OF ENVIRONMENT
	(CERTIFIED) Nursing Assistant Patient Care	Ivone Nelson

If additional space is needed, continue on page 10 or provide attachment.

(CONTINUE ON PAGE 10)

Applicant's initial M.A Page 1

# ADDITIONAL INFORMATION

⇒ 01/2002 — 09/2002 NOW NURSES REGISTRY, INC OFFERED BETTER DO:  
 291 S. LA CIENEGA BLVD #402  
 BEVERLY HILLS CA 90211  
 NURSING ASSISTANT PATIENT CARE / SERVICES BEVERLY NIXON

⇒ 01/1999 — 07/2000 BURGER KING FAST FOOD RESTAURANT (SCHOOL WORK)  
 4005 ROSECrans AVENUE  
 LAWDALE, CA 90260 AKINFOLARIN  
 JOHNSON

Applicant's initial M.A

## 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 OGONNA IFERNYI	6151 MOUNTVISTA #1823	HENDERSON	NV	89052		7 YRS
Employer SEVEN HILLS	3021 HORIZON RIDGE	HENDERSON, NV		89052		
Name NGOZI DBI	1267 HAWTHORNE BLVD, CA			90251		10 YRS
Employer VOLT TECHNICAL SERVICE	4900 RIVER GRADE ROAD	IRWINDALE, CA		91706		
Name AYODEJI KARUNWI	18208 COLISMAN AVE	CARSON, CA		90746		18 YRS
Employer BARNES HM HEAD	909 E. 239TH STREET	CARSON, CA		90745		
Name PA. HEZEKIAH NSIM	6531 MOUNT PALMER COURT	LAS-VEGAS, NV		89156		7 yrs
Employer RCCG HOP	(PASTOR) 11555 E. FLAMINGO RD	LV NV		89119		
Name ESTHER GONZALES	3507 MOREJO CT	LAS-VEGAS, NV		89129		5 YRS
Employer ESTHER DAY CARE	3507 MOREJO CT	LAS-VEGAS NV		89129		

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☒  
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users

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

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

Yes ☐ No ☒

If yes, state type, where and years held

.....

.....

.....

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

.....

.....

.....

Applicant's initial M.A

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada, for any reason whatsoever? Yes ☐ No ☒

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

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

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer)? Yes ☐ No ☒

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒



Date of photograph 06/24/2010

Applicant's initial M.A

Page

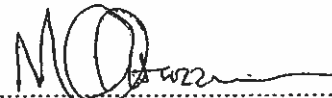
STATE OF Nevada

SS.

COUNTY OF Clark

I, MERCY O. ALONGE, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

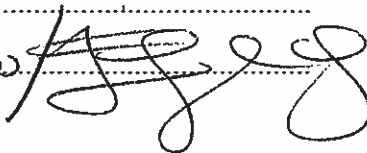


Signature of Applicant

Subscribed and Sworn to before me this 20th day of

July, 2010.

Elizabeth Campos  
Notary Public



(seal)



Applicant's initial MA

Page 6

**NEVADA STATE BOARD OF PHARMACY**  
431 W. Plumb Lane ~ Reno, NV 89509 ~ (775) 850-1440  
**INTERN PHARMACIST APPLICATION**  
**Registration Fee: \$15.00 (non-refundable)**

**APPLICANT INFORMATION:**

First: Brandon Middle: Philip Last: Thoreson  
Mailing Address: 2844 NW McDermott Place Apt #: \_\_\_\_\_  
City: Bend State: OR Zip Code: 97701  
Telephone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth: Seattle, Washington Sex: M ☒ or F ☐  
E-mail Address: \_\_\_\_\_

Pharmacy School: Oregon State University College of Pharmacy

Attendance dates: 09/2006 - Current

**Include a letter from Dean's office stating you are enrolled in pharmacy school.**

If you are a **foreign graduate** you must attach a copy of your FPGE certificate to THIS APPLICATION. You also need to complete the pharmacy school information.

- 1) 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.
- 2) I have ☒ I have not \_\_\_\_\_ been charged, arrested or convicted of a felony or misdemeanor.
- 3) I have ☒ I have not \_\_\_\_\_ been the subject of an administrative action whether completed or pending.
- 4) I have ☒ I have not \_\_\_\_\_ had a 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 2, 3 or 4 above, please include the following information and provide a letter of explanation and/or documents.

a) Board Administrative Action and/or State: Oregon Date: 12/21/2009 Case Number: 2009-0569

b) Criminal Action State: Oregon Date: 10/25/2009 Case Number: 09-03-07212

County: Deschutes Court: Deschutes County Circuit Court

In response to federally mandated requirements, the Nevada Legislature and Attorney General require that we include the following questions as part of all applications.

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, under penalty of perjury, that the information furnished on this application is true, accurate and correct. I further understand that I must be currently enrolled in pharmacy school to maintain my intern license and that if I am no longer enrolled in pharmacy school, my intern license is no longer valid.

Brandon Thoreson  
Signature

6/21/2010  
Date

Board Use Only  
Received: JUN 28 2010 Check Number: 1021 Amount: 15~

54093  
7718



June 21, 2010

Brandon Thoreson  
2844 NW McDermott Place  
Bend, OR 97701

RE: Nevada Intern License

To Whom It May Concern,

I am a P4 student at OSU/OHSU College of Pharmacy in Portland, Oregon. I am trying to apply for a Nevada intern license so I can satisfy some of my P4 clerkships in your state. I have been licensed in the state of Oregon for about 6 years, first as a technician then an intern.

Due to my poor choices made in my past, I have an embarrassing criminal background record. This resulted in me being on an Oregon Board Order before I had worked any shifts as a technician. I want to be as up front with your Board as possible in hopes of being able to fulfill some of my clerkships in your state. Therefore, I have enclosed all documents I have with the Oregon Board for your review. I have highlighted the terms of my conditional license.

Lastly, I wanted to stress none of the Board's actions or board orders pertain to any misconduct or illicit drug use in the pharmacy. Per my conversations with the Oregon Board, the board orders were set in place because they saw a pattern developing during my personal time that was not acceptable to the standards of an Oregon pharmacy technician or intern. After completing pharmacy school I would like to live in Nevada, so I am hoping you will accept my request for licensure so I can serve the people of your state.

I respectfully request your consideration in this matter.

Sincerely,



Brandon Thoreson  
Pharm.D. Student  
OSU/OHSU College of Pharmacy

BEFORE THE BOARD OF PHARMACY  
OF THE STATE OF OREGON

In the Matter of the ) Case No. 2010-0299  
Pharmacist License of )  
BRANDON THORESON ) CONSENT ORDER  
Licensee )

WHEREAS, the Board of Pharmacy of the State of Oregon has filed a Notice of Proposed Disciplinary Action; Answer Required ("Notice") and an Amended Consent Order in Case 2006-0513, a Notice and Consent Order were also filed in Case 2009-0569, hereby incorporated by reference, regarding the licensee in the above-captioned matter; and

WHEREAS, this Consent Order amends Consent Orders for Case 2006-0513 and Case 2009-0569; and

WHEREAS, the parties are desirous of resolving and settling those matters contained in the above-noted Notices without further proceedings thereon; and

WHEREAS, the licensee is aware of the right to a hearing with the assistance of counsel and the right to judicial review of the Board's decision, and hereby freely and voluntarily waives those rights; and

WHEREAS, the licensee admits that the facts alleged in the above-noted Notices are true, that the licensee's conduct, as admitted, violated the statutes and rules cited in the Notices, and that legal cause exists pursuant to ORS 689.405 for disciplinary action by the Board; and

WHEREAS, the licensee consents to the disciplinary action as set forth herein;

The Board hereby imposes the following sanctions:

1. The licensee is placed on probation for a period of five (5) years from the date this order is signed by the Board and the licensee shall comply with the following conditions of probation:

- a. Licensee shall enter into the state run program for dependency for no less than 5 years, must abide by, and complete all conditions of the program. Licensee may petition the Board for early release from the program after 2 years.
- b. Licensee consents to the release of information from the state run program to the Board. Withdrawal of this consent will be considered grounds for discipline.
- c. Licensee shall submit up to 30 observed random body fluid samples annually as directed by the Board or their designee through a Board approved collection agency. Licensee may petition for a reduction of the frequency after 24 months and completion of state run program.

- 46 d. Licensee agrees to submit to the collection of body fluids (blood or urine) or hair  
47 samples as requested by the Board or their designee for analysis. Licensee agrees  
48 to cooperate with licensee's employers, the Board or any other Board designated  
49 person responsible in the collection of said analysis samples.  
50 e. Licensee agrees that missed or diluted samples are unacceptable and may be  
51 classified as a positive test result, thereby requiring additional tests.  
52 f. All positive test results will be investigated by the Board and appropriate action  
53 taken. Licensee agrees Board may remove licensee from all pharmacy practice  
54 work sites during the investigation and may require the licensee to remain off the  
55 job until the positive test result has been resolved with the Board of Pharmacy.  
56 g. Licensee will be billed directly by the laboratory and will assume all associated  
57 costs of drug and alcohol testing.  
58 h. Licensee is to abstain from the use of alcohol, psychoactive drugs, over-the-  
59 counter drugs and herbal remedies that may cause a positive result in a drug test.  
60 If any are prescribed by a medical practitioner, licensee is to send copies of  
61 original and refill receipts to the Board containing all pertinent information  
62 immediately. Licensee is to submit prescription printout annually from single  
63 pharmacy where prescriptions are filled.  
64 i. Licensee shall not work double shifts, work in a pharmacy alone, float between  
65 two or more pharmacies or work more than 40 hours per week without written  
66 authorization from the Board.  
67 j. Licensee may not register with the Board to be a preceptor. Licensee shall deliver  
68 his preceptor registration, if any, to the Board within ten (10) calendar days of the  
69 effective date of this order.  
70 k. Licensee may not be employed as a pharmacist-in-charge (PIC) or pharmacy  
71 manager.  
72 l. During the probationary period, the licensee shall, as soon as reasonably  
73 practical, provide all present and prospective pharmacy related employers and  
74 any pharmacists-in-charge of the licensee with a copy of the Notice and the final  
75 order in this matter and have the PIC and management acknowledge to the Board  
76 in writing, on a form supplied by the Board, that the PIC and management have  
77 received a copy of both the Notice and the Order. Submission of said form is due  
78 upon the following conditions:  
79 A. beginning of probation;  
80 B. change of employment;  
81 C. change in Pharmacist-in-Charge or management; and  
82 D. annually from the date consent order is signed as periodic review.  
83 Licensee shall submit said written acknowledgement to the Board office by  
84 certified mail (or other method approved by the Board in writing) within 15  
85 calendar days and retain receipt of verification of delivery to the Board office.  
86 m. If licensee works for, or is employed by or through a pharmacy service, licensee  
87 must notify the direct supervisor, Pharmacist-In-Charge and owner at every  
88 pharmacy of the terms and conditions of licensee's probation in advance of the  
89 licensee commencing work at each pharmacy. "Employment" within the meaning  
90 of this provision shall include any full-time, part time, temporary or relief work,

whether or not the licensee is considered an employee or independent contractor. Verification of compliance with this sanction is the same as the proceeding sanction.

- n. If licensee is granted an early release from the state run program for dependency, the licensee shall submit a quarterly report, on a form supplied by the Board, to the Board office by certified mail (or other method approved by the Board in writing) and retain receipt of verification of delivery to the Board office. First quarterly report shall be due on the first day of the third month after release from the state run program, and every three months thereafter.
- o. The licensee must report all citations, arrests or convictions to the Board Office in writing within 10 days from the date of occurrence with a copy of citation, police report, and court documents. Licensee shall submit said information to the Board office by certified mail (or other method approved by the Board in writing) and retain receipt of verification of delivery to the Board office.
- p. Licensee must comply with all laws and rules regarding pharmacy practice.

2. Failure of the licensee to comply with all the requirements of the order in this matter is grounds for revocation or any other form of discipline or sanction authorized by law.

## CONSENT

I hereby acknowledge that I have read and understand the above-noted Notice with Notice of Rights and the terms of the Consent Order. I agree to the Board entering the Consent Order.

Brandon Thoreson  
Licensee (License No. PI-0009882)

Date \_\_\_\_\_

IT IS SO ORDERED.

**BOARD OF PHARMACY  
FOR THE STATE OF OREGON**

**Gary Miner, R.Ph.,  
Compliance Director**

Date \_\_\_\_\_

BEFORE THE BOARD OF PHARMACY  
OF THE STATE OF OREGON

In the Matter of the ) Case No. 2009-0569  
Intern License of )  
BRANDON THORESON ) CONSENT ORDER  
Licensee )

WHEREAS, the Board of Pharmacy of the State of Oregon has filed a Notice of Proposed Disciplinary Action; Answer Required ("Notice") regarding the licensee in the above-captioned matter; and

WHEREAS, the above-noted Notice was duly served on the licensee as required by law; and

WHEREAS, the parties are desirous of resolving and settling those matters contained in the above-noted Notice without further proceedings thereon; and

WHEREAS, the licensee is aware of the right to a hearing with the assistance of counsel and the right to judicial review of the Board's decision, and hereby freely and voluntarily waives those rights; and

WHEREAS, the licensee admits that the facts alleged in the above-noted Notice are true, that the licensee's conduct, as admitted, violated the statutes and rules cited in the Notice, and that legal cause exists pursuant to ORS 689.490 and ORS 689.405 for disciplinary action by the Board; and

WHEREAS, the licensee consents to the disciplinary action as set forth herein;

The Board finds that the allegations in the Notice are true and hereby:

1. The license issued to Brandon Thoreson is suspended for one year from the date this Consent Order becomes final. Licensee is to relinquish his intern license, and all copies of his license, to the Board within ten days from the date this Consent Order becomes final.

2. The Board waives the \$1,000 civil penalty per violation upon the licensee's acceptance of the terms of this consent order.

3. This order becomes final when signed by the Board.

RECEIVED

JAN 07 2010

OREGON BOARD OF PHARMACY

CONSENT

I hereby acknowledge that I have read and understand the above-noted Notice and the terms of the Consent Order. I agree to the Board entering the Consent Order.

Brandon Thoreson  
Brandon Thoreson  
Licensee (License No. PI-0009882)

1/4/10  
Date

IT IS SO ORDERED.

BOARD OF PHARMACY  
FOR THE STATE OF OREGON

Gary Miner  
Gary Miner, R.Ph.  
Compliance Director

1/7/10  
Date

**BOARD OF PHARMACY  
OF THE STATE OF OREGON**

In the Matter of the  
Intern License of  
  
BRANDON THORESON  
  
Licensee

) Case No. 2009-0569  
)  
) **NOTICE OF PROPOSED  
DISCIPLINARY ACTION;  
ANSWER REQUIRED**  
)

The Oregon Board of Pharmacy proposes to impose a civil penalty and revoke your Intern License No. PI-0009882 pursuant to ORS 689.832, ORS 689.490 and ORS 689.405 because you violated the Oregon Pharmacy Act and the Board of Pharmacy rules as follows:

In 2005, the Board issued a Notice of Proposed Denial of Initial Technician Registration in Case No. 2005-0049, citing the following:

1. On 7/22/2001 you were cited for minor in possession of alcohol and possession of marijuana, a schedule 1 controlled substance, in Sunriver Oregon.
2. On 7/24/2002 you were cited for driving under the influence of alcohol in Bend, Oregon.
3. On 5/19/2003 you were cited for minor in possession in Corvallis, Oregon.
4. On 10/11/2003 you were cited for minor in possession in Corvallis, Oregon.
5. On 1/31/2004 you were cited for open container in Corvallis, Oregon.
6. On 9/23/2004 you were cited for open container in Corvallis, Oregon.

On 9/20/2005 you entered into Consent Order Case No. 2005-0049 (2005 Consent Order) with the Board admitting to the above violations. The Board granted your license and placed your license on probation with the following conditions:

1. No further violations of State or Federal Law or Board of Pharmacy rules.
2. Report any citations, arrests or convictions to the Board Office within 15 days from the date of occurrence.
3. Participation in an alcohol abuse awareness program.
4. Maintain documentation of participation in program for three years.

On or about 5/6/2006, you were arrested by Corvallis Police Department for Violent Conduct. You failed to report this arrest to the Board within 15 days as required in the 2005 Consent Order and did not report this arrest to the Oregon Board of Pharmacy until submission of your Technician Annual Renewal form in August 2006. On 12/18/2006, the Board issued a Notice of Proposed Disciplinary Action in Case No. 2006-0513 for violating the terms of your probation in the 2005 Consent Order.

On 3/12/2007 you entered into Amended Consent Order Case No. 2006-0513 (2007 Amended Consent Order) with the Board. The 2007 Amended Consent Order ended the license suspension imposed by the Consent Order in Case No. 2006-0513 on

1/8/2007 and placed your license on probation to extend through the duration of your internship. A condition of probation included complying with all laws and rules regarding pharmacy practice.

On or about 10/25/2009 you received your second Driving Under the Influence of Intoxicants which is in violation of, and grounds for discipline, pursuant to ORS 689.405(1)(d).

The above allegation is in violation of your probation in the 2007 Amended Consent Order. Failure to comply with all the requirements of the 2007 Amended Consent Order is conduct contrary to the accepted standards of practice.

The aforementioned alleged violations are unprofessional conduct and grounds for discipline pursuant to ORS 689.405(1)(a), (d), and (e)(B).

Based on these alleged violations, the Board proposes to impose a \$1,000 civil penalty per violation and revoke your Intern License.

#### HEARING RIGHTS

You are entitled to a hearing as provided by the Administrative Procedures Act (ORS chapter 183). If you wish to have a hearing, you must file a written request for hearing with the Board within 21 days from the date this notice was mailed. You may send or deliver a request for hearing to:

Oregon Board of Pharmacy  
800 NE Oregon Street, Suite 150  
Portland, OR 97232  
Fax (971) 673-0002

If a request for hearing is not received within this 21-day period, your right to a hearing shall be considered waived.

If you request a hearing, you will be notified of the time and place of the hearing. Before the commencement of the hearing, you will be given information on the procedures, right of representation and other rights of parties relating to the conduct of the hearing. You may be represented by legal counsel.

If you do not request a hearing within 21 days, or if you withdraw a hearing request, notify the Board or Administrative Law Judge that you will not appear, or fail to appear at a scheduled hearing, the Board may issue a final order by default imposing discipline. If the Board issues a final order by default, it designates its file on this matter as the record.



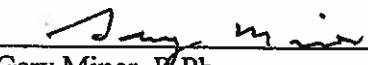
ANSWER REQUIRED

Pursuant to OAR 855-001-0010 and OAR 855-001-0015, if you request a hearing you must also provide, within 21 days from the date this document was served, a written answer to the allegations set forth in this document. Your written answer must include an admission or denial of each factual matter alleged in the notice. Except for good cause, factual matters alleged in this document and not denied in your answer will be presumed admitted.

**Hearing Request and Answers:  
Consequences of Failure to Answer  
855-001-0015**

- (1) A hearing request, and answer when required, shall be made in writing to the Board by the party or his attorney and an answer shall include the following:
  - (a) An admission or denial of each factual matter alleged in the notice;
  - (b) A short and plain statement of each relevant affirmative defense the party may have.
- (2) Except for good cause;
  - (a) Factual matters alleged in the notice and not denied in the answer shall be presumed admitted;
  - (b) Failure to raise a particular defense in the answer will be considered a waiver of such defense;
  - (c) New matters alleged in the answer (affirmative defenses) shall be presumed to be denied by the agency; and
  - (d) Evidence shall not be taken on any issue not raised in the notice and the answer.

BOARD OF PHARMACY  
FOR THE STATE OF OREGON

  
\_\_\_\_\_  
Gary Miner, R.Ph.,  
Compliance Director

12/21/09  
\_\_\_\_\_  
Date

DATE OF MAILING 12/22/2009

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45

**BEFORE THE BOARD OF PHARMACY  
OF THE STATE OF OREGON**

In the Matter of the  
Technician License of  
  
BRANDON THORESON  
  
Licensee.

) Case No. 2006-0513  
)  
)  
)  
)  
)

AMENDED CONSENT ORDER

RECEIVED  
MAR 12 2007  
BOARD OF PHARMACY

This matter having come before the Board at the request of Brandon Thoreson (Thoreson) on February 7, 2007 for consideration of the Consent Order in this matter signed by the Board on January 8, 2007 (2007 Consent Order) and hereby incorporated by reference, and the Board being persuaded that Thoreson will not repeat the misconduct found to be true in this matter, it is

HEREBY ORDERED AND AGREED that the license suspension imposed in the 2007 Consent Order is hereby ended and license is reinstated under the following conditions of probation which shall extend for five (5) years from the date this Consent Order is signed by a Board representative and violation of which, after notice and hearing, may result in revocation of the license or any other sanction authorized by law:


1. The licensee is placed on probation for a period from the date this order is signed by the Board through his internship as a Pharmacy Intern, and the licensee shall comply with the following conditions of probation:

- a. Attend the 2007 University of Utah program on chemical dependency and alcoholism in health care professionals at licensee's expense.
- b. The licensee must attend monthly PRN meetings.
- c. The licensee must attend the annual continuing education (CE) program provided locally by PRN.
- d. The license must comply with all laws and rules regarding pharmacy practice.
- e. During the five (5) year probationary period, the licensee shall, as soon as reasonably practical, provide all present and prospective pharmacy related employers and any pharmacists-in-charge of the licensee with a copy of the Notice and the final order in this matter and have the PIC and management acknowledge to the Board in writing, on a form supplied by the Board, that the PIC and management have received a copy of both the Notice and the Order. Licensee shall as soon as reasonably practical, submit said written acknowledgement to the Board office.
- f. The licensee must report any citations, arrests or convictions to the Board Office within 15 days from the date of occurrence.

2. Failure of the licensee to comply with all the requirements of the final order in this matter is grounds for revocation or any other form of discipline or sanction authorized by law.

46 CONSENT

47  
48 I hereby acknowledge that I have read and understand the terms of this Consent Order. I agree  
49 to the Board entering the Consent Order.  
50

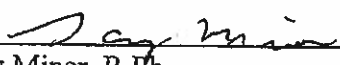
51  
52   
53 Brandon Thoreson  
54 Licensee (License No. T-0010422)  
55

56  
57  
58  
59  
60  
61  
62  
63  
64  
65  
66  
67

3/9/07  
Date

IT IS SO ORDERED.

BOARD OF PHARMACY  
FOR THE STATE OF OREGON

64   
65 Gary Miner, R.Ph.,  
66 Compliance Director  
67

3/12/07  
Date

BEFORE THE BOARD OF PHARMACY  
OF THE STATE OF OREGON

RECEIVED  
JAN 08 2007  
BOARD OF PHARMACY

In the Matter of the  
Technician License of  
BRANDON THORESON  
Licensee.

Case No. 2006-0513

CONSENT ORDER

WHEREAS, the Board of Pharmacy of the State of Oregon has filed a Notice of Proposed Disciplinary Action; Answer Required ("Notice") regarding the licensee in the above-captioned matter; and

WHEREAS, the above-noted Notice was duly served on the licensee as required by law; and

WHEREAS, the parties are desirous of resolving and settling those matters contained in the above-noted Notice without further proceedings thereon; and

WHEREAS, the licensee is aware of the right to a hearing with the assistance of counsel and the right to judicial review of the Board's decision, and hereby freely and voluntarily waives those rights; and

WHEREAS, the licensee admits that the facts alleged in the above-noted Notice are true, that the licensee's conduct, as admitted, violated the statutes and rules cited in the Notice, and that legal cause exists pursuant to ORS 689.405 and ORS 689.490 for disciplinary action by the Board; and

WHEREAS, the licensee consents to the disciplinary action as set forth herein;

The Board finds that the allegations in the Notice are true and hereby:

1. The Technician license issued to Brandon Thoreson is Suspended. Licensee is to relinquish his license, and all copies of his license, to the Board within ten days from the date this Consent Order becomes final.


2. Technician is to be evaluated through the Pharmacy Recovery Network (PRN) for alcohol abuse/addiction prior to petitioning for reinstatement.

3. This consent order is effective when signed by the Board.

45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60  
61  
62  
63  
64  
65  
66  
67

CONSENT

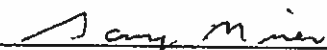
I hereby acknowledge that I have read and understand the above-noted Notice and the terms of the Consent Order. I agree to the Board entering the Consent Order.

  
Brandon Thoreson  
Licensee (License No. T-0010422)

1/4/07  
Date

IT IS SO ORDERED.

BOARD OF PHARMACY  
FOR THE STATE OF OREGON

  
Gary Miner, R.Ph.,  
Compliance Director

1-8-07  
Date

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47

**BOARD OF PHARMACY  
OF THE STATE OF OREGON**

In the Matter of the ) Case No. 2006-0513  
Technician License of )  
BRANDON THORESON ) **NOTICE OF PROPOSED  
DISCIPLINARY ACTION;**  
Licensee. ) **ANSWER REQUIRED**

The Oregon Board of Pharmacy proposes to suspend your license pursuant to ORS 689.445, 689.490, 689.405, 689.135, and 689.145, because you violated the Oregon Pharmacy Act and the Board of Pharmacy rules as alleged below:

On 9/20/2005, the Oregon Board of Pharmacy executed a Consent Order in Case No. 2005-0049 (2005-0049 Consent Order) hereby incorporated by reference, thereby placing you on probation for a period of three years from the effective date of said order. One of the sanctions included in your 2005-0049 Consent Order is:

1. Report any citations, arrests or convictions to the Board Office within 15 days from the date of occurrence.

On or about 5/6/2006, you were arrested by Corvallis Police Department for Violent Conduct. You failed to report this arrest to the Board within 15 days as required in the 2005-0049 Consent Order and did not report this arrest to the Oregon Board of Pharmacy until submission of your Technician Annual Renewal form in August 2006.

The above alleged violations violate sanction 2 of your 2005-0049 Consent Order. Failure to comply with the requirements of your Consent Order is contrary to the accepted standards of practice in violation of OAR 855-025-0050(20) and OAR 855-001-0035 which is grounds for discipline pursuant to ORS 689.405(1)(e)(B) and ORS 689.490(2)(a) and (c).

Based on these alleged violations, the Board proposes to suspend your Technician license.

**HEARING RIGHTS**

You are entitled to a hearing as provided by the Administrative Procedures Act (ORS chapter 183). If you wish to have a hearing, you must file a written request for hearing with the Board within 21 days from the date this notice was mailed. You may send or deliver a request for hearing to:

Oregon Board of Pharmacy  
800 NE Oregon Street, Suite 150  
Portland, OR 97232  
Fax (971) 673-0002

48  
49 If a request for hearing is not received within this 21-day period, your right to a  
50 hearing shall be considered waived.  
51

52 If you request a hearing, you will be notified of the time and place of the hearing.  
53 Before the commencement of the hearing, you will be given information on the  
54 procedures, right of representation and other rights of parties relating to the conduct of  
55 the hearing. You may be represented by legal counsel.  
56

57 If you do not request a hearing within 21 days, or if you withdraw a hearing  
58 request, notify the Board or Administrative Law Judge that you will not appear, or fail to  
59 appear at a scheduled hearing, the Board may issue a final order by default imposing  
60 discipline. If the Board issues a final order by default, it designates its file on this matter  
61 as the record.  
62

### 63 ANSWER REQUIRED 64

65 Pursuant to OAR 855-001-0010 and OAR 855-001-0015, if you request a hearing  
66 you must also provide, within 21 days from the date this document was served, a written  
67 answer to the allegations set forth in this document. Your written answer must include an  
68 admission or denial of each factual matter alleged in the notice. Except for good cause,  
69 factual matters alleged in this document and not denied in your answer will be presumed  
70 admitted.  
71

### 72 **Hearing Request and Answers:** 73 **Consequences of Failure to Answer** 74 **855-001-0015** 75

76 (1) A hearing request, and answer when required, shall be made in writing to  
77 the Board by the party or his attorney and an answer shall include the following:

- 78 (a) An admission or denial of each factual matter alleged in the notice;
- 79 (b) A short and plain statement of each relevant affirmative defense  
80 the party may have.  
81

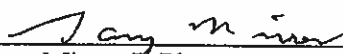
82 (2) Except for good cause;

- 83 (a) Factual matters alleged in the notice and not denied in the answer  
84 shall be presumed admitted;
- 85 (b) Failure to raise a particular defense in the answer will be  
86 considered a waiver of such defense;
- 87 (c) New matters alleged in the answer (affirmative defenses) shall be  
88 presumed to be denied by the agency; and
- 89 (d) Evidence shall not be taken on any issue not raised in the notice  
90 and the answer.  
91  
92  
93

94  
95  
96  
97  
98  
99  
100  
101  
102  
103  
104  
105  
106  
107  
108  
109  
110  
111

DATED this 18 day of December, 2006.

OREGON BOARD OF PHARMACY

  
\_\_\_\_\_  
Gary Miner, R.Ph.  
Compliance Director

DATE OF MAILING 12/18/2006



Blank

**NEVADA STATE BOARD OF PHARMACY**  
431 W Plumb Lane ~ Reno, NV 89509 ~ (775) 850-1440  
**APPLICATION BY RECIPROCATION AS A PHARMACIST**

**Total Fee: \$300.00 (non-refundable, money order or cashier's check only)**

Money Order or Cashier's Check made payable to: **Nevada State Board of Pharmacy**

Complete Name (no abbreviations):

First: Fadi Middle: Wasef Last: Atiya

Mailing Address: 6643 Duck Pond Trail

City: San Diego State: CA Zip Code: 92130

Telephone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: Kuwait ☒ M ☐ F

E-mail Address: \_\_\_\_\_

**College of Pharmacy Information**

Graduation Date: 12/1/1992  
(mm/dd/yy)

Degree Received: ☐ PharmD ☒ BS in Pharmacy ☐ Other (check one)

Name of Pharmacy School: Massachusetts College of Pharmacy

Location of School: Boston

If you are a **foreign graduate** you must attach a copy of your FPGEC certificate to THIS APPLICATION. You also need to complete the college of pharmacy information.

State which are licensed by exam: Oregon

Other states where you are (or were) licensed as a pharmacist or print "none"

State	License #	Is the license active?	State	License #	Is the license active?
<u>OR</u>	<u>8523</u>	<u>8/30/93</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<u>CA</u>	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
<u>CA</u>	<u>45978</u>	<u>3/10/93</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
<u>TX</u>	<u>47040</u>	<u>1/30/09</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Board Use Only**

Received: AUG 03 2010 Check Number: CC Amount: 300.00  
Date Law Book Mailed: \_\_\_\_\_ MPJE Approved: \_\_\_\_\_

5445  
1045

- 1) 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.
- 2) I have ☐ I have not ☒ been charged, arrested or convicted of a felony or misdemeanor.
- 3) I have ☒ I have not ☐ been the subject of an administrative action whether completed or pending.
- 4) I have ☒ I have not ☐ had a 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 2, 3 or 4 above, please include the following information and an explanation and/or documents.

- a) Board Administrative Action State: CA Date: 6/1/2010 Case Number: ----  
and/or
- b) Criminal Action State: ----- Date: ----- Case Number: -----  
County: ----- Court: -----

=====

=

### FEDERALLY MANDATED REQUIREMENTS

In response to Federally mandated requirements, the Nevada Legislature and Attorney General require that we include this form 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 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, it's agents, servants and employees, to conduct any investigation(s) of my business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

No liability of any sort or kind shall attach to the said Nevada State Board of Pharmacy, it's members, servants or employees because or by reason of the use of the authorization.

  
SIGNATURE OF APPLICANT

7-26-2010  
DATE

To whom it may concern:

In March 2008 the DEA arrested two employees at Galloway Pharmacy for stealing controlled substances, I was Pharmacist in Charge at this pharmacy.

Subsequently both employees have pleaded guilty and will be punished (jail time, fines and probation) by Federal Government.

In June 2010 the California Board of Pharmacy has sent me an accusation. The accusation "basically" states that I did not properly secure the pharmacy. I have the written action filed against me and it is available to you upon request.

Fadi Atiya  
7-23-2010

A handwritten signature in black ink, appearing to read "Fadi", followed by a large, stylized flourish or scribble.

7-23-2010

1 EDMUND G. BROWN JR.  
Attorney General of California  
2 LINDA K. SCHNEIDER  
Supervising Deputy Attorney General  
3 G. MICHAEL GERMAN  
Deputy Attorney General  
4 State Bar No. 103312  
110 West "A" Street, Suite 1100  
5 San Diego, CA 92101  
P.O. Box 85266  
6 San Diego, CA 92186-5266  
Telephone: (619) 645-2617  
7 Facsimile: (619) 645-2061  
*Attorneys for Complainant*  
8

9  
10 **BEFORE THE  
BOARD OF PHARMACY  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA**  
11

12 In the Matter of the Accusation Against:

Case No. 3487

13 **FADI WASEF ATIYA**  
6643 Duck Pond Trail  
14 San Diego, CA 92130

**A C C U S A T I O N**

15 **Pharmacist License No. RPH 45978**

16 Respondent.  
17

18 Complainant alleges:

19 **PARTIES**

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

22 2. On March 10, 1993, the Board issued Pharmacist License Number RPH 45978 to  
23 Respondent Fadi Wasef Atiya. The License was in full force and effect at all times relevant to the  
24 charges brought herein and will expire on November 30, 2010, unless renewed.

25 **JURISDICTION**

26 3. This Accusation is brought before the Board, Department of Consumer Affairs, under  
27 the authority of the following laws. All section references are to the Business and Professions  
28 Code unless otherwise indicated.

4. Section 4300, subdivision (a) of the Business and Professions Code (Code) provides, in pertinent part, that every license issued may be suspended or revoked.

5. Section 118, subdivision (b), of the Code provides that the suspension, expiration, surrender, or cancellation of a license shall not deprive the Board of jurisdiction to proceed with a disciplinary action during the period within which the license may be renewed, restored, reissued or reinstated.

## STATUTORY PROVISIONS

6. Section 480 of the Code states, in pertinent part:

(a) A board may deny a license regulated by this code on the grounds that the applicant has one of the following:

• • • •

(3)(A) Done any act that if done by a licentiate of the business or profession in question, would be grounds for suspension or revocation of license.

(B) The board may deny a license pursuant to this subdivision only if the crime or act is substantially related to the qualifications, functions, or duties of the business or profession for which application is made.

7. Section 4022 of the Code states:

"Dangerous drug" or "dangerous device" means any drug or device unsafe for self-use in humans or animals, and includes the following:

(a) Any drug that bears the legend: "Caution: federal law prohibits dispensing without prescription," "Rx only," or words of similar import.

(b) Any device that bears the statement: "Caution: federal law restricts this device to sale by or on the order of a \_\_\_\_\_," "Rx only," or words of similar import, the blank to be filled in with the designation of the practitioner licensed to use or order use of the device.

(c) Any other drug or device that by federal or state law can be lawfully dispensed only on prescription or furnished pursuant to Section 4006.

8. Section 4081 of the Code states in pertinent part:

(a) All records of manufacture and of sale, acquisition, or disposition of dangerous drugs or dangerous devices shall be at all times during business hours open to inspection by authorized officers of the law, and shall be preserved for at least three years from the date of making. A current inventory shall be kept by every . . . pharmacy . . . holding a currently valid and unrevoked certificate, license, permit, registration, or exemption under Division 2 (commencing with Section 1200) of the Health and Safety Code or under Part 4 (commencing with Section 16000) of Division 9 of the Welfare and Institutions Code who maintains a stock of dangerous drugs or dangerous devices.

1 11. Section 4110 of the Code states, in pertinent part:

2 (a) No person shall conduct a pharmacy in the State of California unless he or  
3 she has obtained a license from the board. A license shall be required for each  
4 pharmacy owned or operated by a specific person. A separate license shall be  
5 required for each of the premises of any person operating a pharmacy in more than  
6 one location. The license shall be renewed annually. The board may, by regulation,  
7 determine the circumstances under which a license may be transferred.

8 ....

9 12. Section 4301 of the Code states, in pertinent part:

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

14 ....

15 (o) Violating or attempting to violate, directly or indirectly, or assisting in or  
16 abetting the violation of or conspiring to violate any provision or term of this chapter  
17 or of the applicable federal and state laws and regulations governing pharmacy,  
18 including regulations established by the board or by any other state or federal  
19 regulatory agency.

20 ....

#### 21 REGULATORY PROVISIONS

22 13. California Code of Regulations, title 16 (Regulations), section 1714 states in pertinent  
23 part:

24 ....

25 (b) Each pharmacy licensed by the board shall maintain its facilities, space,  
26 fixtures, and equipment so that drugs are safely and properly prepared, maintained,  
27 secured and distributed. The pharmacy shall be of sufficient size and unobstructed  
28 area to accommodate the safe practice of pharmacy.

....

(d) Each pharmacist while on duty shall be responsible for the security of the  
prescription department, including provisions for effective control against theft or  
diversion of dangerous drugs and devices, and records for such drugs and devices.  
Possession of a key to the pharmacy where dangerous drugs and controlled  
substances are stored shall be restricted to a pharmacist.

14. Regulations, section 1718 states:

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

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

### 4 COST RECOVERY

5 15. Section 125.3 of the Code states, in pertinent part, that the Board may request the  
6 administrative law judge to direct a licensee found to have committed a violation or violations of  
7 the licensing act to pay a sum not to exceed the reasonable costs of the investigation and  
8 enforcement of the case.

### 9 FACTS

10 16. On March 6, 2008, Drug Enforcement Administration (DEA) and Federal Bureau of  
11 Investigation (FBI) agents simultaneously served federal search warrants at White Cross  
12 Pharmacy, Park Blvd. Pharmacy, and Galloway Pharmacy in San Diego after a two-year  
13 investigation into controlled substance diversion from the three pharmacies. From July 1, 2005,  
14 through March 6, 2008, Respondent was Pharmacist-in-Charge (PIC) at Galloway Pharmacy.

15 17. The search and warrants produced the following information:

16 a. Galloway was using the building located at 2984 Newton Avenue, San Diego, in  
17 back of the pharmacy, as part of the pharmacy for storing prescription records, prescriptions filled  
18 with controlled substances and being packaged for delivery, and computer terminals containing  
19 confidential patient information, but the building was not licensed with the Board as a pharmacy.

20 b. From July 21, 2005, to March 6, 2008, Galloway purchased 467,400 tablets of  
21 Hydrocodone 5/500; 2,111,400 tablets of Hydrocodone 10/325; and 154,900 tablets of  
22 Oxycodone 80mg.

23 c. The DEA Biennial Inventory of July 21, 2005 shows 730 tablets of Oxycodone 80;  
24 31,200 tablets of Hydrocodone 5/500; and 22,5000 tablets of Hydrocodone 10/325; and a closing  
25 inventory (stock on hand) on March 6, 2008, of 956 tablets of Oxycodone 80; 5,396 tablets of  
26 Hydrocodone 5/500; and 2,378 tablets of Hydrocodone 10/325.

27 d. The DEA computation chart shows that from July 21, 2005, to March 6, 2008,  
28 Galloway dispensed 74,846 tablets of Oxycodone 80mg; 370,767 tablets of Hydrocodone 5/500;  
and 103,623 tablets of Hydrocodone 10/325.



1 Together, this information revealed that Galloway was short 79,828 (51%) tablets of  
2 Oxycodone 80mg; short 122,437 (25%) tablets of Hydrocodone 5/500 and short 2,028,899 (95%)  
3 of Hydrocodone 10/325.

4 **FIRST CAUSE FOR DISCIPLINE**

5 **(Failure to Maintain Accurate Inventory)**

6 18. Respondent is subject to disciplinary action under section 4301, subdivision (o) of  
7 the Code for violation of the Pharmacy Act and Regulations, in that while PIC of Galloway he  
8 failed to maintain an accurate inventory in violation of Code section 4081, subdivision (a), and  
9 Regulations, section 1718, as detailed in paragraphs 16 and 17, above.

10 **SECOND CAUSE FOR DISCIPLINE**

11 **(Failure to Maintain Secure Premises and Prevent Theft Inventory)**

12 19. Respondent is subject to disciplinary action under section 4301, subdivision (o) of  
13 the Code for violation of the Pharmacy Act and Regulations, in that while PIC of Galloway he  
14 failed to maintain his facilities so that dangerous drugs were properly secured and distributed, and  
15 failed to make effective provisions for effective control against theft or diversion of dangerous  
16 drugs, with resulting shortages, in violation of Regulations, section 1714, subdivisions (b) and  
17 (d), as detailed in paragraphs 16 and 17, above.

18 **THIRD CAUSE FOR DISCIPLINE**

19 **(Operating an Unlicensed Pharmacy)**

20 20. Respondent is subject to disciplinary action under section 4301, subdivision (o) of  
21 the Code for violation of the Pharmacy Act and Regulations, in that while PIC of Galloway he  
22 operated the building located at 2984 Newton Avenue, San Diego, behind Galloway, as a  
23 pharmacy while the building was not licensed with the Board as a pharmacy, in violation of  
24 section 4110, subdivision (a) of the Code, as detailed in paragraphs 16 and 17, above.

25 **PRAYER**

26 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,  
27 and that following the hearing, the Board of Pharmacy issue a decision:  
28

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

1. Revoking or suspending Original Pharmacist License Number RPH 45978, issued to Fadi Wasef Atiya, RPH;
2. Ordering Fadi Wasef Atiya to pay the Board of Pharmacy the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 125.3; and
3. Taking such other and further action as deemed necessary and proper.

DATED: 6/9/10 Virginia Herold

VIRGINIA HEROLD  
Executive Officer  
Board of Pharmacy  
Department of Consumer Affairs  
State of California  
*Complainant*



**NEVADA STATE BOARD OF PHARMACY**  
431 W Plumb Lane ~ Reno, NV 89509 ~ (775) 850-1440  
**APPLICATION BY RECIPROCATATION AS A PHARMACIST**

**Total Fee: \$300.00 (non-refundable, money order or cashier's check only)**

Money Order or Cashier's Check made payable to: **Nevada State Board of Pharmacy**

Complete Name (no abbreviations):

First: MARIC Middle: CHRISTOPHER Last: LOWE

Mailing Address: 1023 SAGE LANE

City: FRUIT HIGHTS State: UT Zip Code: 84037

Telephone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: Boston NJ ☒ M ☐ F

E-mail Address: \_\_\_\_\_

**College of Pharmacy Information**

Graduation Date: 06/01/1989  
(mm/dd/yy)

Degree Received: ☐ PharmD ☒ BS in Pharmacy ☐ Other (check one)

Name of Pharmacy School: UNIVERSITY OF UTAH

Location of School: SALT LAKE CITY, UTAH

If you are a **foreign graduate** you must attach a copy of your FPGE certificate to THIS APPLICATION. You also need to complete the college of pharmacy information.

State which are licensed by exam: UTAH

Other states where you are (or were) licensed as a pharmacist or print "none"

State	License #	Is the license active?	State	License #	Is the license active?
<u>AZ</u>	_____	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
<u>NJ</u>	_____	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Board Use Only**

Received: AUG 04 2010 Check Number: CC Amount: 300.00  
Date Law Book Mailed: \_\_\_\_\_ MPJE Approved: \_\_\_\_\_

22226

- 1) 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.
- 2) I have ☐ I have not ☒ been charged, arrested or convicted of a felony or misdemeanor.
- 3) I have ☒ I have not ☐ been the subject of an administrative action whether completed or pending.
- 4) I have ☐ I have not ☒ had a 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 2, 3 or 4 above, please include the following information and an explanation and/or documents.

- a) Board Administrative Action and/or State: UT Date: 2004-81 Case Number: \_\_\_\_\_
- b) Criminal Action State: \_\_\_\_\_ Date: 2009-212 Case Number: \_\_\_\_\_
- County: \_\_\_\_\_ Court: \_\_\_\_\_

### FEDERALLY MANDATED REQUIREMENTS

In response to Federally mandated requirements, the Nevada Legislature and Attorney General require that we include this form 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 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, it's agents, servants and employees, to conduct any investigation(s) of my business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

No liability of any sort or kind shall attach to the said Nevada State Board of Pharmacy, it's members, servants or employees because or by reason of the use of the authorization.

Mark Luper  
SIGNATURE OF APPLICANT

7/20/2010  
DATE



nabp

## National Association of Boards of Pharmacy

1600 Feehanville Drive • Mount Prospect, IL 60056-6014

Tel: 847/391-4406 • Fax: 847/391-4502

Web Site: [www.nabp.net](http://www.nabp.net)

June 7, 2010

Nevada State Board of Pharmacy  
Larry L. Pinson, Executive Secretary  
431 W Plumb Lane  
Reno, NV 89509

RE: Mark Christopher Longo - Licensure Transfer Application  
Social Security Number – XXX-XX-2497  
NABP Number - 072420

The above applicant is filing an official application for license transfer with your state board of pharmacy.

Pursuant to the Electronic Licensure Transfer Program (ELTP) verification process, disciplinary information was obtained and is enclosed for your review.

If you have any questions, please do not hesitate to contact me at 847/391-4400, or via email at [ksamar@nabp.net](mailto:ksamar@nabp.net)

Cordially,

Kristin A. Samar  
Licensure Programs Assistant II

JUN 10 2010

**National Association of Boards of Pharmacy**  
 1600 Feehanville Drive, Mt. Prospect, IL 60056  
 847/391-4400 ~ Clearinghouse@NABP.NET

## Notification of Disciplinary Action - Pharmacists

06/07/2010

To State Board of Pharmacy

DISCIPLINARY ACTIONS ARE SUBMITTED TO NABP BY STATE BOARDS OF PHARMACY ON A VOLUNTARY BASIS, AND, ACCORDINGLY, THE FOREGOING REPORTS MAY NOT BE ALL INCLUSIVE, FURTHER, THE INFORMATION SET FORTH SHOULD BE VERIFIED WITH THE DESIGNATED DISCIPLINARY JURISDICTION AS TO ACCURACY AND STATUS PRIOR TO RELIANCE ON THESE REPORTS IN SUPPORT OF ANY CONTEMPLATED ACTION BY YOUR AGENCY.

Carmen A. Catizone, MS, RPh, DPh  
 Executive Director/Secretary

Name of Board Taking Action Licensee Address	Date of Birth Soc. Sec. No.	State Licenses	Date of Action Effective Date	Adverse Action Taken Fine, Basis for Action	Duration of Action
NABP072420					<div>Years</div> <div>Months</div> <div>Days</div>
Mark Christopher Longo		AZ 12588	07/16/2009	Reprimand or Censure	
1023 Sage Ln		CO 15935	07/16/2009	Fine=\$1000	
Fruit Heights		NV 14859			
UT, 84037		UT 151407-1701		Violation of Federal or State Statutes, Regulations or Rules	
		NJ 28RI02822000		//	
	02/03/1964			Pharmacist provided a patient with 3 boxes of Actiq suckers (Fentanyl, a schedule II controlled substance) while waiting approval of payment from patient's insurance company. When insurance company would not approve the Salt Lake City pharmacy, he transferred the entire prescription to a rural pharmacy which would accept the patient's insurance. He then sold 9 boxes of Actiq	
	151562497				

Name of Board Taking Action Licensee Address	Date of Birth Soc. Sec. No.	State Licenses	Date of Action Effective Date	Adverse Action Taken Fine, Basis for Action	Duration of Action
				suckers from the Salt Lake City pharmacy's stock to the rural pharmacy, who attached their own labels and transferred the boxes back to the Salt Lake City pharmacy and the pharmacist then dispensed them to the patient. All 9 boxes were billed to the insurance company by the rural pharmacy. Pharmacist altered the computer information regarding the first 3 boxes to show there was no sale of prescription drugs to the customer on that date. The prescription was deleted from the Salt Lake City pharmacy records on October 3, 2007 and then copy/created to another prescription on October 24, 2007 by the pharmacist and deleted later that day. Utah Board of Pharmacy reprimanded the pharmacist, assessed a \$1,000.00 fine and ordered him to complete 8 hours of CPE in law and professional ethics.	
	03/19/2004			Administrative Fine/Monetary Penalty	<input type="text"/> Years
	03/19/2004			Fine=\$2000	<input type="text"/> Months
				Violation of Federal or State Statutes, Regulations or	<input type="text"/> Days



Name of Board Taking Action Licensee Address	Date of Birth Soc. Sec. No.	State Licenses	Date of Action Effective Date	Adverse Action Taken Fine, Basis for Action	Duration of Action
				Rules // Pharmacist incorrectly entered prescription information into the pharmacy's computer and submitted that incorrect information to the Controlled Substance Database. Utah Board of Pharmacy ordered him to pay a \$2,000.00 fine and meet with the Board to review Utah laws and rules relating to the Controlled Substance Database.	

MITCHELL JONES (USB 5979)  
Assistant Attorney General  
Commercial Enforcement Division  
MARK L. SHURTLEFF (U.S.B. 4666)  
Attorney General  
Division of Occupational and Professional Licensing  
Heber M. Wells Building  
Box 146741  
Salt Lake City, Utah 84114-6741  
Telephone: (801) 530-6412

---

**BEFORE THE DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING  
OF THE DEPARTMENT OF COMMERCE  
OF THE STATE OF UTAH**

---

IN THE MATTER OF THE LICENSE OF	:	
MARK LONGO	:	STIPULATION AND ORDER
TO PRACTICE AS A PHARMACIST AND TO	:	
DISPENSE CONTROLLED SUBSTANCES	:	CASE NO. DOPL-200 4-81
IN THE STATE OF UTAH	:	

---

**STIPULATION**

Mark Longo ("Respondent"), and the Division of Occupational and Professional Licensing of the Department of Commerce ("Division") stipulate and agree as follows:

1. Respondent admits the jurisdiction of the Division over him and over the subject matter of this action.
2. Respondent acknowledges that he enters into this Stipulation knowingly and voluntarily.
3. Respondent understands that he may be represented by an attorney in this matter and has consulted with counsel or knowingly waives the right to be represented by an attorney.
4. Respondent understands he is entitled to a hearing before the Utah State Board of Pharmacy ("the Board"), or other presiding officer, at which time he may present evidence on his own behalf, call his own witnesses and confront adverse witnesses. Respondent acknowledges that by executing this document, he waives: (1) the right to a hearing before the Board, (2) the right to present evidence on his behalf, (3) the right to call his own witnesses, and (4) the right to confront adverse witnesses, together with such other rights to which he may be entitled in connection with said hearing.

ms

5. Respondent waives the right to issuance of a Notice of Agency Action.

6. Respondent admits the following facts:

- a. On March 20, 2003 the Respondent was issued a Letter of Concern by the Division in regards to the fact that information was incorrectly entered into the pharmacy computer and submitted to the Controlled Substance Database. A Database submission indicated that Dr. Michael Goates was the prescribing practitioner of prescription # 476137, a prescription issued on October 4, 2002, when, in fact, the prescription had been issued by Dr. Robert Corniea;
- b. On June 26, 2003 it was determined by a Division Investigator that prescriptions had been incorrectly entered into the pharmacy computer and submitted to the Controlled Substance Database. The Database submission indicated that Dr. Brian Riddle was the prescribing practitioner of prescription # 472232, a prescription issued on September 19, 2002; prescription # 487378, a prescription filled November 19, 2002; and prescription # 491698, a prescription filled December 5, 2002; when, in fact, the prescriptions had been issued by Dr. Seth Riddle.
- c. On July 9, 2003 it was determined by a Division Investigator that prescriptions had been incorrectly entered into the pharmacy computer and submitted to the Controlled Substance Database. The Database submission indicated that Arthur Morgan, MD, was the prescribing practitioner of prescription # 487199, a prescription filled November 18, 2002; and prescription # 487566, a prescription filled November 20, 2002; when, in fact, the prescriptions had been issued by James Morgan, DDS.

7. Respondent acknowledges the just-described conduct justifies the imposition of an administrative fine under Utah Code Annotated § 58-37-7.5(12)(a). Respondent therefore agrees to pay the Division a fine in the amount of \$2,000, due and payable by May 3, 2004. Respondent further agrees to meet with the Board of Pharmacy at its next regularly scheduled hearing date to review Utah laws and rules related to the Controlled Substance Database. *paid 4/9/04*

8. Respondent understands the Division shall file this Stipulation and Order following its execution by all parties thereto.

9. Respondent acknowledges this Stipulation and Order, if adopted by the Director of the Division, will be classified as a public document and may be released to the public. In addition, the Division is authorized to inform other state and federal agencies of the action taken herein and of the content of this Stipulation and Order.

10. As consideration for Respondent's entry into this Stipulation and Order, the Division agrees it will take no further action against Respondent's pharmacy license, regarding the allegations herein,

unless Respondent violates any terms or conditions of this Stipulation and Order, or otherwise fails to comply with the provisions of the Pharmacy Practice Act, Utah Code Ann. §§58-17a-101, et. Seq., or other statutes or rules governing his Utah licensure.

11. Respondent acknowledges this Stipulation and Order, upon approval by the Director of the Division, shall be the final compromise and settlement of this matter. Respondent further acknowledges that the Director of the Division is not required to accept the terms of this Stipulation and Order and that if the Director does not do so, this Stipulation and the representations contained therein shall be null and void, except that the Division and the respondent waive any claim of bias or prejudgment they might have with regard to the Director by virtue of his having reviewed this stipulation.

12. Should Respondent fail to comply with the terms and conditions set forth herein, or violate any statute or rule governing its licensure to practice pharmacy in the State of Utah, a hearing shall be conducted to determine whether such violation occurred and whether a sanction other than that set forth herein is warranted.

13. This document constitutes the entire agreement between the parties and supersedes any and all prior negotiations, representations, understandings or agreements between the parties regarding the subject of this Stipulation and Order. There are no verbal agreements that modify, interpret, construe or affect this Stipulation.

DIVISION OF OCCUPATIONAL &  
PROFESSIONAL LICENSING

RESPONDENT

DATE: 16 Mar 04

DATE: March 19, 2004

BY:   
L. MITCHELL JONES  
ASSISTANT ATTORNEY GENERAL

BY:   
MARK LONGO, RPH

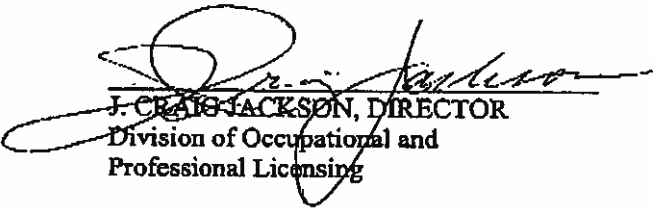
DATE: 16 March 04

BY:   
DIANA BAKER  
BUREAU MANAGER

ORDER

THE STIPULATION ABOVE, regarding the license of MARK LONGO, which is approved by the Division of Occupational & Professional Licensing, constitutes my Findings of Fact and Conclusions of Law in this matter. The terms and conditions of the Stipulation are incorporated herein and constitute my final Order in this case.

DATED this 19<sup>th</sup> day of March, 2004.



J. CRAIG JACKSON, DIRECTOR  
Division of Occupational and  
Professional Licensing

INVESTIGATOR: SANDRA HESS

L. MITCHELL JONES (U.S.B. 5979)  
Assistant Attorney General  
MARK L. SHURTLEFF (U.S.B. 4666)  
Attorney General  
Commercial Enforcement Division  
Heber M. Wells Building  
Box 146741  
Salt Lake City, UT 84114-6741  
Telephone: (801) 366-0310

---

BEFORE THE DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING  
OF THE DEPARTMENT OF COMMERCE  
OF THE STATE OF UTAH

---

IN THE MATTER OF THE LICENSES OF	)	
MARK CHRISTOPHER LONGO TO	)	STIPULATION AND ORDER
PRACTICE AS A PHARMACIST AND	)	
TO DISPENSE CONTROLLED SUBSTANCES	)	CASE NO. DOPL 2009- 217
IN THE STATE OF UTAH	)	

---

MARK CHRISTOPHER LONGO ("Respondent") and the DIVISION OF  
OCCUPATIONAL AND PROFESSIONAL LICENSING of the Department of Commerce of  
the State of Utah ("Division") stipulate and agree as follows:

1. Respondent admits the jurisdiction of the Division over Respondent and over the subject matter of this action.
2. Respondent acknowledges that Respondent enters into this Stipulation knowingly and voluntarily.

3. Respondent understands that Respondent has the right to be represented by counsel in this matter and Respondent's signature below signifies that Respondent has either consulted with an attorney or Respondent waives Respondent's right to counsel in this matter.

4. Respondent understands that Respondent is entitled to a hearing before the State of Utah's Board of Pharmacy ("Board"), or other Division Presiding Officer, at which time Respondent may present evidence on Respondent's own behalf, call witnesses, and confront adverse witnesses. Respondent understands that by signing this document Respondent hereby waives the right to a hearing, the right to present evidence on Respondent's own behalf, the right to call witnesses, the right to confront adverse witnesses, and any other rights to which Respondent may be entitled in connection with said hearing. Respondent understands that by signing this document Respondent hereby knowingly and intelligently waives the right to all administrative and judicial review as set forth in §§ 63G-4-301 through 63G-4-405, and Utah Administrative Code R156-46b-12 through R156-46b-15.

5. Respondent waives the right to the issuance of a Petition and a Notice of Agency Action in this matter.

6. Respondent acknowledges that this Stipulation and Order, if adopted by the Director of the Division, will be classified as a public document. The Division may release this Stipulation and Order, and will release other information about this disciplinary action against Respondent's licenses, to other persons and entities.

7. Respondent admits the following facts are true:

- a. Respondent was first licensed as a pharmacist and to dispense controlled substances in the State of Utah on or about November 9, 1989.



- b. On or about October 1, 2007 while working as a pharmacist at a pharmacy in Salt Lake City, Utah, Respondent provided customer Jane Doe (identity withheld for purposes of confidentiality) with three boxes of Actiq suckers, each box containing 30 suckers, with each sucker containing 1200 mcg of Fentanyl (a schedule II controlled substance), while waiting approval of payment from Jane Doe's insurance company. Respondent had not yet provided six boxes of Actiq that the prescription authorized.
- c. When it was determined that the Salt Lake City pharmacy was not on Jane Doe's insurance company preferred providers list, Respondent contacted a rural Utah pharmacy in Smithfield, Utah where Respondent was also currently employed. Respondent transferred the entire prescription to the Smithfield pharmacy which was on Jane Doe's insurance company's preferred provider's list. Respondent then sold the Smithfield pharmacy nine boxes of Actiq suckers from the Salt Lake pharmacy's stock. The Smithfield pharmacy labeled six boxes of Actiq suckers with the Smithfield pharmacy label and transferred them to the Salt Lake City pharmacy, where the six boxes were dispensed by Respondent to Jane Doe. All nine boxes were billed to Jane Doe's insurance by the Smithfield pharmacy for the entire amount of the drugs.
- d. According to the Salt Lake City pharmacy's records, Respondent altered computer information to show that there was no sale of prescription drugs to Jane Doe on October 1, 2007. The prescription was deleted from the Salt Lake City pharmacy's records on October 3, 2007. The same prescription was copy/created to another prescription on October 24, 2007 by Respondent and deleted later that day.
- e. On or about November 20, 2007 Respondent's employment with the Salt Lake City pharmacy was terminated.

8. Respondent admits that Respondent's conduct described above is unlawful conduct as defined in Utah Code Ann. § 58-37-6(7)(o), § 58-37-7(3), and 21 CFR § 1306.13(a), and unprofessional conduct as defined in Utah Code Ann. § 58-1-501(2)(a) and (h); and that said conduct justifies disciplinary action against Respondent's license pursuant to Utah Code Ann. § 58-1-401(2)(a) and (b). Respondent agrees that an Order, which constitutes disciplinary action against Respondent's licenses by the Division pursuant to Utah Administrative Code R156-1-102(7) and Utah Code Ann. § 58-1-401(2), shall be entered in this matter as follows:

- (1) Respondent licenses shall be publicly reprimanded for the conduct described above.
- (2) Respondent shall pay an administrative fine of \$1,000.00 (one-thousand dollars pursuant to Utah Code Ann. § 58-17b-504(4)(b) and § 58-37-6(8) within 90 days of the effective date of this Stipulation and Order. *paid*
- (3) Respondent shall complete eight additional hours of continuing professional education, pre-approved by the Board and Division, in the area of Respondent's licensed field of practice, with emphasis in the areas of law and professional ethics. The eight additional hours of continuing professional education shall be completed within one year from the date of this Stipulation and Order. The eight additional hours of continuing education hours shall not count toward the regular continuing professional education requirement for license renewal. Respondent shall provide documentation to the Division and Board of successful completion of the eight additional hours.

9. This Stipulation and Order, upon approval by the Director of the Division, shall be the final compromise and settlement of this non-criminal administrative matter. Respondent acknowledges that the Director is not required to accept the terms of this Stipulation and Order and that if the Director does not do so, this Stipulation and the representations contained therein shall be null and void, except that the Division and the Respondent waive any claim of bias or prejudgment Respondent might have with regard to the Director by virtue of her having reviewed this Stipulation, and this waiver shall survive such nullification.

10. Respondent agrees to abide by and comply with all applicable federal and state laws, regulations, rules and orders related to the Respondent's licensed practice.

11. This document constitutes the entire agreement between the parties and supersedes and cancels any and all prior negotiations, representations, understandings or agreements between the parties regarding the subject of this Stipulation and Order. There are no verbal agreements that modify, interpret, construe or affect this Stipulation.

12. The terms and conditions of this Stipulation and Order become effective immediately upon the approval of this Stipulation and signing of the Order by the Division Director. Respondent must comply with all the terms and conditions of this Stipulation immediately following the Division Director's signing of the Order page of this Stipulation and Order. Respondent shall complete all the terms and conditions contained in the Stipulation and Order in a timely manner. If a time period for completion of a term or condition is not specifically set forth in the Stipulation and Order, Respondent agrees that the time period for completion of that term or condition shall be set by the Board. Failure to complete a term or condition in a timely manner shall constitute a violation of the Stipulation and Order and may subject Respondent to revocation or other sanctions.

13. If Respondent violates any term or condition of this Stipulation and Order, the Division may take action against Respondent, including imposing appropriate sanction, in the manner provided by law. Such sanction may include revocation or suspension of Respondent's license, or other appropriate sanction.

14. Respondent has read each and every paragraph contained in this Stipulation and Order. Respondent understands each and every paragraph contained in this Stipulation and Order. Respondent has no questions about any paragraph or provision contained in this Stipulation and Order.

DIVISION OF OCCUPATIONAL &  
PROFESSIONAL LICENSING

RESPONDENT


BY:   
LAURA POE  
Bureau Manager

BY:   
MARK CHRISTOPHER LONGO

DATE: 7-15-09

DATE: July 15, 2009

MARK L. SHURTLEFF  
ATTORNEY GENERAL

BY:   
L. MITCHELL JONES  
Counsel for the Division

DATE: 15 July 2009

**ORDER**

THE ABOVE STIPULATION, in the matter of **MARK CHRISTOPHER LONGO**, is hereby approved by the Division of Occupational and Professional Licensing, and constitutes my Findings of Fact and Conclusions of Law in this matter. The issuance of this Order is disciplinary action pursuant to Utah Administrative Code R156-1-102(7) and Utah Code Ann. § 58-1-401(2). The terms and conditions of the Stipulation are incorporated herein and constitute my final Order in this case.

DATED this 16 day of July, 2009.

DIVISION OF OCCUPATIONAL AND  
PROFESSIONAL LICENSING



MARK B. STEINAGEL  
Director

Investigator: Sandra Hess

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: Kit    Middle: Nolan    Last: Bouthillier  
Home Address: 1751 Pinewood Drive    Apt #: 9-C  
City: Minden    State: NV    Zip Code: 89423  
Telephone: \_\_\_\_\_    Social Security Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_    Place of Birth: Wood, Ca.    Sex: ☒ M or F  
E-mail Address: \_\_\_\_\_

I am requesting registration at the following pharmacy or approved training program:

Pharmacy: Career College of N Nevada    Store #: School P110000003  
Address: 1421 Pullman Drive  
City: Sparks    State: Nevada    Zip Code: 89434  
Signature of Managing Pharmacist: Odrienne Samudio    Lic # PT01986    Date: 6/17/16

(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 a explanation.

a) Board Administrative Action    State: \_\_\_\_\_    Date: \_\_\_\_\_    Case #: \_\_\_\_\_  
and/or  
b) Criminal Action    State: \_\_\_\_\_    Date: \_\_\_\_\_    Case #: \_\_\_\_\_  
County: \_\_\_\_\_    Court: \_\_\_\_\_

In response to federally mandated requirements, the Nevada Legislature and Attorney General require that we include the following questions as part of all applications.

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.

Kit Bouthillier    6/8/2010  
Signature    Date

Board Use Only  
Received: JUL 07 2010    Check Number: 597    Amount: 40~



# CAREER COLLEGE of Northern Nevada

WE BUILD CAREERS

1421 Pullman Drive \* Sparks, NV 89434  
(775) 856-2266 \* Fax (775) 856-0935

April 6, 2010

I, Kit Nolan Bouthillier, understand that due to my criminal history it is very likely that it could limit my employment opportunities in the pharmaceutical field. I have spoken directly to the Nevada Board of Pharmacy about the possibilities of my criminal history barring me from Technician Licensing. I recognize that having standing limitations could also further limit my employment opportunities as well. I also recognize that Career College of Northern Nevada we will not be able to guarantee me a technician registration. I also recognize that it will be extremely difficult obtaining an externship site to complete the program. I understand that I would not be able to take the PTCB exam as I would not be able to meet the requirements for graduation if this externship is not obtained. I also understand that employment is neither offered nor guaranteed by Career College of Northern Nevada or its agents. Furthermore, I understand that not graduating or not gaining employment will not excuse me from my obligation to pay for the training and supplies or my obligation to repay any and all loans used to pay for the training. I accept full responsibility for obtaining the required externship portion of the training and hold Career College of Northern Nevada harmless should I not be able to obtain said externship due to my lifting limitations and/or criminal background.

Signature: Kit Bouthillier

Printed Name: Kit Bouthillier

Date: 3/6/2010

Witness Signature: Maria Budis

Witness Printed Name: Maria Budis

Date: 4/6/10

# DocuTrack – Pharmacy Electronic Document Management

## Overview

DocuTrack provides a more secure method for processing paper digitally within the pharmacy. It is an electronic document management system designed specifically for the **closed and retail pharmacy markets**. In the closed door pharmacy market as well as some retail pharmacies, the majority of orders are received by facsimile transmission. Existing fax machines store incoming faxes in memory until it has the capability to print the fax. With DocuTrack in place, faxes are received electronically and stored in memory until they are printed for audit purposes.

DocuTrack not only receives and stores facsimile's electronically, it allows for efficiencies in record filing, retrieval and overall reductions in order turnaround time. DocuTrack also helps the pharmacy to manage their staff more efficiently and improve accountability by accurately tracking all document activity, something impossible to do in paper.

A third party study done with DocuTrack's sister product, OmniLinkRx conducted by Sujits S. Sansgiry, PhD, assistant professor, Department of Clinical Sciences and Administration, College of Pharmacy, University of Houston, Texas Medical Center, found "...that improved medication turnaround time and efficiencies can result, as well as increased patient safety through a reduction in transcription errors." On average order turn around times were reduced by 35%.

DocuTrack version 4.0 is built on the same code base as OmniLinkRx and adds features specific to institutional, closed door and retail pharmacy operations. Today there are over 210 institutional pharmacies servicing close to a million beds/patients with one of these pharmacies located in your state. It is approved or allowed through existing legislation in over 22 states and has never been denied when presented to a state for approval.

## How DocuTrack Operates within the Pharmacy

### **Receive Documents**

DocuTrack receives documents a number of ways. The primary methods are through fax machines and digital senders (high speed scanners setup within the pharmacy). Facilities, corrections and group homes being serviced by the pharmacy **will continue to submit orders through their existing fax machines and the pharmacy still stores C2 prescriptions in hard copy to maintain federal compliance.**

This technology allows pharmacy to increase security over conventional scanners and fax machines in a number of ways:

- Call Subscriber Identification (CSID) (the information found at the top of every faxed document) cannot be modified for outbound faxes leaving the pharmacy. In a typical fax machine this can be temporarily changed in minutes.
- Incoming faxes where the CSID has been altered to facilitate fraudulent activities are easily detected since the calling number is audited and unchangeable within a DocuTrack system. DocuTrack uses ANI, automatic number identification, which is the same technology used by 911 call centers as well as caller ID to track the true source of the document along with CSID.
- Documents generated within the pharmacy, such as invoices and delivery manifests, typically enter DocuTrack through a secure high capacity Digital Sender scanner. These scanners can be configured to require user name and passwords to submit documents into DocuTrack.
- Faxes are received and stored electronically. They are no longer out in the open allowing cleaning crews or other individuals access to incoming documents containing regulated information.



- Multiple backups can be made and stored off site securing against unforeseen Acts of God and simple accidents such as spilled coffee.

Once a fax is received, the faxed image cannot be altered or changed. Users may only add annotations to the original image. These annotations do not alter the original images and are added on top of the image. Annotations can be hidden to reveal the original image, but not deleted.

DocuTrack stores incoming faxes and documents in the PDF file format. PDF is a document container for images. An analogy for this would be when you send an email and attach a document; the attachment is placed in the email, but the document is unchanged. PDF enables DocuTrack to store incoming faxes while retaining their original format (TIFF G4). This ensures reproductions that meet and exceed the printing capabilities of existing fax machines.

### **Application Access Controls**

Application access and control is accomplished using two methods. The first method uses internal DocuTrack user names and passwords. The second method uses a Window's 2000/2003 Active Directory for centralized user management and control. Any user accessing DocuTrack must do so using one of these two methods.

Additionally, all client workstations accessing the DocuTrack server require our Client Tools to be installed. These tools allow DocuTrack to encrypt all user names and passwords before sending this sensitive data to the server.

Once a user has successfully logged into the system, full HIPPA and Sarbanes-Oxley compliance is maintained by controlling application access and maintaining a full audit history of all a user's activities. Users can be limited by application area, feature and document level. For example, a user may be created that can only see admission forms from the 'Shady Acres' facility and copy them internally within DocuTrack.

### **Application Use**

Once a user successfully logs onto the system, they will see a screen similar to the one shown in Figure 1 at the top of page 3. The workflow in any DocuTrack system can be designed according to the pharmacy's needs and regulatory requirements. This screen shows a very simple workflow where all incoming documents are placed in the Queue labeled "*1. Fax Machine*" and are triaged to different delivery runs, pharmacist review and clarifications.

The "*1. Fax Machine*" queue is the digital representation of a paper based fax machine. Once a user selects this queue, they see a listing of all received faxes showing the originating source and the date and time the document was received.

From this queue, users triage documents by setting the department, type of document, status, and priority and any other fields dependent on the pharmacy's workflow. Optionally, with the Direct ID module, secondary Positive Identification occurs during this step. This identification occurs by comparing the user's RFID card making sure it matches with the currently logged on user. If the user is unable to present the correct RFID card, the user is unable to triage the document. This secondary step is required by the Ohio Board of Pharmacy. Once documents have been triaged, the next step is transcription into the pharmacy system.

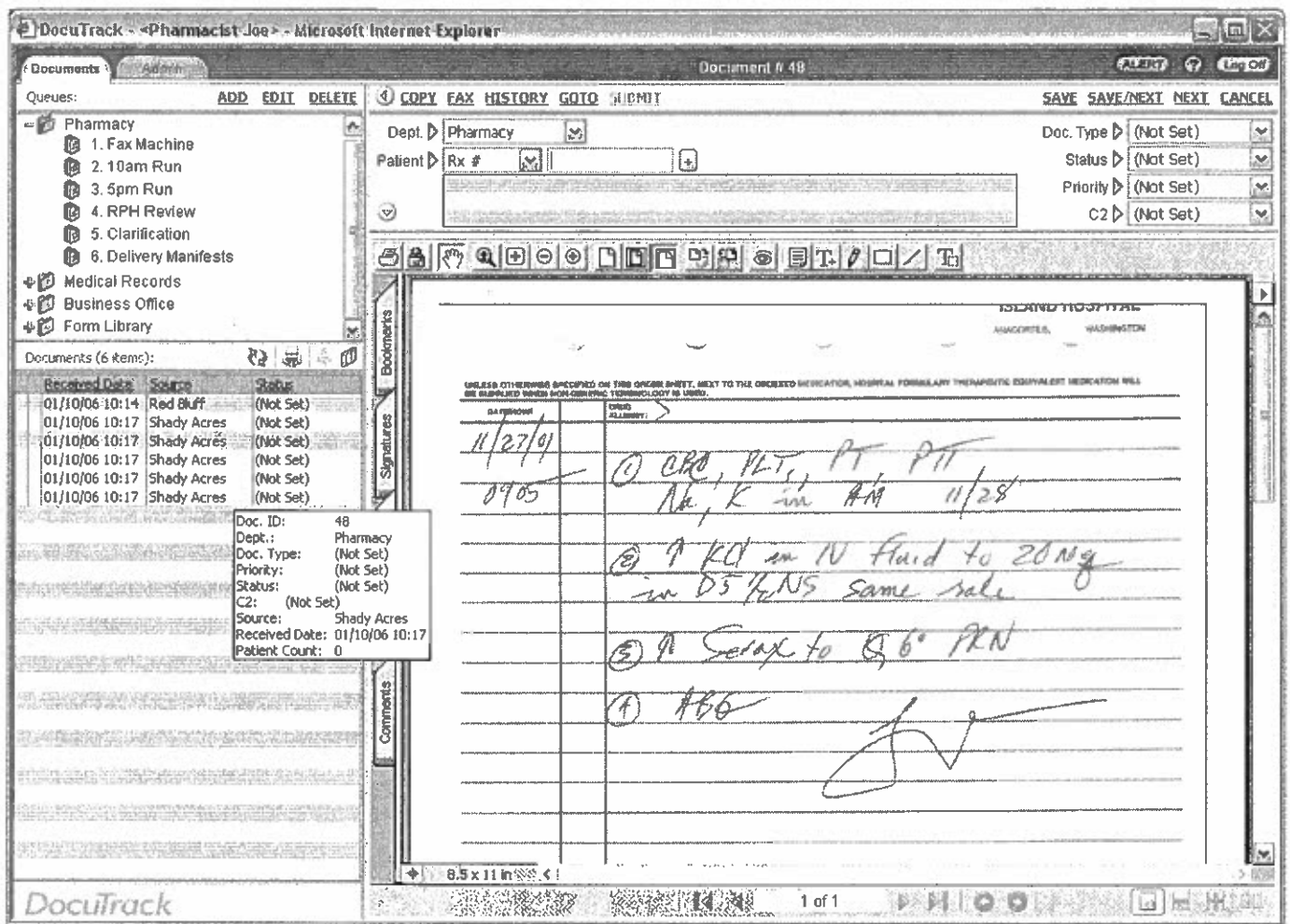


Figure 1

## Order Transcription

Order transcription takes place as it does today with paper. The pharmacy workstation typically has two monitors connected to one computer with the pharmacy system running on one monitor and DocuTrack on a second monitor. The second monitor allows the user to view the document while transcribing the order without having to toggle between applications. With a 17 inch monitor, it also allows the user to view the full image larger than what it would be printed allowing increased readability and transcription accuracy.

Once the order has been transcribed, the user initiates an association from within the pharmacy system. This is either a hot key or button within the pharmacy system that when pressed, adds the prescription record information to the document in DocuTrack. The information sent to DocuTrack is pharmacy system dependent. DocuTrack only requires patient name, patient identifier and prescription number. Some pharmacy systems send much more information such as drug name, patient billing address, physician information etc. When DocuTrack receives the association request, we create a corresponding prescription record and attach it to the document and create the corresponding audit records for this action. At the same time, some pharmacy systems store the record locator number within the prescription in their pharmacy system. This information is then used to index the document for easy retrieval. Figure 2 shows the result of this association with the red arrow pointing to the prescription associated.

From here, the user places their unique stamp, a red check mark in Figure 2 at the top of page 4, and saves the document. With Direct ID requirements, the user's RFID badge must match the currently logged in user to save the document.

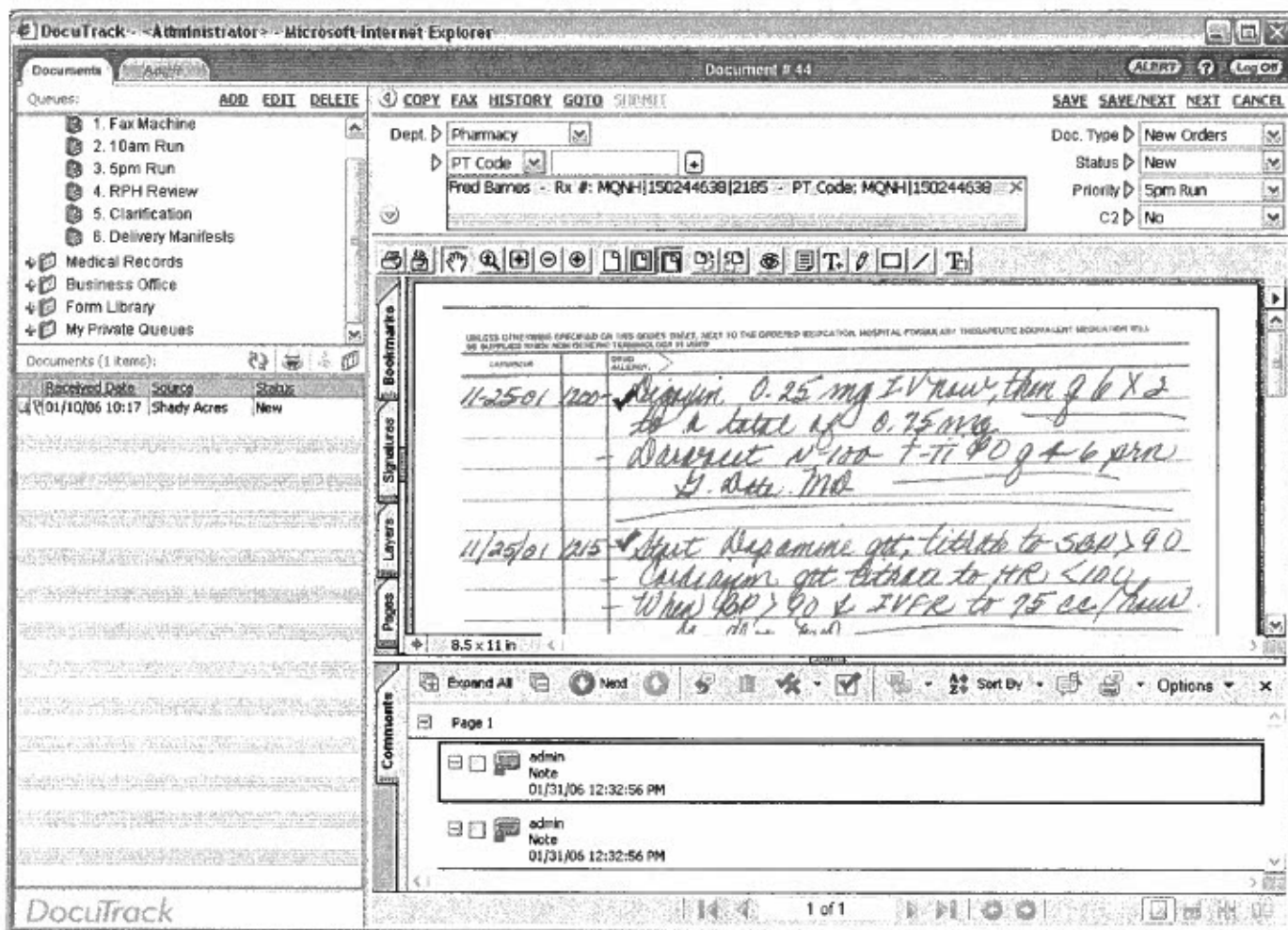


Figure 2

### Pharmacist Review

The Drug Utilization Review pharmacist review step is typically driven by the pharmacy system, but it can also be driven by DocuTrack. When using the pharmacy system for review, the pharmacy system sends prescriptions that need to be reviewed to the pharmacist. If the pharmacy system stored the document number with the prescription during the association process, the document the order was transcribed from will be automatically loaded within DocuTrack. The pharmacist verifies the current prescription in the pharmacy system against the original order within DocuTrack. Upon verifying the order, the pharmacist places his stamp, the blue cross shown in Figure 3 at the top of page 5, on the document and then saves the document. DocuTrack then creates a corresponding audit record.

If DocuTrack is driving the review process, the exact opposite happens. The pharmacist loads the next document in the Queue labeled "4. Rph Review" and proceeds to verify every order on the page putting his stamp down for each order verified.

DocuTrack - <Pharmacist Joe> - Microsoft Internet Explorer

Document # 44

ALERT ? Log Off

Documents ADD EDIT DELETE COPY FAX HISTORY GOTO PRINT

SAVE SAVE/NEXT NEXT CANCEL

Queues: Pharmacy

- 1. Fax Machine
- 2. 10am Run
- 3. 5pm Run
- 4. RPH Review
- 5. Clarification
- 6. Delivery Manifests

Medical Records

Business Office

Form Library

Documents (3 items):

Received Date	Source	Status
01/10/06 10:17	Shady Acres	RPh Review
01/10/06 10:17	Shady Acres	RPh Review
01/10/06 10:17	Shady Acres	RPh Review

Dept: Pharmacy

Patient: Rx # [ ]

Fred Barnes! Rx #: MQNH150244638/2185 - PT Code: MQNH150244638

Doc. Type: New Orders

Status: RPh Review

Priority: 5pm Run

C2: No

Bookmarks

Signatures

Layers

Pages

8.5 x 11 in

Expand All Next

Note

01/31/06 12:44:42 PM

Joe

Note

01/31/06 12:44:42 PM

admin

Note

01/31/06 12:32:56 PM

DocuTrack

1 of 1

Figure 3

## Summary

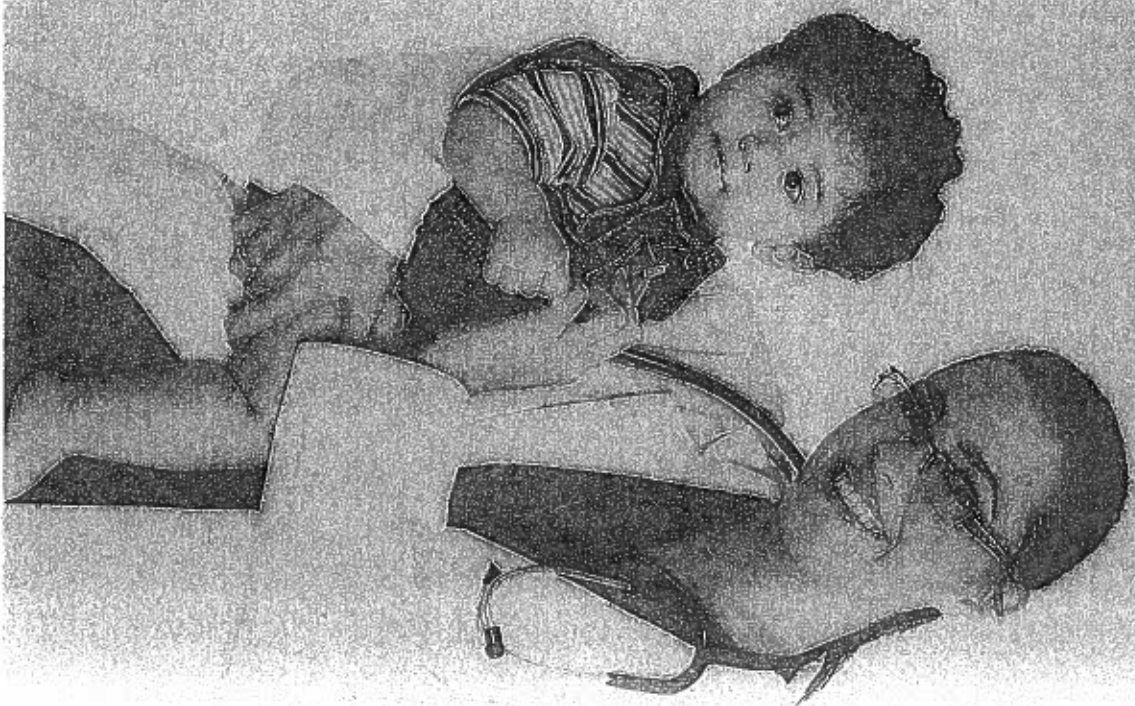
DocuTrack is a secure and robust pharmacy document management solution designed to meet the needs of institutional and retail pharmacies. It does not require changing any processes or procedures in place within the pharmacy. It replicates their existing paper based workflows and helps to secure, standardize and better manage their pharmacies by gaining control over paper.



HYATT REGENCY LAKE TAHOE - NOVEMBER 3-5, 2010

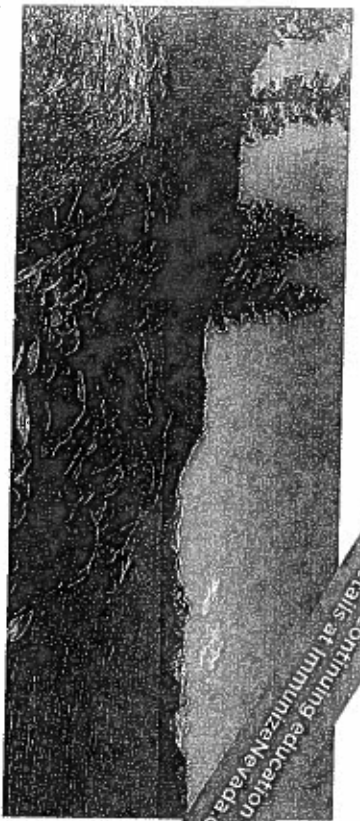
# SAVE THE DATE

EPIDEMIOLOGY & PREVENTION  
OF VACCINE-PREVENTABLE DISEASES





Nevada Immunization Coalition  
520 W. Sixth Street  
Reno, NV 89503



Mark your calendar to attend this comprehensive series, share ideas and network with colleagues at scenic Lake Tahoe, November 3-5, 2010. Designed for vaccine providers, physicians, nurses, school nurses, medical assistants, office staff, public and private healthcare providers—this opportunity shouldn't be missed.

### **IMMUNIZATION AND PREVENTION OF VACCINE-PREVENTABLE DISEASES**

Presented by CDC's National Center for Immunization and Respiratory Diseases, this two-day course covers vaccine-preventable diseases and vaccines.

### **IMMUNIZATION LEARNING EXCHANGE**

Concurrent sessions presented by both local and national experts will feature information and updates on vaccination strategies and advances including cocooning, H1N1 successes, and communicating with parents.

To receive complete program details please visit [www.bit.ly/SWXFtg](http://www.bit.ly/SWXFtg) to be added to the "Immunization Education Opportunities" distribution list. Co-sponsored by Nevada Immunization Coalition and California Department of Public Health Immunization Branch

The Nevada Immunization Coalition  
in partnership with a variety of caring organizations is pleased to present

## **EPIDEMIOLOGY & PREVENTION OF VACCINE PREVENTABLE DISEASES**

November 3-5, 2010  
Renaissance Las Vegas Hotel

### **CONFERENCE PURPOSE**

To join the professional sectors in Nevada and California to increase knowledge around vaccine-preventable diseases, vaccines, vaccine delivery, and practice strategies to close the gap between the evidence-based knowledge around the need for, and effectiveness of, immunizations and the actual rates of immunizations in both private and public settings by improving immunization practices and provider education of the public.

### **CDC COURSE OBJECTIVES (DAY 1 & 2)**

The attendee will be able to:

- ◆ Describe the difference between active and passive immunity.
- ◆ List two characteristics of live attenuated vaccines.
- ◆ List two characteristics of inactivated vaccines.
- ◆ Describe an emerging immunization issue for each vaccine-preventable disease.

### **NEVADA-FOCUSED COURSE OBJECTIVES (DAY3)**

The attendee will be able to:

- ◆ Outline & describe the regulatory and financial aspects of vaccines
- ◆ Demonstrate and implement, as appropriate, strategies for increasing immunization rates and delivery within a practice in order to positively impact that practice, its community and state.
- ◆ Implement strategies to effectively manage the business aspects of vaccines.
- ◆ Apply effective tools and use evidence-based information to communicate with patients and families.

### **CONFERENCE TARGET POPULATIONS**

This conference will target interdisciplinary participants from the professional sectors dealing with children and their families. Special emphasis will be placed on helping professions dealing with vaccine-eligible individuals such as medicine, nursing, primary care, pediatrics and pharmacy. Both public and private sector professionals will be included.





# 2010 EPIDEMIOLOGY & PREVENTION OF VACCINE-PREVENTABLE DISEASES

*FACULTY---*

Bost, Brent W.	MD, MBA, CAP, FACOG	409-899-1499 <a href="mailto:brentb1@att.net">brentb1@att.net</a>
Ezhuthachan, Rutu S.	MD	Chief of Pediatrics Southwest Medical Associates 702-737-1880 <a href="mailto:rutu.ezhuthachan@uhc.com">rutu.ezhuthachan@uhc.com</a>
Ford, Janet	RN, BSN	Vaccine Strategies Consultant 775-720-6373 <a href="mailto:jford@gmail.com">jford@gmail.com</a>
Forest, Pam	MD	VFC Program Manager Nevada State Immunization Program 775-684-5903 <a href="mailto:pforest@health.nv.gov">pforest@health.nv.gov</a>
Hammer, Sandra Jo	RN, MSN, MPH	Nurse Consultant III Immunization Branch California Department of Public Health 510-620-3735 <a href="mailto:Sandrajo.hammer@cdph.ca.gov">Sandrajo.hammer@cdph.ca.gov</a>
Hurst, Heidi	MA	Regional Director Northern Nevada Immunization Coalition 775-770-6713 <a href="mailto:heidi.hurst@chw.edu">heidi.hurst@chw.edu</a>
Larson, Trudy	MD	Professor of Pediatrics & Microbiology Department of Pediatrics University of NV School of Medicine 775-327-2284 / fax-784-4828 <a href="mailto:tlarson@medicine.nevada.edu">tlarson@medicine.nevada.edu</a>
Lloyd, Kathie	MSN, RN, CLE, CNM	Perinatal Clinical Nurse Sp/H1N1 Project Mgr Nevada State immunization Program 775-982-4229 / fax-982-4783 <a href="mailto:klloyd@renown.org">klloyd@renown.org</a>

Mackie, Daniel P.	MPH	Mass Illness Response Coordinator Nevada Public Health Preparedness Program 775- <a href="mailto:dmackie@health.nv.gov">dmackie@health.nv.gov</a>
McCune Davis, Debbie	Senator	Program Director The Arizona Partnership for Immunization 602-288-7566
McGrath, Mary	BA	Administrator / Manager Pediatric Associates 775-329-2525
Seward, Erin	MPH	Web IZ Manager Nevada State Health Division 775-684-3209 / fax-684-8338 <a href="mailto:eseward@health.nv.gov">eseward@health.nv.gov</a>
Smith, Christi		Immunization Program Manager Nevada State Immunization Program 775-684-5914
Sowadsky, Rick		State Epidemiology Program <a href="mailto:rsowodski@health.nv.gov">rsowodski@health.nv.gov</a>
Taylor, Kelly		New Business Manager CIGNA HealthCare 701-938-2813

## BIOGRAPHICAL DATA & DISCLOSURE FORM

**CME ACTIVITY:** Epidemiology & Prevention of Vaccine Preventable Diseases

ACTIVITY DATE: November 3-5, 2010

Name / Degrees / Credentials: \_\_\_\_\_

Home or Business Address: \_\_\_\_\_

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

Day Telephone: \_\_\_\_\_ Ext. \_\_\_\_\_ E-Mail: \_\_\_\_\_

Present Position (Employer, Title and Description): \_\_\_\_\_

**Education** (Include basic preparation through highest degree held):

	Degree	Institution (name, city, state)	Major Area of Study	Year Degree Awarded
1.				
2.				
3.				

**Describe your expertise related to your role in the educational activity:**

\_\_\_\_\_

## VESTED INTERESTS

As an accredited sponsor of continuing medical education, ESI Management Group must insure balance, independence, objectivity and scientific rigor in all its individually sponsored or jointly sponsored educational activities. In accordance with the Accreditation Council for Continuing Medical Education's (ACCME) Standards for Commercial Support, all planners and faculty involved in the development of CME content must disclose any **relevant financial relationships**. Such relationships refer to those in any amount that you or your spouse/partner have had in the past 12 months with a commercial interest whose products or services are discussed in the CME activity over which you have control. Having an interest in an organization does not prevent a speaker from making a presentation, but the audience must be informed of this relationship, real or perceived, prior to the start of the activity. It then remains for the audience to determine whether the interests or relationships may influence the presentation with regard to exposition or conclusion. (If you already have a special form to identify this, it may be attached to this form rather than repeated herein.)

(OVER)

- ☐ I have no real or perceived conflicts of interest that relate to this presentation / event.
- ☐ I have the following real or perceived conflicts of interest that relate to this presentation: (please describe in box below)

The content over which I have control WILL / WILL NOT contain information about healthcare products or services?

If so, and there a significant financial interest or other relationship with the manufacturer(s) of any of the products or provider(s) of any of the services, please list the manufacturer(s) or provider(s) and describe the nature of the relationship(s).

This relationship(s) WILL / WILL NOT cause the information about healthcare products and/or services in the CME content I control to be commercially biased?

Please list any significant relationships, outside of standard employment arrangements and those already stated above, which you have with commercial supporters of this event known at this time:

I WILL / WILL NOT include discussion of an off-label use of a commercial product or any investigational use not yet approved. If off-label use of a commercial product is included, I agree to inform learners of such.

I AGREE / DISAGREE to use generic names of healthcare products or services, however, if I use trade names, I will use trade names from several companies when available.

I AGREE / DISAGREE that the information I present will be based on generally accepted scientific principles and methods, and I will not promote the commercial interest of any commercial entity funding research.

I recognize that I must follow all guidelines and criteria regarding vested interest and that my presentation will be monitored to ensure compliance of all related directions. And, if it is determined that a conflict of interest exists, I am aware that I may be asked to limit the content of my presentation to a report without recommendations, to refocus the CME activity away from the conflict, or face disqualification as a planner, or faculty member.

**I have disclosed all relevant financial relationships** in this form and/or attachments to this form and agree to disclose this Information to learners.

I attest that this CME activity will be / has been planned with **independence, balance and objectivity** and that the design, management, and production was the sole responsibility of the Planning Committee and ESI Management Group and was independent of the control of any commercial interest relevant to its content. And, I agree that my involvement will be balanced, independent, objective and evidence-based where possible and that I will work toward the promotion of quality or improvements in healthcare. Thus, I will not promote a specific proprietary business / commercial interest or any promotional components even if I am on a speaker's bureau.

I also agree that I will not accept any honoraria, additional payments or reimbursements beyond that which has been agreed upon directly with ESI Management Group. My signature below attests that I have read and agree to the statements on this document.

Signed: \_\_\_\_\_  
(Signature required)

Date: \_\_\_\_\_

**FRIDAY, NOVEMBER 5, 2010**

7:00 – 8:00 REGISTRATION, EXHIBITS & CONTINENTAL BREAKFAST

8:00 – 8:10 WELCOME  
*Tracey Green, MD*

8:10 – 9:00 CHANGING TIMES: AN UPDATE ON IMMUNIZATION  
RECOMMENDATIONS CHILDCARE & SCHOOL REQUIREMENTS  
ACROSS THE STATES  
*Pam Forest, MD*  
*Sandra Jo Hammer, RN, MSN, MPH*  
*Debbie McCune Davis, Senator*

After participating in this presentation, participants will be able to:

- A. Quickly outline the past, present and future of epidemiology and delineate and differentiate the ACIP recommended vaccinations from state required vaccinations; and,
- B. Outline the requirements for daycare, school and business vaccinations in Nevada and California and design a plan to properly share this and related vaccination information across the borders.

9:00 - 9:15 EXHIBITS & BREAK

9:15 – 10:15 CONCURRENT SESSIONS

IMMUNIZATION REGISTRY  
*Erin Seward*

As a result of attending this session, participants will be able to:

- A. Teach others about the WebIZ history, options, available tools (vaccine management, forecasting, reminder/recall, etc.), and associated laws; and,
- B. Appropriately use the registry to improve daily practices around immunizations - including the sharing of data across state lines and with electronic medical records, varying regulations and laws.

THE BIG CHILL – AVOIDING VACCINE STORAGE PROBLEMS  
*Sandra Jo Hammer, RN, MSN, MPH*

After attending this session, participants will be able to:

- A. Describe the importance of correct storage and handling of vaccines in various practice settings and identify the available resources to assist with these processes and problem trouble-shooting; and,

requirements) in their own practice settings - including use of appropriate equipment and tools.

## USING NEW MEDIA & OTHER COMMUNICATION STRATEGIES

*Heidi Hurst, MA*

Following this session, participants will be able to:

- A. TBD
- B. TBD

10:15 – 10:30

## EXHIBITS & BREAK

10:30 – 11:30

## CONCURRENT SESSIONS

### UNDERSTANDING WHO PAYS YOUR CLAIMS & WHAT IT MAY MEAN TO YOUR BOTTOM LINE

*Kelly Taylor,*

After attending this session, participants will be able to:

- A. TBD
- B. TBD

### COMPETING WITH DR. GOOGLE & COMMUNICATING EFFECTIVELY WITH PARENTS

*Rutu Ezhuthachan, MD*

As a result of attending this session, participants will be able to:

- A. Demonstrate familiarity and minimum competency with various social media and websites - both positive & negative which deal with vaccines and use this information to and guide vaccine-hesitant parents and parents seeking further information to these sites and related resources; and,
- B. Use various social media and related resources to communicate accurate and needed science to the public, correct myths and misperceptions, and facilitate greater access to and compliance with vaccine recommendations.

### VACCINATING ADULTS AGAINST HEPATITIS & HPV

*Brent Bost, MD*

As a result of attending this session, participants will be able to:

- A. Outline the specific details - including recommendations, dosages, indications, contraindications, etc., of common adult immunizations like hepatitis, HPV, Tdap, meningitis, influenza; and,
- B. List some of the common practice settings appropriate for administration of these vaccines and practice cocooning for those who cannot be vaccinated by vaccinating those around them.

11:30 - 1:00

LUNCH ON THE LAKE

1:00 - 2:00

CONCURRENT SESSIONS

#### STATE EPIDEMIOLOGY & PUBLIC HEALTH PREPAREDNESS

*Christi Smith*

As a result of attending this session, participants will be able to:

- A. Educate colleagues and the general public on the changing epidemiology, emerging issues, new challenges, expanding vaccine partners (i.e. pharmacists, EMTs); and,
- B. Develop plans to address outbreaks using this information, PHPs, and PODs. Additionally, meet reporting requirements surrounding VPD cases and describe the nuances of VAERS and investigation processes.

#### WHY VACCINATE HEALTH CARE PROVIDERS?

*Janet Ford, RN, BSN*

After attending this session, participants will be able to:

- A. Communicate with healthcare workers on vaccination issues and their importance for those in the field; and,
- B. Outline the mandates and regulations for healthcare facilities including influenza mandates.

#### VACCINATING THE ADOLESCENT POPULATION

*Trudy Larson, MD*

As a result of participating in this session, participants will be able to:

- A. TBD
- B. TBD

2:00 - 2:15

EXHIBITS & BREAK

2:15 - 3:15

CONCURRENT SESSIONS

#### THE BUSINESS OF VACCINES – A REVENUE SOURCE

*Mary McGrath*

After participating in this program, participants will be able to:

- A. Differentiate various payer sources - managed care, HMOs, PPOs, capitated plans, self-insured, ERISA, Medicaid, et cetera and understand the payment systems and the effects on their own bottom lines; and,
- B. Implement practice management procedures which will promote the financial well-being of the overall practice, improve communication with

A. ... common error in contracting, timing and coding which lead to financial losses or less than maximum reimbursements / payments.

## BEST PRACTICES – VACCINATION ADMINISTRATION & COMPETENCY

*Janet Ford, RN, BSN*

After attending this session, participants will be able to:

- A. Implement best practices in vaccine safety, effectively read vaccine labels in order to explain what is in vaccines and how they work, demonstrate competent documentation, work with bloodborne pathogens, and administration and other practice competencies; and
- B. Apply such practices for individuals without vaccination records and/or history - including proper use of titers.

## INFLUENZA & THE NEXT STAGE OF COCOONING

*Kathie Lloyd, MSN, RN, CNM*

After attending this session, participants will be able to:

- A. Dispel the myths around influenza and those vaccines and explain the rationale around universal recommendations - including healthcare workers; and,
- B. Describe the development and advantages of new immunization partners and how all professionals and paraprofessionals can work together to combat the anticipated developments for 2010/11.

3:15 - 3:20

ROOM BREAK

3:20 - 4:30

## THE HURRIED HEALTH CARE PROFESSIONAL

*Brent Bost, MD*

After participating in this closing session, participants will be able to:

- A. Identify some of the common stressors of hurried healthcare professionals and recognize their effects on themselves; and,
- B. Develop a plan of techniques to incorporate into their own daily practices to lessen the negative effects of those stressors faced in their own practices.



# THIS CERTIFICATE OF ATTENDANCE IS AWARDED TO

FOR PARTICIPATION IN THE

## EPIDEMIOLOGY & PREVENTION OF VPD LEARNING EXCHANGE

Conducted at the Hyatt Regency Lake Tahoe  
November 5, 2010

*ESI Management Group certifies that the above named provider has participated in this educational activity and is awarded up to 6.0 category 1 credits toward the AMA Physician's Recognition Award.*

*ESI Management Group is accredited by the Utah Medical Association to sponsor continuing medical education for physicians.*

*ESI designates this educational activity for a maximum of 6.05 category 1 credits toward the AMA Physician's Recognition Award. Each physician should claim credit commensurate with the extent of their participation in the activity.*

---

ESI Management Group  
Post Office Box 1734 – Draper, UT 84020  
801-501-9446

# NEVADA EPIDEMIOLOGY & PREVENTION OF VPD

## 2010 SESSION EVALUATION

Session: \_\_\_\_\_ Day: \_\_\_\_\_

Presenter(s): \_\_\_\_\_

Please indicate your profession (check all that apply):

<input type="checkbox"/> Administrator	<input type="checkbox"/> Educator	<input type="checkbox"/> Social Worker
<input type="checkbox"/> Allied Health Profess.	<input type="checkbox"/> Nurse / Nurse Pract.	<input type="checkbox"/> Substance Abuse Prof.
<input type="checkbox"/> Case Manager	<input type="checkbox"/> Physician	<input type="checkbox"/> Therapist
<input type="checkbox"/> Counselor	<input type="checkbox"/> Psychologist	<input type="checkbox"/> Other

Please circle your rating of the following:

1=Poor; 6=Excellent

Presenter – Overall (knowledge, presentation, organization, etc)      1    2    3    4    5    6

Meeting of objective A as noted in syllabus      1    2    3    4    5    6

Meeting of objective B as noted in syllabus      1    2    3    4    5    6

Did the speaker(s) demonstrate bias towards commercial products/services?      Yes      No

What did you like best about this session?

What did you like least about this session?

Additional comments are welcome:

Please circle your rating of the following:

1=Poor; 6=Excellent

Overall Conference	1	2	3	4	5	6
Overall Organization & Operation	1	2	3	4	5	6
Hilton Conference Facilities	1	2	3	4	5	6
Meeting of Overall Conference Purpose & Goals	1	2	3	4	5	6

Participation in this conference provided tools that will enable you to (Mark all that apply)

- ☐ Develop strategies to reinforce current and effective practices and/or initiate change to your practice
- ☐ Strengthen or improve your current practice performance
- ☐ Improve patient outcomes

Please list two or three changes you will make in your practice as a result of attending this conference:

What barriers / gaps, if any, do you anticipate facing when incorporating these changes into your practice? (Mark all that apply)

- ☐ Lack of resources (staff, equipment, funding)
- ☐ Time necessary to implement the change
- ☐ Need more information or training to implement a change in practice
- ☐ Other:

What did you like best about this summit?

What did you like least about this summit?

What suggestions do you have for the next summit?

Additional comments are welcome:

(Over Please....)

# 2009 OVERALL CONFERENCE EVALUATION & SELF-ATTENDANCE REPORTING FORM FOR CEU/CME VERIFICATION

To formally receive continuing education credits and to insure an accurate record and verification of your attendance at the 2009 Nevada Early Childhood Health & Immunization Summit you must submit this completed form prior to leaving the conference.

Name: \_\_\_\_\_ Degree/Specialty: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Please indicate your profession (check all that apply):

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Administrator          | <input type="checkbox"/> Educator                   | <input type="checkbox"/> Social Worker         |
| <input type="checkbox"/> Allied Health Profess. | <input type="checkbox"/> Nurse / Nurse Practitioner | <input type="checkbox"/> Substance Abuse Prof. |
| <input type="checkbox"/> Case Manager           | <input type="checkbox"/> Physician                  | <input type="checkbox"/> Therapist             |
| <input type="checkbox"/> Counselor              | <input type="checkbox"/> Psychologist               | <input type="checkbox"/> Other _____           |

Please check the box to the left of the presentation title for each session you attended:

	Time	Topic	Speaker	Length - hours
	8:00	NV'r Miss A Shot – The Importance of Early Childhood	Geoffrey Nagle, PhD, MPH, MSW	1.0
	9:30	Nevada's Healthcare System	Dawn Gibbons & Panel	1.00
	10:45	Building An Early Childhood System That Supports Early Childhood Mental Health	Geoffrey Nagle, PhD, MPH, MSW	1.25
	10:45	Feed Me – But Let Me Do It Myself!	Madeleine Sigman-Grant, PhD, RD	1.25
	10:45	I Know More Than You Thin I Do – Tips & Techniques To Assist Young Kids Surviving Loss & Death	Karen O. Johnson, MEd	1.25
	10:45	Immunization Update 2009	William Atkinson, MD	1.25
	12:00	Ask The Expert	William Atkinson, MD	0.50
	1:00	The Big Chill – Avoiding Vaccine Storage Problems	Sandra Jo Hammer, RN, MSN, MPH	1.25
	1:00	Developmental Screening – We're Not In Denver, Dorothy!	Lynn M. Kinman, MD, FAAP	1.25
	1:00	Eating Disorders & Obesity In Kids: A One-Size Approach To Prevention And Treatment	Lindsey Ricciardi, PhD	1.25
	1:00	Think Outside The Box! A Holistic Approach To Behavioral Treatment	Sue Koury, BFA	1.25
	2:30	Healthy Sleep In Early Childhood: What Is It? Why Does It Matter? When Should We Be Concerned?	Melissa M. Burnham, PhD	1.00
	2:30	Narcotics Identification & Recognition	Bruce Gentner, Det & Brian Grammas, Det.	1.00
	2:30	Nevada Immunization Program Highlights	Tami M. Chartraw, MPA, HA	1.00
	2:30	Understanding Who Pays Your Claims & What It May Mean To Your Bottom Line	Kelly Taylor & Joanne T. Steffen	1.00
	3:45	Accessing & Using 211 And Other Helpful Res.	Margot Chappel & Panel	1.25
	3:45	Adolescent Substance Abuse – How Do We Know & Then What?	Benjamin Harris, LSAC	1.25
	3:45	Cocooning Isn't Just For Caterpillars Anymore	Kathie Lloyd, MSN, RN, CLE, CNM	1.25
	3:45	Considerations For Premies – Birth To -Teen	Michelle Gorelow, MAEd	1.25
	8:30	Communicating Science to The Public	Paul A. Offit, MD	1.00
	9:45	Autism – The Real Truth	Lynn M. Kinman, MD, FAAP	1.25
	9:45	Infectious Diseases in Children: They Never Go Away Even In The 21 <sup>st</sup> Century	Trudy Larson, MD	1.25
	9:45	The Medical Necessity of Pediatric Dental Care	Jeanne Hibler	1.25
	9:45	Nevada Web IZ – The One Stop Shop	Erin Seward, MPH	1.25
	11:15	Attachment – The Cornerstone of Mental Health In Childhood	Margaret P. Freese, PhD, MPH	1.25
	11:15	Immunizations: A Source Of Revenue	Mary McGrath, BA	1.25
	11:15	Seasonal Influenza, Pandemics & Emergency Preparedness	Daniel P. Mackie, MPH	1.25
	11:15	Working With The Autism Spectrum Disorders	Johanna Fricke, MD	1.25
	12:30	Problem-Solving Barriers To Children's Health	Denise Tanata Ashby, JD	0.50
	1:45	Early Intervention: What Pain It Could Prevent	Carl A. Rovig & Panel	1.25
	1:45	Fetal Alcohol Spectrum Disorders: Practical Tools For Identification & Management	Colleen A. Morris, MD	1.25
	1:45	Perinatal STD Infections: How HIV, Syphilis, Hepatitis B & CMV Impact Babies	Trudy Larson, MD	1.25
	1:45	Recognition & Initial Intervention For The Primary Care Provider Facing Potential Abuse or Neglect	Lisa Popovsky, LSW	1.25
	3:10	Feeding The Starved Relationship	Matt Townsend, MA	1.25

Blank

## **EXECUTIVE SECRETARY REPORT – SEPTEMBER 2010**

### **A) FINANCIAL REPORT**

### **B) TEMPORARY LICENSES**

### **C) STAFF ACTIVITIES**

- i. CE: Elko, Reno

### **D) REPORT TO BOARD**

- i. Pharmacist's Letter CE Program
- ii. PT Schools
- iii. Inspections
- iv. Electronically generated fax prescriptions

### **E) BOARD RELATED NEWS**

- i. APAP
- ii. The Secure and Responsible Drug Disposal Act of 2010

### **F) ACTIVITIES REPORT**

Blank

TEMPORARY LICENSES  
(Issued since last board meeting)

Renown Regional Hospital Pharmacy

Elizabeth Cobb



Blank

## **Nevada Law CE Draft Plan**

The following plan is for Jeff Jellin and Larry Pinson, Executive Director of the Nevada State Board of Pharmacy. The Plan is for Nevada Pharmacy Technicians and Pharmacists to be able to complete the Nevada State Board of Pharmacy Law CE presented by the Nevada State Board and delivered via the Pharmacy Technician's Letter or Pharmacist's Letter websites.

### **OVERVIEW:**

1. The Nevada Pharmacy Law CE has been presented live by the Board and video taped. The Pharmacist's Letter and Pharmacy Technician's Letter (PL and PTL) technical department has turned the presentation into an appropriate format and optimized it to make it viewable online.
2. The technical department has built appropriate technology so that pharmacy technicians and pharmacists living in Nevada will see the course as a required course listed on their Pharmacy Technicians CE & Training Organizer or Pharmacists CE & Training Organizer, respectively.
3. Nevada Pharmacy Technicians and Pharmacists who enter either of the Organizers will be authenticated by their personal identification number known as their CE ID number.
4. Nevada Technicians and Pharmacists who have a Pharmacy Technician's Letter or Pharmacist's Letter CE subscription either individually or through their employer will be able to click on the required course online and be taken to the video presentation.
5. The Nevada Law CE presentation will provide instructions at the beginning regarding the process to obtain appropriate Nevada CE credit. It explains that upon reaching the end of the course, a number will be provided to the Technician or Pharmacist. At the end of the course the Technician or Pharmacist attests to completion and enters the number.
6. When a Technician or Pharmacist 1.) has been authenticated into the Organizer, 2.) selected the Nevada Law CE course, 3.) completed the course, 4.) attested to completion, and 5.) entered the number, the computerized system will issue the credit.
7. Upon completion, as described above, the system will deliver to the Technician or Pharmacist the Nevada State Board's CE Certificate. The Organizer will also show that the specific Nevada Law CE course requirement for that particular professional is completed. The Organizer will add one CE credit towards the total number required for that professional's CE transcript. The credit will only apply towards Nevada credits and will not apply credits to the transcript or record for any other state. The Technician's Organizer will remind Technicians that they should print a copy of the Certificate and have it in their file at their place of employment available for an inspector to view upon request. Technicians and Pharmacists will be able to print their Certificate or a duplicate if needed at any time. The record of completion will be stored in the system for at least seven years.
8. The requirement on the Organizers will "reset" at two-year intervals such that Technicians and Pharmacists will be prompted to take the course as required by the Board for each two-year relicensure period.

## SCREENSHOTS AND DISCUSSION:

Screenshot of Pharmacy Technician's CE & Training Organizer showing requirements for a Nevada Pharmacy Technician:

Pharmacy Technician's CE Organizer: Pharmacy Technician's Letter - Windows Internet Explorer

http://www.pharmacytechniciansletter.com/(S/nj113vppn) Google

File Edit View Favorites Tools Help

Pharmacy Technician's CE Organizer: Pharmacy ...

Home | Logout

Search: (help)  Go

Advanced Search

Helping the Pharmacy Technician enhance accuracy, save time, and build the pharmacy's good reputation

### Pharmacy Technician's CE & Training Organizer

Home | Issues | Continuing Education | Pharmacy Technician's CE Organizer™ | Print Statements | Order CE | Search or Browse | Technician Resources | New Drugs | Rumor vs. Truth | About Us | Email Us | Tell Jeff

**TechCE-In-the-Letter | View Available Courses | You've Taken... | Update License Info**

**Thomas Smith, you need to meet the following Requirements:**

**Nevada** (edit) Registration Renewal Period: 11/1/2008 - 10/31/2010  
Registration #: PT1234

Pharmacy Technicians who work in Nevada must complete one hour of Nevada Pharmacy Law CE. Up until recently pharmacy technicians needed to attend a live presentation given by the Nevada State Board of Pharmacy. Now the Nevada Board of Pharmacy and *Pharmacy Technician's Letter* have developed a method allowing Nevada Pharmacy Technicians to complete this requirement by using the online course on the *Pharmacy Technician's Letter* website. This course meets the requirement and provides one hour of Nevada Law CE.

The Nevada State Board of Pharmacy requires all Pharmacy Technicians to be registered and complete 12 hours of In-Service Training approved by your pharmacist. The Board says that the CE required for recertification by PTCB or ExCPTACPT can be used to satisfy the Nevada in-service training requirement. The Board says that National Certification is voluntary, not required. The Board recognizes PTCB and ExCPTACPT.

	Total Required	You still need to complete	You have already completed
In Service Training	11.00 hours	11.00 take courses	0.00
Nevada State Law CE	1.00 hours	1.00 take course	0.00

Enter CE credits from  
**OTHER PROVIDERS**

View prior registration renewal periods

**TECH'S CE & Training ORGANIZER**

View list of ALL available courses

Enter CE or Training from other providers

Tell us if anything needs to be changed

Email Us

You have chosen:  
Nevada (edit)

Add / Remove National Certification organization(s)

Add / Remove state(s) licensed in

Add / Delete Additional CE / Training Requirements

Add / Delete Exemptions

Thomas Smith  
1234 Elm St.  
Reno, NV 89523  
none@ptletter.com

Internet | Protected Mode: On

100%

Screenshot of Pharmacist's CE & Training Organizer showing requirements for a Nevada Pharmacist:

PL CE & Training Organizer: Pharmacist's Letter - Windows Internet Explorer

http://www.pharmacistletter.com/ (S) d0g021e0 emc451

File Edit View Favorites Tools Help

PL CE & Training Organizer: Pharmacist's Letter

Home | Logout

Search (Help)  Go

Advanced Search

PHARMACIST'S LETTER

Unbiased Evidence and Recommendations for the Pharmacist on New Developments in Drug Therapy

### PL CE & Training Organizer

Home | Logout

CE-in-the-Letter | View Available Courses | You've Taken... | Update License Info

**Thomas Smith, you need to meet the following Requirements:**

**Nevada** (edit) CE & License Renewal Period: 11/1/2009 - 10/31/2011  
License #: Please Enter License renewal Oct 31 every odd year

Pharmacists who practice in Nevada must complete one hour of Nevada Pharmacy Law CE. Up until recently pharmacists needed to attend a live presentation given by the Nevada State Board of Pharmacy. Now the Nevada Board of Pharmacy and *Pharmacist's Letter* have developed a method allowing Nevada Pharmacists to complete this requirement by completing the program online on the *Pharmacist's Letter* website. This program meets the requirement and provides one hour of Nevada Law CE.

	Total Required	You still need to complete	You have already completed
Nevada State Law CE	1.00 hours	1.00 take course	0.00
General CE	29.00 hours	27.00 take courses	2.00 view/print
<b>TOTALS:</b>	30.00 hours	28.00	2.00 view/print

Enter CE credits from OTHER PROVIDERS

PRINT statement of credit for courses taken from *Pharmacist's Letter* for license renewal more info

View prior license renewal periods

**PL CE & Training ORGANIZER**

View list of ALL available courses

Enter CE or Training from other providers

See how PL CE & Training Organizer™ works

Tell us if anything needs to be changed

Email Us

You are licensed in:  
Nevada (edit)

Add / Remove state(s) licensed in

Add / Delete Additional Requirements

Add / Delete Exemptions

Add / Delete School

Internet | Protected Mode: On

100%

**Screenshot of beginning of Program:**

The screenshot shows a web browser window titled "Pharmacist's Letter - Windows Internet Explorer". The address bar shows the URL "v.pharmacistletter.com/1/Slapne2145wrtgav45upfw-m33j/cc/customcourse.aspx?css=pee". The browser's menu bar includes "File", "Edit", "View", "Favorites", "Tools", and "Help". The page header features a search bar with "Search: (None)" and a "Go" button, along with a "Pharmacist's Letter" logo and the tagline "Delivered Evidence and Recommendations for the Pharmacist on New Developments in Drug Therapy".

The main content area is titled "Nevada State Board of Pharmacy CE Law Program". It states: "Provided by Nevada State Board of Pharmacy, delivered to you via Pharmacist's Letter". Below this, it says: "To complete this requirement, view the entire program, enter the program completion code provided at the end of the program and submit by clicking on the 'Click Here to Continue' button." A progress bar shows "Nevada State Board of Pharmacy CE Law Program (05:52 / 05:52)".

The left sidebar contains a navigation menu with links: Home, Issues, CE & Training, Search or Browse, Pharmacist Resources, New Drugs, Rumor vs. Truth, Preceptor Home, Mobile, Colleagues Interact, About Us, Email Us, Tell Jeff, and a list of other publications: CANADIAN PHARMACIST'S LETTER, PHARMACY TECHNICIAN'S LETTER, NATURAL MEDICINES COMPLEMENTARY MEDICINE PROFESSIONAL VERSION, IDENT-A-DRUG REFERENCE, PRESCRIBER'S LETTER, and NATURAL MEDICINES COMPLEMENTARY MEDICINE PROFESSIONAL VERSION.

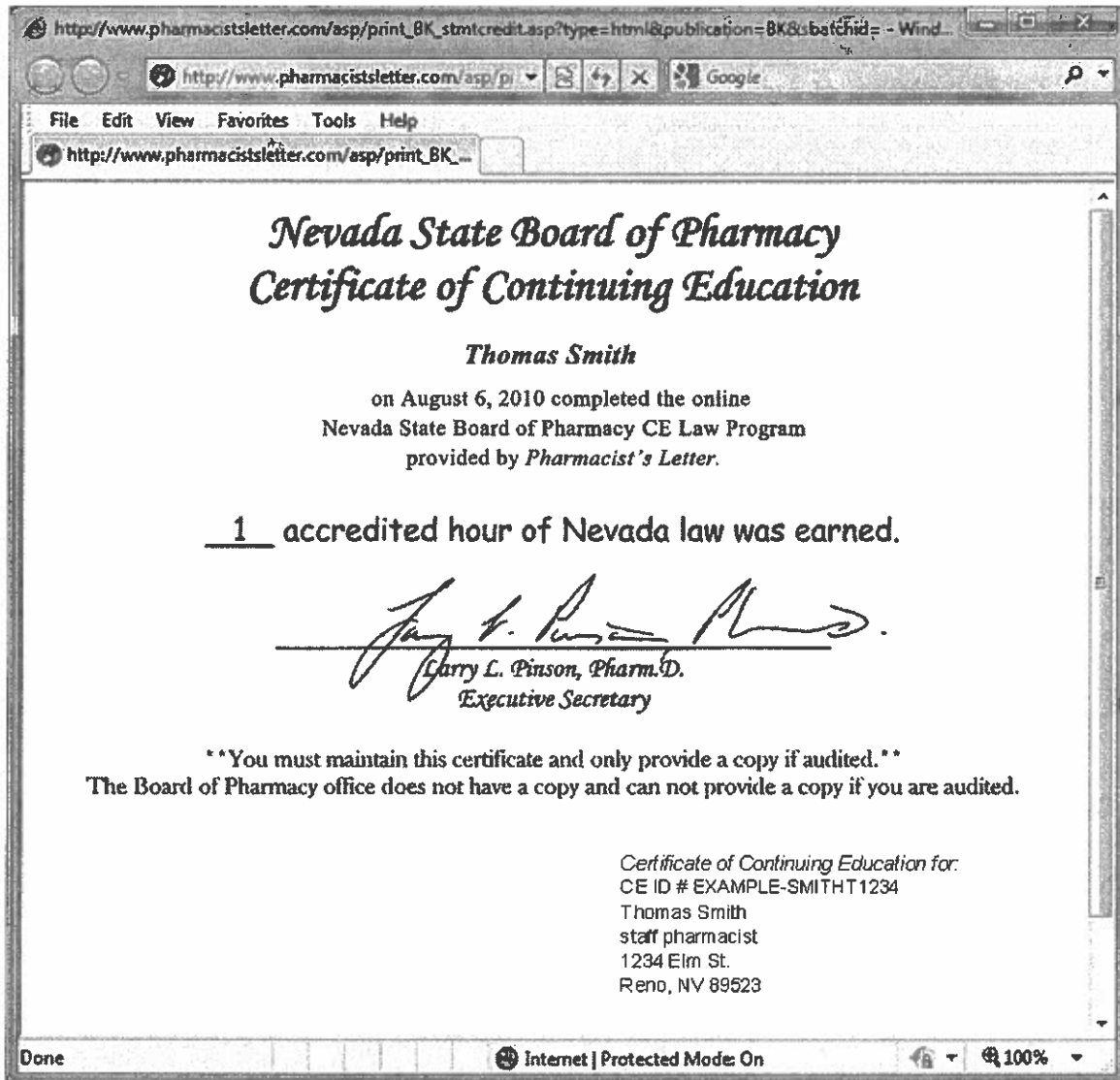
The main content area features a large graphic with the Nevada State Board of Pharmacy logo and the text "NEVADA STATE BOARD OF PHARMACY CE LAW PROGRAM". Below the graphic, it says "Step 1 Click the arrow to begin the program." and "Step 2 After you finish watching the program you will be given a program completion code. Enter that program completion code here and click to continue." A form field for "Program Completion Code:" is followed by a "Submit" button.

The footer contains the address "Therapeutic Research Center, 3120 W. March Lane, PO Box 8190, Stockton, CA 95208, Tel: (209) 472-2240 Fax: (209) 472-2249" and the copyright notice "Copyright © 1995-2010. All rights reserved." The browser status bar at the bottom shows "Internet | Protected Mode: On" and a zoom level of "100%".

**Discussion Point:**

1. Does Nevada want the State Board's logo to appear on this first slide?
2. After the learner clicks the red arrow, the presentation is the one that Dr. Pinson viewed previously.

Screenshot of CE Certificate:



Discussion Point: should this program be titled "CE Law Program"? This wording was on the Certificate sent to us from Nevada, but we thought that maybe it should be called "Nevada Pharmacy Law" or "Law CE Program" instead of "CE law Program."

**Screenshot of Pharmacy Technician's CE & Training Organizer showing Nevada Pharmacy Law CE requirement having been met:**

Pharmacy Technician's CE Organizer: Pharmacy Technician's Letter - Windows Internet Explorer

http://www.pharmacytechniciansletter.com/50my113.vpp

File Edit View Favorites Tools Help

Pharmacy Technician's CE Organizer: Pharmacy ...

Home | Logout

Search: (Help)  Go

Advanced Search

Helping the Pharmacy Technician enhance accuracy, save time, and build the pharmacy's good reputation

## Pharmacy Technician's CE & Training Organizer

TechCE-in-the-Letter | View Available Courses | You've Taken... | Update License Info

**Thomas Smith, you need to meet the following Requirements:**

**Nevada** (edit) Registration Renewal Period: 11/1/2008 - 10/31/2010  
Registration #: PT1234

Pharmacy Technicians who work in Nevada must complete one hour of Nevada Pharmacy Law CE. Up until recently pharmacy technicians needed to attend a live presentation given by the Nevada State Board of Pharmacy. Now the Nevada Board of Pharmacy and *Pharmacy Technician's Letter* have developed a method allowing Nevada Pharmacy Technicians to complete this requirement by using the online course on the *Pharmacy Technician's Letter* website. This course meets the requirement and provides one hour of Nevada Law CE.

The Nevada State Board of Pharmacy requires all Pharmacy Technicians to be registered and complete 12 hours of In-Service Training approved by your pharmacist. The Board says that the CE required for recertification by PTCB or ExCPT/CPT can be used to satisfy the Nevada in-service training requirement. The Board says that National Certification is voluntary, not required. The Board recognizes PTCB and ExCPT/CPT.

	Total Required	You still need to complete	You have already completed
In Service Training	11.00 hours	11.00 take courses	0.00
Nevada State Law CE	1.00 hours	0.00	1.00 <a href="#">view/print</a>

Enter CE credits from OTHER PROVIDERS

[View prior registration renewal periods](#)

**TECH'S CE & Training ORGANIZER**

View list of ALL available courses

Enter CE or Training from other providers

Tell us if anything needs to be changed

Email Us

You have chosen:  
California (edit)  
Nevada (edit)

Add / Remove National Certification organization(s)

Add / Remove state(s) licensed in

Add / Delete Additional CE / Training Requirements

Add / Delete Exemptions

Thomas Smith  
1234 Elm St.  
Reno, NV 89523  
[tom@phlatter.com](mailto:tom@phlatter.com)

NATURAL MEDICINES COMPREHENSIVE DATABASE  
IDENT-A-DRUG REFERENCE  
PRESCRIPTION LETTER  
NATURAL MEDICINES COMPREHENSIVE DATABASE

Internet | Protected Mode: On 100%

Screenshot of Pharmacist's CE & Training Organizer showing Nevada Pharmacy Law CE requirement having been met:

PL CE & Training Organizer: Pharmacist's Letter - Windows Internet Explorer

http://www.pharmacistsletter.com/ (Sslp0go2le0emc451) Google

File Edit View Favorites Tools Help

PL CE & Training Organizer: Pharmacist's Letter

Home | Logout

Search: (help)  Go

Advanced Search

Unbiased Evidence and Recommendations for the Pharmacist on New Developments in Drug Therapy

**PHARMACIST'S LETTER**

**PL CE & Training Organizer**

Home | Logout

CE-In-the-Letter | View Available Courses | You've Taken... | Update License Info

Thomas Smith, you need to meet the following Requirements:

**Nevada** (edit) CE & License Renewal Period: 11/1/2009 - 10/31/2011  
License renewal Oct 31 every odd year

License #: Please Enter

Pharmacists who practice in Nevada must complete one hour of Nevada Pharmacy Law CE. Up until recently pharmacists needed to attend a live presentation given by the Nevada State Board of Pharmacy. Now the Nevada Board of Pharmacy and *Pharmacist's Letter* have developed a method allowing Nevada Pharmacists to complete this requirement by completing the program online on the *Pharmacist's Letter* website. This program meets the requirement and provides one hour of Nevada Law CE.

	Total Required	You still need to complete	You have already completed
Nevada State Law CE	1.00 hours	0.00	1.00 <a href="#">view/print</a>
General CE	29.00 hours	27.00 take courses	2.00 <a href="#">view/print</a>
<b>TOTALS:</b>	<b>30.00 hours</b>	<b>27.00</b>	<b>3.00 <a href="#">view/print</a></b>

Enter CE credits from OTHER PROVIDERS

PRINT statement of credit for courses taken from *Pharmacist's Letter* for license renewal more info

View prior license renewal periods

**PL CE & Training ORGANIZER**

View list of ALL available courses

Enter CE or Training from other providers

See how *PL CE & Training Organizer*™ works

Tell us if anything needs to be changed

Email Us

You are licensed in:  
Nevada (edit)

Add / Remove state(s) licensed in

Add / Delete Additional Requirements

Add / Delete Exemptions

Add / Delete School

Internet | Protected Mode: On

100%





- ◆ Putting the date of injury in the DOB field for a worker's compensation claim prescription.

Since the DOB field is one of the data elements used by the system to differentiate between individuals with similar names, putting the wrong date in the DOB field could mean that the prescription does not appear on the report at all or it may appear on the report but seem to indicate a father/son or mother/daughter situation rather than the fact that this is the same patient. Furthermore, errors in the DOB field often delay the arrival of an OARRS report due to the fact that it may now need to be reviewed by an OARRS pharmacist before it can be released. Finally, there are DOB errors that cannot be explained by any of the factors listed above – they are just plain incorrect.

Pharmacists should review the pharmacy's own prescription data when an OARRS report is requested. Be certain that all the data from your pharmacy appears on the report and be certain that the data matches your own records. If the prescriber is incorrect, OARRS staff may be able to assist you in identifying the problem. Sometimes, modifications to your software may be necessary.

To increase the accuracy of prescription records, train and retrain your pharmacy staff that perform data entry. Accuracy matters!

Use terms such as Sr, Jr, II, III, IV, Dad, Son, Mom, Wife, Pet, K9, Cat, Fluffy, etc. in addition to the name of the patient (or the owner of the animal). Such terms alert pharmacy staff to multiple or confusing profiles and will help ensure that the prescription is recorded accurately.

Other OARRS data fields with frequent errors are "Payment Type" and "New or Refill." These errors tend to be the result of software programming so you may need to work with your software vendor to correct the problem.

If you need to correct data that has already been submitted to OARRS, see Rule OAC 4729-37-11 (page F-172 of your lawbook).

All state prescription monitoring programs such as OARRS are receiving a lot of attention due to the prescription drug abuse problem. Legislators and others are beginning to ask for new requirements to ensure prescription data accuracy. This is one area where pharmacists can prevent new requirements and new audits by ensuring that prescription data is as accurate as possible.

### **DEA'S New e-Rx Rules Now Effective, but . . .**

On March 31, 2010, DEA published an interim final rule allowing prescribers and pharmacies who wish to engage in the electronic transmission of controlled substance prescriptions (including CII prescriptions) to do so, **but only after the prescribing and pharmacy systems can meet the requirements set forth in the rule.** The rule became effective 60 days later, on June 1, 2010. Theoretically, therefore, it should now be possible for controlled substance prescriptions to be transmitted electronically among prescribers and pharmacies. **However**, at the time of the writing of this *Newsletter*, there are no prescribing or pharmacy systems that have been able to meet the requirements of the interim final rule and, therefore, there should be no electronic transmission of any controlled substance prescriptions occurring.

The published rule and its accompanying documentation in the *Federal Register* was 84 pages long. Obviously, it will not be possible to cover all of that in this *Newsletter*. The following are just a few key points for prescribers and pharmacies to keep in mind:

1. Only computer-to-computer transmission of controlled substance prescriptions will be allowed. **The DEA rule is very specific in that the transmission of a prescription from the prescriber's computer to the pharmacy's fax machine will not be allowed.** Therefore, the pharmacy system must be capable of receiving the transmitted prescription directly into the computer system. However, instead of transmission electronically,

the prescribing system may instead print out a hard copy of the prescription for the manual signature of the prescriber and the prescription may then be given to the patient or physically faxed to the pharmacy. This is no different than the system in place today.

2. The prescribing system may not, however, print out a duplicate prescription (other than one clearly marked as a copy) after one has been electronically transmitted to the pharmacy. If transmission fails, then the prescription may be printed out, but the prescribing system must document on the prescription that the transmission to "Pharmacy" was attempted and failed on "Date & Time." Upon receiving one of these hard copy prescriptions, the pharmacist must first determine that the prescription has not already been filled by checking his or her pharmacy system or with the other pharmacy listed on the prescription.
3. The final (but probably the most important) note for this edition of the *Newsletter* about DEA's rules is that they make it clear that prescribers may not transmit and pharmacies may not receive electronic controlled substance prescriptions until the prescribing or dispensing system that they use has been audited and found to be in compliance with DEA's rule. This audit is to be done by an independent auditor in a manner similar to the financial audits done on a company's financial records. Pharmacists should not accept controlled substance prescriptions transmitted electronically until their system vendor provides proof that the pharmacy system has been audited and found to be compliant with DEA's requirements.

As always, please feel free to call the Board office if you have questions about these rules. Hopefully, there will be e-prescribing and pharmacy systems that will soon be able to meet DEA's requirements, so the electronic transmission of controlled substance prescriptions can begin.

### **Disciplinary Actions**

Anyone having a question regarding the license status of a particular practitioner, nurse, pharmacist, pharmacy intern, or dangerous drug distributor in Ohio should contact the appropriate licensing board. The professional licensing agency Web sites listed below may include disciplinary actions for their respective licensees.

**State Dental Board** – 614/466-2580, [www.dental.ohio.gov](http://www.dental.ohio.gov)

**State Medical Board** – 614/466-3934, [www.med.ohio.gov](http://www.med.ohio.gov)

**State Nursing Board** – 614/466-3947, [www.nursing.ohio.gov](http://www.nursing.ohio.gov)

**State Optometry Board** – 614/466-5115, [www.optometry.ohio.gov](http://www.optometry.ohio.gov)

**State Pharmacy Board** – 614/466-4143, [www.pharmacy.ohio.gov](http://www.pharmacy.ohio.gov)

**State Veterinary Medical Board** – 614/644-5281, [www.ovmlb.ohio.gov](http://www.ovmlb.ohio.gov)

**Drug Enforcement Administration** – 800/882-9539; [www.deadiversion.usdoj.gov](http://www.deadiversion.usdoj.gov)

Hurst Family Medical  
2435 East Warm Springs Road  
Las Vegas, NV 89120  
Phone: (702) 274-6710

Date: 07/24/2010

Name: [REDACTED] Age: 35 years DOB: [REDACTED]

Address: [REDACTED]

**RX**

Medication: OXYCODONE HCL, 10/325MG  
Dispense: #120 (One Hundred Twenty)  
SIG: 1 tab PO q4-6h prn.  
Comments:  
Refill(s) (0) None

Substitution Permissible

☐ Product Selection Permitt



Prescribed by: Jeffrey Suffoletta

DEA Reg No.: FS1100697

Fake

Attn: Rachel 897.4624

**Cardiovascular Surgery of Southern Nevada**  
5320 S. Rainbow Blvd. Suite 282  
Las Vegas, NV 89118  
PH: (888) 914-7770

06/24/2010

Start Date: 06/24/2010

NAME: Tarasita Heitand

DOB: 10/11/1976

ADDRESS: 7880 JUNIPER HILL  
LAS VEGAS, NV. 89117

Rx

**MEDICATION: HYDROCODONE-ACETAMINOPHEN ORAL TABLET 10-500 MG**

**DOSE INFO:** 1 po q 4h prn

**DESPENSE:** 180

**REFILLS:** 1 **DAYS SUPPLY:**

**REMARKS:**

**ADDL INSTR:** NONE

**ELECTRONICALLY SIGNED BY: HARRY W. DONIAS, M.D.**

**DEA #: BD8474948**

.....  


Generated by Mirys EMR. Approvable by the Nevada State Board of Pharmacy



Blank



## National Association of Boards of Pharmacy

nabp

1600 Feehanville Drive • Mount Prospect, IL 60056-6014

Tel: 847/391-4406 • Fax: 847/391-4502

Web Site: [www.nabp.net](http://www.nabp.net)

TO: EXECUTIVE OFFICERS – STATE BOARDS OF PHARMACY  
FROM: Carmen A. Catizone, Executive Director/Secretary  
DATE: July 8, 2010  
RE: Prohibition of Acetaminophen Abbreviation

---

On January 22, 2004, Food and Drug Administration (FDA) sent a letter to the state boards of pharmacy regarding the pharmacist's role in educating patients about acetaminophen induced hepatotoxicity caused by unintentional overdose. The letter stated that some of the reasons for unintentional overdoses included the failure of consumers to recognize the active ingredients in various combination prescription and over-the-counter drug products and that prescription labeling may not clearly identify acetaminophen as one of the active ingredients. Additionally the letter recommended that drugs containing acetaminophen should be adequately labeled on the container and that the use of the abbreviation "APAP" for acetaminophen should be avoided.

Based on FDA's letter and established policy, the National Association of Boards of Pharmacy (NABP) is recommending that the state boards of pharmacy should prohibit the use of the abbreviation "APAP" on prescription labels, and require that "acetaminophen" be spelled out to assist in preventing the well recognized danger of acetaminophen induced hepatotoxicity. In the alternative, if unable to mandate such a provision, NABP recommends that the boards strongly encourage this practice. NABP understands that pharmacies may not be able to immediately implement new labeling requirements or recommendations and acknowledges that an implementation period may be necessary. Pharmacies that can implement new procedures to accomplish this goal are highly encouraged to do so.

The report of the NABP Task Force on Uniform Prescription Labeling stated that the purpose of the prescription label is to provide critical information to the patient and recommended that the *Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy* be amended to ensure that prescription labels are organized in a patient-centered manner, that certain data elements appear on the prescription label, including the name of the drug and, if written for a brand name and a generic drug is dispensed, to include the phrase "Generic for [brand name]," and that critical label information should never be truncated. The task force report also emphasized that the prescription label is designed to supplement patient counseling and not replace it in any way.

EXECUTIVE OFFICERS – STATE BOARDS OF PHARMACY

July 8, 2010

Page 2

FDA supports NABP in this assertion in that the boards of pharmacy can assist in the prevention of acetaminophen induced hepatotoxicity by mandating proper prescription labeling and appropriate patient counseling, thus furthering their efforts to protect the public health. The FDA Safe Use Initiative and NABP will work with interested pharmacy organizations to identify best processes to eliminate the use of “APAP,” use, in its place, the word “acetaminophen,” and address concerns related to limited space on prescription labels so as to avoid abbreviating other important information, such as the name of any narcotic contained in the product. In addition, FDA and NABP will work with pharmacy organizations to incorporate a reasonable implementation period for new requirements or recommendations related to this issue.

If you have any questions or need additional information, please do not hesitate to contact me.

cc: NABP Executive Committee



Connect to the most job openings  
and career opportunities

**ModernMedicine**  
careers.modernmedicine.com  
Post Your Resume Today

Resource Centers CME/CE Medical Economics Careers Community Clinical Tools Products Publications

# Drug Topics

The Newsmagazine for Pharmacists

Enter your keyword    
ModernMedicine Recommended Medical Sites

HOME | SUBSCRIBE | ADVERTISE | ABOUT | CONTACT

Home

Issues & Trends

Continuing  
Education

Professional

Product  
Updates/Clinical

Health System

Regulatory & Legal

Technology

Commentary &  
Feedback

Resources

Inside Drug Topics

Contact Us

FIND MORE AT  
**Modern  
Medicine**

Register | More Info  
(It's free)

Pharmacy

Clinical  
Pharmacology

Coding Counselor

Managed Care &  
Medicare Part D

CME/CE Centers

Patient Education

View All Topics

Email | Print | Share | Save | License

## Senate passes prescription drug disposal bill

Aug 17, 2010  
By: Kathryn Foxhall  
Drug Topics E-News

In the first week of August, the Senate unanimously passed the Secure and Responsible Drug Disposal Act (S. 3397) to provide for take-back disposal of controlled substances by legitimate users—patients.

Under this act, patients with controlled substances can transfer these drugs for disposal to a non-DEA registered person who is authorized to dispose of them and the disposal occurs in accordance with regulations issued from the Attorney General to prevent drug diversion.

The legislation would also allow long-term-care (LTC) facilities to dispose of controlled substances, according to regulations that will be written by the Justice Department.

### Congressional hearing

At a June Congressional hearing, Sen. Herb Kohl (D-Wis.) pledged to work toward a "comprehensive package" of legislation to reduce drug waste and ensure safe drug disposal.

The hearing offered various potential solutions, including medication therapy management (MTM), improved medication compliance, patient education, limits on initial prescriptions for some drugs, "reverse distributors" for taking-back drugs, rewriting laws to allow take-back of controlled substances, and harmonizing the recommendations of various federal agencies.

Sen. Kohl, who chairs the Senate Special Committee on Aging, had stressed both the detrimental impact of improper drug disposal into the environment and the hazard of illegal drug diversion.

At the hearing, Joseph T. Rannazzisi, deputy assistant administrator, Office of Diversion Control, Drug Enforcement Administration, U.S. Department of Justice, acknowledged that current law had created a problem of drug disposal because patients are not DEA registrants and could not "distribute" a controlled substance by giving it to a take-back program.

Under the current Controlled Substances Act, "DEA must monitor pharmaceutical take-back programs, because in all likelihood any organized collection of unwanted or unused pharmaceuticals will also include collection of controlled substances," he said.

He noted, however, that DEA had supported proposed legislation (H.R. 1359) to allow the agency to write regulations allowing communities and regulated entities to dispose of controlled substances. That legislation would have also allowed the creation of regulations that authorize LTC facilities to dispose of controlled substances on behalf of their patients, he said.

### Concern about mail-back programs

At the June hearing, Sen. Susan Collins (R-Maine) cited the concerns from some groups that Maine's mail-back programs could create opportunities for diversion, because the standard mailer used for mail-backs is addressed to the state's DEA, making it obvious that drugs are inside.

R. Gil Kerlikowske, director of the Office of National Drug Control Policy (ONDCP), responded that although he's only slightly familiar with the Maine program, he thought drugs found in the medicine cabinets would be by far a greater danger than the risks connected with take-back or mail-back programs.

In the Maine program, a number of pharmacies serve as distribution sites for the mail-back envelopes.

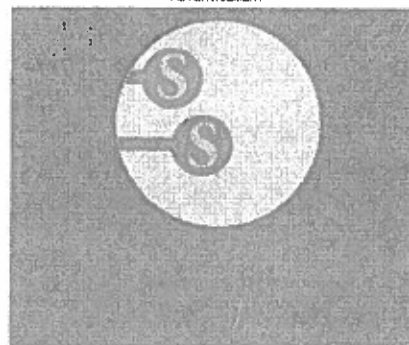
Asked about another Maine program, one that limits initial prescriptions of certain drugs to 15 days, Stevan Gressitt, MD, founding director of the Maine Institute for Safe



**Drug Topics** is a monthly news magazine, guided by a board of pharmacy leaders, reporting on all phases of community, retail, and health-system issues and trends. We cover managed care and professional, national, and state activities as well as new therapies involving prescription and OTC drugs.

ARCHIVES | RSS | E-NEWS | DIGITAL EDITION

ADVERTISEMENT



## DRUG TOPICS DAILY NEWS FROM THE FDA

- > Shire: Decision to Withdraw ProAmatine Was Ours
- > Canadian Regulation, Safety Measures Stifling Clinical Research, Experts Say
- > FDA: Dendreon Marketing Contains Inaccurate Information
- > Pharma Blog Watch
- > Dr. Reddy's Laboratories in Talks to Enter Japan's Generic-Drug Market

ADVERTISEMENT

## SURVEY

How much trouble do you have dealing with doctors' bad handwriting?

- ☐ It's a minor inconvenience
- ☐ It's a problem from time to time



Medicine, said that 3 classes of drugs were selected by MaineCare for the restriction: opiates, second-generation antipsychotics, and second-generation anti-depressants. After some initial trepidation, eventually many physicians said that the rule was good common sense, Gressitt told the committee.

"I would say that having a check at 15 days to look at adherence and side effects is important," he said.

The NACDS stated, however, that giving patients only a limited supply of medications initially may be detrimental to adherence, because patients might not return for the rest of the medications, for reasons including being busy or confused about what they are supposed to do. "Patients often take a number of medications and are accustomed to receiving a 30-day supply or up to a 90-day supply of their chronic medications." In addition, MTM is vital in helping to reduce drug waste because it ensures that patients take the correct medications and adhere to their drug regimen, according to the National Association of Chain Drug Stores.

A webcast of the June hearing and written testimony are on the committee's website (<http://aging.senate.gov/>).

#### ABOUT THE AUTHOR

#### Kathryn Foxhall

Kathryn Foxhall is a healthcare journalist based in the Washington, D.C., area. Articles by Kathryn Foxhall

- It's a source of ongoing frustration
- Don't get me started!

[Click to View...](#)

**Drug Topics** archives are now available on **ModernMedicine.com**, a new online resource designed to meet the evolving needs of physicians. Register now (it's free and quick) or [Find out more](#).

Keep visiting **Drug Topics** for fresh content, news, opinions, editor's blogs and more.

ADVERTISEMENT



Connect to the most job openings  
and career opportunities



**Modern Medicine**  
[careers.modernmedicine.com](http://careers.modernmedicine.com)

[Post Your Resume Today](#)

Modern Medicine is a new online resource designed to meet the evolving needs of physicians. It brings together elements from Advanstar's trusted healthcare journals along with powerful tools, resources, decision support and advisory functions.



[Home](#) | [Past Issues](#) | [About Us](#) | [Contact Us](#) | [Subscribe / Renew](#) | [Advertise With Us](#) | [Classifieds](#) | [Disclaimer](#) | [All Content](#) | [Modern Medicine Pharmacy](#) | [Privacy Policy](#) | [Terms of Use](#) | [Linking and RSS Policy](#)

© 2010 Advanstar Communications. All rights reserved.  
Reproduction in whole or in part is prohibited.  
Please send any technical comments or questions to our webmaster.



# Nevada State Board of Pharmacy

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

## NEVADA STATE BOARD OF PHARMACY

### ACTIVITIES REPORT

#### JULY 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 July 2010 Board meeting.

#### Licensing Activity:

- 9 licenses were granted for Out-of-State MDEG (Medical Devices, Equipment and Gases) companies.
- 7 licenses were granted for Out-of-State pharmacies.
- 14 licenses were granted for Out-of-State wholesalers.
- 1 license was granted for a Nevada pharmacy (pending inspection).
- 4 licenses were granted for Nevada MDEG companies.
- 1 license application was tabled pending additional information requested by the Board.

#### Disciplinary Action:

- Pharmacists EM, JO, and KK were all disciplined for failing to complete their continuing education required for license renewal. All had sworn on application to have met the requirements, however random audits proved otherwise.
- Pharmaceutical technician NL was revoked for testing positive for methamphetamine while on duty.
- Pharmaceutical technician in training LS was revoked for diversion of controlled substances.
- Pharmacy WG was disciplined for allowing an unregistered pharmaceutical technician to work for some 205 days. Their licensing tracking system will be reviewed.
- Pharmacist CP was revoked for diversion of controlled substances for personal use.
- Pharmacist EA was revoked for conviction in US District Court for Medicare and Medicaid Health Care Fraud.
- Pharmaceutical technicians CG and GS both had applications tabled for further information.

- Pharmaceutical technician JR was granted registration as was pharmacist OA, both after appearances to clarify past issues in other states

**Other Activity:**

- An appearance was made by UMC requesting approval of a patient prescription pick-up machine they wished to locate in their pharmacy lobby.
- The budget for 2010-2011 was presented and approved, as were Board meeting dates for 2011.
- The usual Board business reports were given.

**THERE WERE NO WORKSHOP OR PUBLIC HEARING ITEMS THIS MEETING.**

## **DISCUSSION AND DETERMINATION**

### **SYNTHETIC CANNABINOIDS (SPICE)**

Board Staff has been asked by not only the District Attorney of Douglas County (Mark B. Jackson) but also by the Governor's Working Group on Methamphetamine Use chaired by Catherine Cortez Masto, the Nevada Attorney General, to ask the Board of Pharmacy to consider regulatory changes that would schedule synthetic cannabinoids in schedule I. NRS 453.166 empowers the Board of Pharmacy to make such scheduling additions in NAC 453.510.

Staff has provided ample reading material on these compounds for your perusal.

**NRS 453.157 Confidentiality of information concerning research or medical practice.**

A practitioner engaged in medical practice or research is not required or compelled to furnish the name or identity of a patient or research subject to the Board, nor may he be compelled in any state or local civil, criminal, administrative, legislative or other proceeding to furnish the name or identity of an individual that the practitioner is obligated to keep confidential.

(Added to NRS by 1971, 2016)—(Substituted in revision for NRS 453.296)

**NRS 453.159 Existing orders or regulations unaffected.** Any orders and regulations promulgated under any law affected by NRS 453.011 to 453.552, inclusive, and in effect on January 1, 1972, and not in conflict with it continue in effect until modified, superseded or repealed.

(Added to NRS by 1971, 2022; A 1979, 1668)—(Substituted in revision for NRS 453.356)

**SCHEDULES****ADMINISTRATIVE REGULATIONS.**

Schedules of controlled substances, NAC 453.510-453.550

**NRS 453.166 Schedule I tests.** The Board shall place a substance in schedule I if it finds that the substance:

1. Has high potential for abuse; and
2. Has no accepted medical use in treatment in the United States or lacks accepted safety for use in treatment under medical supervision.

(Added to NRS by 1971, 2005)

**NEVADA CASES.**

**Marijuana metabolite is a prohibited substance.** While not classified as a schedule I or II controlled substance pursuant to NRS 453.166 or 453.176, marijuana metabolite is a prohibited substance for purposes of NRS 484.1245, 484.379 and 484.3795 because it is clear from the plain language and legislative intent of NRS 484.1245 and 484.379 that marijuana metabolite is a prohibited substance. *State v. Williams*, 120 Nev. 473, 93 P.3d 1258 (2004)

**NRS 453.176 Schedule II tests.** The Board shall place a substance in schedule II if it finds that:

1. The substance has high potential for abuse;
2. The substance has accepted medical use in treatment in the United States, or accepted medical use with severe restrictions; and
3. The abuse of the substance may lead to severe psychological or physical dependence.

(Added to NRS by 1971, 2006; A 1991, 1653)

**NEVADA CASES.**

**Marijuana metabolite is a prohibited substance.** While not classified as a schedule I or II controlled substance pursuant to NRS 453.166 or 453.176, marijuana metabolite is a prohibited substance for purposes of NRS 484.1245, 484.379 and 484.3795 because it is clear from the plain language and legislative intent of NRS 484.1245 and 484.379 that marijuana metabolite is a prohibited substance. *State v. Williams*, 120 Nev. 473, 93 P.3d 1258 (2004)

**NRS 453.186 Schedule III tests.** The Board shall place a substance in schedule III if it finds that:

1. The substance has a potential for abuse less than the substances listed in schedules I and II;
2. The substance has currently accepted medical use in treatment in the United States; and
3. Abuse of the substance may lead to moderate or low physical dependence or high psychological dependence.

(Added to NRS by 1971, 2008)

- (a) The dispensing is only by a pharmacist;
  - (b) Not more than 60 cc (or 2 ounces) of the controlled substance is distributed to the same purchaser in any 48-hour period;
  - (c) The purchaser is at least 21 years of age;
  - (d) The pharmacist requires the purchaser who is not known to him to furnish suitable identification, including proof of age where appropriate;
  - (e) The pharmacist maintains a bound book to record the dispensing of controlled substances other than by prescription, and the book contains:
    - (1) The name and address of the purchaser;
    - (2) The name and quantity of controlled substance purchased;
    - (3) The date of each purchase; and
    - (4) The name or initials of the pharmacist who dispensed the substance to the purchaser;
  - and
  - (f) A prescription for dispensing or the distribution of the substance is not required by any federal, state or local law.
2. Paregoric may be dispensed for treatment of the stomach or bowel if:
- (a) It has been mixed with 3 ounces or more of a nonnarcotic medicinal preparation or combination of nonnarcotic medicinal preparations; and
  - (b) The resulting mixture contains not more than 1 ounce of paregoric.
3. A cough syrup containing a controlled substance listed in schedule V may only be dispensed for a valid and legitimate medical purpose, and the dispensing pharmacist shall ensure that a valid and legitimate medical purpose exists in every instance of such dispensing.
- [Bd. of Pharmacy, § 453.310, eff. 6-26-80]—(NAC A 10-17-86)

## SCHEDULES OF CONTROLLED SUBSTANCES

### **NAC 453.510 Schedule I. (NRS 453.146, 639.070)**

1. Schedule I consists of the drugs and other substances listed in this section by whatever official, common, usual, chemical or trade name designated.
2. Unless specifically excepted or unless listed in another schedule, any of the following opiates, including, without limitation, their isomers, esters, ethers, salts and salts of isomers, esters and ethers, whenever the existence of such isomers, esters, ethers and salts is possible within the specific chemical designation:

Acetyl-alpha-methylfentanyl (N-[1-(1-methyl-2-phenethyl)-4-piperidiny]-N-phenylacetamide);  
 Acetylmethadol;  
 Allylprodine;  
 Alphacetylmethadol (except levo-alpha-cetylmethadol, commonly referred to as levo-alpha-acetylmethadol, levomethadyl acetate or "LAAM");  
 Alphameprodine;  
 Alphamethadol;  
 Alphamethylfentanyl (N-[1-(alpha-methyl-beta-phenyl)ethyl-4-piperidyl] propionanilide;  
 1-(1-methyl-2-phenylethyl)-4-(N-propanilido) piperidine);  
 Alpha-methylthiofentanyl (N-[1-methyl-2-(2-thienyl)ethyl-4-piperidiny]-N-phenylpropanamide);  
 Benzethidine;  
 Betacetylmethadol;  
 Beta-hydroxyfentanyl (N-[1-(2-hydroxy-2-phenethyl)-4-piperidiny]-N-phenylpropanamide);  
 Beta-hydroxy-3-methylfentanyl (other name: N-[1-(2-hydroxy-2-phenethyl)-3-methyl-4-piperidiny]-N-phenylpropanamide);  
 Betameprodine;

Betamethadol;  
 Betaprodine;  
 Clonitazene;  
 Dextromoramide;  
 Diampromide;  
 Diethylthiambutene;  
 Difenoxin;  
 Dimenoxadol;  
 Dimepheptanol;  
 Dimethylthiambutene;  
 Dioxaphetyl butyrate;  
 Dipipanone;  
 Ethylmethylthiambutene;  
 Etonitazene;  
 Etoxidine;  
 Furethidine;  
 Hydroxypethidine;  
 Ketobemidone;  
 Levomoramide;  
 Levophenacetylmorphan;  
 3-Methylfentanyl (N-[3-methyl-1-(2-phenylethyl)-4-piperidyl]-N-phenylpropanamide);  
 3-Methylthiofentanyl (N-[(3-methyl-1-(2-thienyl)ethyl-4-piperidyl]-N-phenylpropanamide);  
 Morpheridine;  
 MPPP (1-methyl-4-phenyl-4-propionoxypiperidine);  
 Noracymethadol;  
 Norlevorphanol;  
 Normethadone;  
 Norpipanone;  
 Para-fluorofentanyl (N-(4-fluorophenyl)-N-[1-(2-phenethyl)-4-piperidyl]propanamide);  
 PEPAP (1-(2-phenethyl)-4-phenyl-4-acetoxypiperidine);  
 Phenadoxone;  
 Phenampromide;  
 Phenomorphan;  
 Phenoperidine;  
 Piritramide;  
 Proheptazine;  
 Properidine;  
 Propiram;  
 Racemoramide;  
 Thiofentanyl (N-phenyl-N-[1-(2-thienyl)ethyl-4-piperidyl]-propanamide);  
 Tilidine; or  
 Trimeperidine.

3. Unless specifically excepted or unless listed in another schedule, any of the following opium derivatives, including, without limitation, their salts, isomers and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation:

Acetorphine;  
 Acetyldihydrocodeine;  
 Benzylmorphine;  
 Codeine methylbromide;  
 Codeine-N-Oxide;

Cyprenorphine;  
Desomorphine;  
Dihydromorphine;  
Drotebanol;  
Etorphine (except hydrochloride salt);  
Heroin;  
Hydromorphenol;  
Methyldesorphine;  
Methyldihydromorphine;  
Morphine methylbromide;  
Morphine methylsulfonate;  
Morphine-N-Oxide;  
Myrophine;  
Nicocodeine;  
Nicomorphine;  
Normorphine;  
Pholcodine; or  
Thebacon.

4. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following hallucinogenic substances, including, without limitation, their salts, isomers and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation:

Alpha-ethyltryptamine (some trade or other names: ET, Trip);

Alpha-methyltryptamine (some trade or other names: AMT);

1,4-Butanediol (some trade or other names: 1,4-butyleneglycol, dihydroxybutane, tetramethylene glycol, butane 1,4-diol, SomatoPro, Soma Solutions, Zen);

4-bromo-2,5-dimethoxyamphetamine (some trade or other names: 4-bromo-2,5-dimethoxy-alpha-methylphenethylamine; 4-bromo-2,5-DMA);

4-bromo-2,5-dimethoxyphenethylamine (some trade or other names: Nexus, 2C-B);

2,5-dimethoxyamphetamine (some trade or other names: 2,5-dimethoxy-alpha-methylphenethylamine; 2,5-DMA);

2,5-dimethoxy-4-ethylamphet-amine (some trade or other names: DOET);

2,5-dimethoxy-4-(n)-propylthiophenethylamine (some trade or other names: 2C-T-7);

4-methoxyamphetamine (some trade or other names: 4-methoxy-alpha-methylphenethylamine; para-methoxyamphetamine; PMA);

5-methoxy-3,4-methylenedioxyamphetamine;

5-methoxy-N, N-diisopropyltryptamine (some trade or other names: 5-meO-DIPT);

4-methyl-2,5-dimethoxyamphetamine (some trade or other names: 4-methyl-2,5-dimethoxy-alpha-methylphenethylamine; "DOM"; "STP");



3,4-methylenedioxyamphetamine;

3,4-methylenedioxymethamphetamine (MDMA);

3,4-methylenedioxy-N-ethylamphetamine (commonly referred to as N-ethyl-alpha-methyl-3,4(methylenedioxy) phenethylamine, N-ethyl MDA, MDE, MDEA);

N-hydroxy-3,4-methylenedioxyamphetamine (commonly referred to as N-hydroxy-alpha-methyl-3,4(methylenedioxy) phenethylamine, N-hydroxy MDA);

3,4,5-trimethoxyamphetamine;

Bufotenine (some trade or other names: 3-(beta-dimethylaminoethyl)-5-hydroxyindole; 3-(2-dimethyl-aminoethyl)-5-indolol; N, N-dimethylserotonin; 5-hydroxy-N, N-dimethyltryptamine; mappine);

Diethyltryptamine (some trade or other names: DET; N,N-Diethyltryptamine);

Dimethyltryptamine (some trade or other names: DMT);

Gamma butyrolactone (some trade or other names: GBL, Gamma Buty Lactone, 4-butyrolactone, dihydro-2(3H)-furanone, tetrahydro-2-furanone, Gamma G, GH Gold);

Gamma hydroxybutyrate (some trade or other names: GHB);

Ibogaine (some trade or other names: 7-ethyl-6, 6 beta, 7, 8, 9, 10, 12, 13-octahydro-2-methoxy-6, 9-methano-5H-pyrido (1',2':1,2) azepino (5,4-b) indole; *Tabernanthe iboga*);

Lysergic acid diethylamide;

**Marijuana;**

Mescaline;

Parahexyl (some trade or other names: 3-Hexyl-1-hydroxy-7, 8, 9, 10-tetrahydro-6,6,9-trimethyl-6H-dibenzo[b,d]pyran; Synhexyl);

Peyote (meaning all parts of the plant presently classified botanically as *Lophophora williamsii* Lemaire, whether growing or not, the seeds thereof, any extract from any part of such plant, and every compound, manufacture, salts, derivative, mixture, or preparation of such plant, its seeds or extracts);

N-benzylpiperazine (some trade or other names: BZP, 1-benzylpiperazine);

N-ethyl-3-piperidyl benzilate;

N-methyl-3-piperidyl benzilate;

Psilocybin;

Psilocyn;

Tetrahydrocannabinols (synthetic equivalents of the substances contained in the plant, or in the resinous extractives of *Cannabis*, sp. or synthetic substances, derivatives and their isomers with similar chemical structure and pharmacological activity such as the following:

Delta 1 cis or trans tetrahydrocannabinol, and their optical isomers,  
Delta 6 cis or trans tetrahydrocannabinol, and their optical isomers,  
Delta 3, 4 cis or trans tetrahydrocannabinol, and its optical isomers;  
since nomenclature of these substances is not internationally standardized, compounds of these structures, regardless of numerical designation of atomic positions covered);

Ethylamine analog of phencyclidine (some trade or other names: N-ethyl-1-phenylcyclohexylamine; (1-phenylcyclohexyl) ethylamine; N-(1-phenylcyclohexyl) ethylamine; cyclohexamine; PCE);

Pyrrolidine analog of phencyclidine (some trade or other names: 1-(1-phenylcyclohexyl)-pyrrolidine; PCPy; PHP);

1-(1-(2-thienyl)-cyclohexyl)-pyrrolidine (some trade or other names: TCPy); or

Thiophene analog of phencyclidine (some trade or other names: 1-(1-(2-thienyl)-cyclohexyl)-piperidine; 2-thienyl analog of phencyclidine; TPCP; TCP).

For the purposes of this subsection, "isomer" includes, without limitation, the optical, position or geometric isomer.

5. All parts of the plant presently classified botanically as *Datura*, whether growing or not, the seeds thereof, any extract from any part of such plant or plants, and every compound, manufacture, salt derivative, mixture or preparation of such plant or plants, its seeds or extracts, unless substances consistent with those found in such plants are present in formulations that the Food and Drug Administration of the United States Department of Health and Human Services has approved for distribution.

6. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of phencyclidine, mecloqualone or methaqualone having a depressant effect on the central nervous system, including, without limitation, their salts, isomers and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation.

7. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including, without limitation, their salts, isomers and salts of isomers:

Aminorex;

Cathinone (some trade or other names: 2-amino-1-phenyl-1-propanone; alpha-aminopropiophenone; 2-aminopropiophenone; norephedrone);

Fenethylamine;

Methamphetamine;

Methcathinone (some trade or other names: N-Methylcathinone, cat);

(±)cis-4-methylaminorex ((+)cis-4,5-dihydro-4-methyl-5-phenyl-2-oxazolamine);

N,N-dimethylamphetamine (commonly referred to as N,N-alpha-trimethylbenzeneethanamine; N,N-alpha-trimethylphenethylamine); or

N-ethylamphetamine.

8. Unless specifically listed in another schedule, coca leaves, cocaine base or free base, or a salt, compound, derivative, isomer or preparation thereof which is chemically equivalent or

identical to such substances, and any quantity of material, compound, mixture or preparation which contains coca leaves, cocaine base or cocaine free base or its isomers or any of the salts of cocaine, except decocainized coca leaves or extractions which do not contain cocaine or ecgonine.

(Added to NAC by Bd. of Pharmacy, eff. 6-25-82; A 10-26-83; 9-29-87; 8-10-89; 9-11-91; 7-1-92; 1-10-94; R024-98, 4-17-98; R110-00, 10-25-2000; R001-01, 11-1-2001; R121-04, 8-25-2004; R181-07, 4-17-2008)

**NAC 453.520 Schedule II. (NRS 453.146, 639.070)**

1. Schedule II consists of the drugs listed in this section, by whatever official, common, usual, chemical or trade name designated.

2. Unless specifically excepted or unless listed in another schedule, any of the following substances, whether produced directly or indirectly by extraction from substances of vegetable origin, or independently by means of chemical synthesis, or by combination of extraction and chemical synthesis, is hereby enumerated in schedule II:

(a) Opium and opiate, and any salt, compound, derivative or preparation of opium or opiate, excluding apomorphine, thebaine-derived butorphanol, dextrophan, nalbuphine, nalmefene, naloxone and naltrexone, and their respective salts, but including:

Codeine;  
Diprenorphine;  
Ethylmorphine;  
Etorphine hydrochloride;  
Granulated opium;  
Hydrocodone;  
Hydromorphone;  
Metopon;  
Morphine;  
Opium extracts;  
Opium fluid;  
Powdered opium;  
Raw opium;  
Oxycodone;  
Oxymorphone;  
Thebaine; and  
Tincture of opium.

(b) Any salt, compound, isomer, derivative or preparation thereof which is chemically equivalent or identical with any of the substances referred to in paragraph (a) if they do not include the isoquinoline alkaloids of opium.

(c) Opium poppy and poppy straw.

(d) Cocaine hydrochloride salt prepared by a registered chemical or pharmaceutical manufacturer of the Drug Enforcement Administration of the Department of Justice which is properly labeled, including lot numbers, and is available for medicinal purposes through a distribution system approved by the Drug Enforcement Administration.

(e) Benzoylcegonine or ecgonine.

(f) Concentrate of poppy straw (meaning the crude extract of poppy straw in either liquid, solid or powder form and containing the phenanthrene alkaloids of the opium poppy).

3. Unless specifically excepted or unless listed in another schedule, any of the following opiates, including their isomers, esters, ethers, salts and salts of isomers, esters and ethers, whenever the existence of such isomers, esters, ethers and salts is possible within the specific chemical designation (dextrophan and levopropoxyphene excepted), are hereby enumerated on schedule II:



**RECEIVED**  
AUG 17 2011

**SECOND JUDICIAL DISTRICT COURT**

STATE OF NEVADA  
WASHOE COUNTY

**PETER I. BREEN**  
SENIOR DISTRICT JUDGE

P.O. BOX 1125  
RENO, NEVADA 89504

Larry L. Pinson, Pharm D.  
Executive Secretary  
Nevada State Board of Pharmacy  
431 W. Plumb Lane  
Reno, NV 89509

Dear Mr. Pinson,

I am writing to encourage the Nevada State Board of Pharmacy to schedule the chemical compounds in "pep spice" products as a controlled substance in our state.

As you know, the synthetic chemical compound called "Pep Spice," "Spice," or "K2" is sprayed on dried herbs and flowers and commonly sold as incense. The product produces a marijuana-like high when smoked or inhaled and is consumed as a marijuana substitute.

We have been experiencing a significant number of reports that participants in our criminal drug courts are utilizing this product because the chemical compounds do not show up in a urinalysis test. While a new drug test has recently been developed, it is quite expensive at \$35 per test and essentially prohibitive for our drug courts to use regularly.

Many cities, counties and states have banned the sale of these synthetic marijuana products or added them to Schedule I of the controlled substances law in the same category with marijuana. I encourage you to do the same as there is essentially no redeeming quality of this substance other than its purported use as incense.

I hope you will consider placing this product on the scheduled list as soon as possible. I understand that if the Board of Pharmacy votes to add spice products to the schedule of controlled substances, the matter will go through the administrative rulemaking process before the regulation is amended.

Thank you for your attention to this important matter.

Sincerely,

  
Peter I. Breen  
Senior District Judge



## Cannabinoid Designer Drugs

Prepared for Governor's Working Group on  
Methamphetamine Use – July 7, 2010 Meeting

Mark B. Jackson  
District Attorney  
Douglas County, Nevada  
(775) 782-9800  
[mjackson@douglas.nv.gov](mailto:mjackson@douglas.nv.gov)

## Douglas County District Attorney's Office

**MARK B. JACKSON**  
District Attorney

Minden Office  
P.O. Box 218  
Minden, NV 89423  
775-782-9800  
fax 775-782-9807



Lake Tahoe Office  
P.O. Box 6708  
Stateline, NV 89449  
775-586-7215  
fax 775-586-7217

[mjackson@douglas.nv.gov](mailto:mjackson@douglas.nv.gov)



## Problem Identified

In December of 2009 in Douglas County, law enforcement officers, juvenile probation officers and prosecutors started to hear about new designer drugs such as "Spice" and "K2" being used by high school students, young adults and individuals on probation for drug offenses or drug related offenses. The word on the street spread quickly:

1. The designer drugs produce a "high" more potent than marijuana;
2. The designer drugs are legal, and;
3. Any person, probationer, high school athlete, etc., could use the drug and pass any drug test. The designer drug was undetectable!



## What Are They?

Plant material or herbal mixture laced with synthetic cannabinoids or cannabinoid mimicking compounds are the latest designer drugs to invade the United States and cause serious health risks to the users.



## Where Did They Come From?

The most common synthetic cannabinoids or synthetic cannabinoid mimicking compounds used to fake the plant material are:

- HU-210 and HU-211
- JWH-018 and JWH-073
- CP 47, 497 (and its homologues)

All of these compounds were created or synthesized by researchers in a lab environment while studying the effects of THC (the active ingredient in marijuana)

[http://www.deadiversion.usdoj.gov/drugs\\_concerns/spice/](http://www.deadiversion.usdoj.gov/drugs_concerns/spice/)

---

---

---

---

---

---

---

---



## HU-210 and HU-211

HU-210 is a synthetic cannabinoid that was developed by a group of researchers at Hebrew University in 1988.<sup>1</sup> The abbreviation *HU* stands for Hebrew University. Based on anecdotal reports, HU-210 is 100 to 800 times more potent than natural THC from cannabis and has an extended duration of action.<sup>2</sup> HU-210 is a schedule I controlled substance in the U.S.<sup>3</sup> HU-211 is also structurally similar to THC; however, it is currently not controlled under the CSA.

<sup>1</sup> Mechoulam, R., Lander, N., Breuer, A., Zichlitz, J. Synthesis of the tricyclic, Pharmacologically Distinct, Enantiomers of a Tetrahydrocannabinol Derivative. *Tetrahedron: symmetry*, 1990, Vol 1, No 5, pp 315-316.

<sup>2</sup> Devane, WA; Breuer, Shoshita, Jaffe, Elson; Mechoulam (1992). "A novel probe for the cannabinoid receptor". *Journal of medicinal chemistry* 35 (11): 2085-9; U.S. Dept. of Justice, Drug Enforcement Administration, Microgram Bulletin, Volume 42, Number 3, March 2000, page 24.

<sup>3</sup> [http://www.deadiversion.usdoj.gov/drugs\\_concerns/spice/spice\\_hu10.htm](http://www.deadiversion.usdoj.gov/drugs_concerns/spice/spice_hu10.htm)

---

---

---

---

---

---

---

---



## JWH-018 and JWH-073

Dr. John W. Huffman, an organic chemist who has taught at Clemson University since the 1960's, synthesizes analogues and metabolites of THC.<sup>1</sup> Over the past 20 years, Dr. Huffman, with the assistance of research students, has created more than 450 varieties of synthetic cannabinoids. Each of his creations is named by using his initials and a serial number. In 2005, Dr. Huffman wrote an article for a scientific journal wherein he spelled out the chemical formula for one of the synthetic cannabinoids, JWH-018.<sup>2</sup> Studies show that JWH-018 has an affinity for the cannabinoid brain (CB1) receptor five times greater than that of THC.<sup>3</sup> Both JWH-018 and JWH-073 are not currently controlled under the CSA.

<sup>1</sup> <http://www.clemson.edu/chemistry/people/huffman.html>

<sup>2</sup> <http://www.postcardcourier.com/news/2006/nov/23/prostitutey-take>

<sup>3</sup> <http://en.wikipedia.org/wiki/JWH-018>

---

---

---

---

---

---

---

---



## CP 47, 497

CP 47, 497 and its C6, C7, C8, and C9 homologues are potent cannabinoid CB1 receptor agonist drugs that were developed by Pfizer in the 1980's.<sup>1</sup> The drugs have analgesic effects and were developed to be used in scientific research. CP 47, 497 and its C6, C7, C8, and C9 homologues are currently not controlled under the CSA.

<sup>1</sup> Webster A. Mena GM, Mehler LS Jr. Cannabinergic activity from CP-47,497, a derivative of 3-phenylcyclohexanol  
*Journal of Pharmacology and Experimental Therapeutics*. 1983 Nov;223(2):516-23.

---

---

---

---

---

---

---

---



## How Are the Designer Drugs Marketed?

The plant or herbal mixture laced with synthetic cannabinoids or synthetic cannabinoid mimicking compounds are produced by several manufacturers and marketed under various names. The products are being sold by convenient stores, gas stations, smoke shops, liquor stores, "head" shops, and over the internet as an "incense" or "herbal smoking blend." Almost all of the products are labeled "Not for human consumption." The packages typically contain psychedelic or other artwork and contain 1g or 3g of the laced herbal mixture.

---

---

---

---

---

---

---

---



## What Do They Look Like?

While "Spice" and "K2" appear to be the most popular designer drugs available, the synthetic cannabinoids have many faces.

---

---

---

---

---

---

---

---




---

---

---

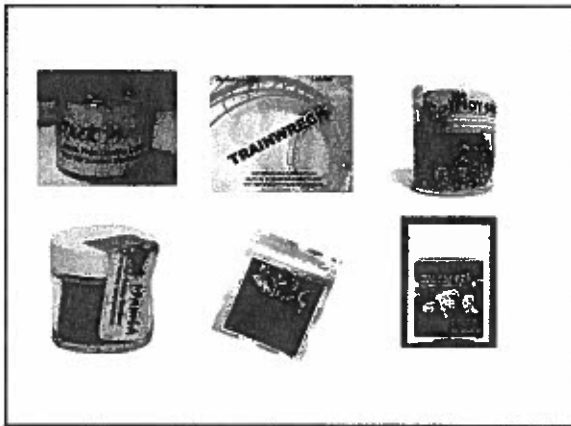
---

---

---

---

---




---

---

---

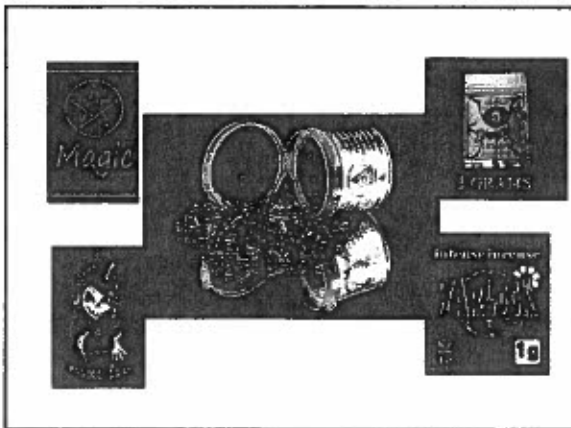
---

---

---

---

---




---

---

---

---

---

---

---

---






---

---

---

---

---

---

---

---

### Are They Dangerous?

In addressing the growing number of cases across the United States wherein people are being hospitalized for ailments caused by smoking "Spice" and other synthetic cannabinoids, Dr. Alvin C. Bronstein, medical director of Rocky Mountain Poison Center and director of surveillance for the American Association of Poison Control Centers, stated, "These products weren't designed for human consumption."

<http://abcnews.go.com/Health/DrugsAndPoisons/story?id=10118851>

---

---

---

---

---

---

---

---

### Are They Dangerous?

Paul J. Oesterman, *Pharm.D.*, Associate Professor of Pharmacy Practice at the University of Southern Nevada College of Pharmacy recently opined that these designer drugs could very well have greater health concerns, hazards and risks than marijuana as they are unregulated with no standard for potency or purity and that ingesting these types of substances would create or induce distorted perceptions, impaired coordination, difficulty in thinking and problem solving, and problems with learning and memory.

---

---

---

---

---

---

---

---



## Are They Dangerous?

*"It's like playing Russian roulette. You don't know what it is going to do to you. You're a potential winner of a Darwin award."*

— Dr. John W. Huffman, when asked about the potential danger of smoking synthetic cannabinoids such as JWH-018

[www.livestance.com/\\_file-marijuana-10-huffman-100302.htm](http://www.livestance.com/_file-marijuana-10-huffman-100302.htm)

---

---

---

---

---

---

---

---



## What Is The Current Legal Status?

Title 21 of the United States Code (U.S.C.) is the Controlled Substances Act. The Controlled Substance Analogue Enforcement Act of 1986 attempted to ban any chemical "substantially similar" to a schedule I or II illegal drug to be treated as schedule I or II but only if intended for human consumption. 21 U.S.C. § 813.

---

---

---

---

---

---

---

---



## Legal Status - International

Several countries have placed legal restrictions on certain synthetic cannabinoids:

- Poland - JWH-018 and some of the claimed constituents of 'Spice' are controlled substances.
- Germany - a fast-track regulation controls JWH-018 and CP 47,497.
- Austria, Estonia and France - JWH-018, HU-210, and CP 47,497 are scheduled drugs.
- Sweden and Lithuania - JWH-073 JWH-018, HU-210, and CP 47,497 are also classified as narcotics.
- Luxembourg - adopted an analogue approach by referring to 'synthetic agonists of cannabinoid receptors'.
- United Kingdom - adopted generic definitions and is expected to introduce control measures for a wide range of synthetic cannabinoids.
- Belarus, Chile, Finland, Italy, Ireland, Latvia, South Korea, Switzerland, Romania, and Russia all ban some types of synthetic cannabinoids.

---

---

---

---

---

---

---

---



## Legal Status – U.S. Military

The U.S. Army, Air Force, Marines and Navy have all instituted policies and/or general punitive orders prohibiting the actual or attempted possession, use, sale, distribution or manufacture of Spice, Salvia and any derivative, analogue or variant of either substance.

---

---

---

---

---

---

---



## Legal Status – Other States

Several states have placed, or are in the process of placing, legal restrictions on certain synthetic cannabinoids:

- Alabama
- Arkansas
- Florida
- Georgia
- Illinois
- Kansas
- Kentucky
- Louisiana
- Michigan
- Missouri
- New York
- North Dakota
- Tennessee
- Utah

---

---

---

---

---

---

---



## Example Legislation – Georgia

Code Section 16-13-25 of the Official Code of Georgia Annotated, relating to Schedule I controlled substances, is amended by replacing the period with a semicolon at the end of paragraph (11) and by adding a new paragraph to read as follows:

"(12) Any material, compound, mixture, or preparation which contains any quantity of the following substances, their salts, isomers (whether optical, positional, or geometric), homologues, and salts of isomers and homologues, unless specifically excepted, whenever the existence of these salts, isomers, homologues, and salts of isomers and homologues is possible within the specific chemical designation:

- (A) 1-pentyl-3-(1-naphthoyl)indole (JWH-018);
- (B) 1,1-dimethylheptyl-11-hydroxy-delta-8-tetrahydrocannabinol (HU-210);
- (Ba, 10a)-9-(hydroxymethyl)-6,6-dimethyl-3-(2-methyloctan-2-yl)-6a,7,10,10a-tetrahydrobenzo[chromen]-1-ol;
- (C) 2-[3-hydroxycyclohexyl]-5-(2-methyloctan-2-yl)phenol (CP 47,497)."

---

---

---

---

---

---

---



## What Do We Do About It?

- Interim Regulation – Nevada Board of Pharmacy
- BDR – Legislation
- Local government emergency ordinance
- Application of existing law in the interim – NRS 454.346 provides:  
"Any person who inhales, ingests, . . . any drug, chemical . . . or any compound . . . in any manner contrary to the directions for use, cautions or warnings appearing on the label thereof, in order to create or induce a condition of intoxication, euphoria, hallucination or elation . . . or to affect his or her central nervous system is guilty of a misdemeanor."

(

---

---

---

---

---

---

---



## Notice of Copyright Use

This presentation may have contained the creative work of others which are used either by permission, license or under 17 U.S.C. §§ 107-118 (Fair Use of Copyrighted Material).

---

---

---

---

---

---

---

## Spice

### **Brands and Varieties:**

Albino Rhino Buds	Experience: Ignite	Space Truckin'
Algerian Blend	Experience: Red Ball	Synergy
Aroma	Fusion	Spice Diamond
Black Magic	Galaxy	Spice Gold
Black Mamba	Genie	Spice Gold Spirit
Bliss	Gorilla	Spice Silver
Bombay Blue	Herb Dream	Spicey XXX
Caneff 5 Star	Ice Magic	SipceWorld420
Chillin XXX	K2	Spice99
D-Raw	Mojo	Spice99 (Ultra)
Dark Matter	Moon Rocks	Splice Platinum
Dragon	Pep Spice	Star Fire
Dream	Sence	Yucatan Fire
Everlast	Smoke	Zohai
Ex-ses (Platinum)	Solar Flare	Zohai SX
Experience: Chill	Space	

### **Chemicals that may be included:**

#### HU-211

- NMDA receptor blocker
  - Anesthetic properties causes hallucination, euphoria and dissociation
- Not currently controlled substance

#### HU-210

- Structural and pharmacological analog of THC
- Schedule I controlled substance

#### CP 47, 497 JWH-018 JWH-073

- Synthetic cannabinoid agonist
  - Acts on same receptors but is structurally different from THC
    - Pharmacologically similar but structurally distinct from THC
  - Greater activity at Cannabinoid type 1 (CB1) receptor compared to Cannabinoid type 2 (CB2) receptor at a lower dose
    - More activity in Central Nervous System (CB1) than in peripheral (CB2) immune system
  - Ki (receptor affinity) is significantly lower for synthetic cannabinoids (up to 10 times)
    - Lower concentration of chemical required to elicit a response
  - Interact at different site than traditional and endogenous cannabinoids (aromatic stacking interaction)

## Spice

- Not detectable by current urinalysis tests
  - Requires blood sample to be analyzed via gas chromatography/ mass spectrometry
  - must look for bi-products of drug after metabolized by the body
- Not currently a controlled substance

### Abuse Potential:

- Documented case of physical withdrawal
- Must increase dose to elicit the same response with continued use
- Half-life of synthetic cannabinoid is longer than THC
  - May build-up in the body with continued use
- Only one studied withdrawal case currently published
- Several cases of adverse events reported by Emergency Department physicians in the states where the substance is already regulated
  - Racing heart beat, increased pulse, and increased body temperature

### Legal Status in Other Countries:

Country	Date of Ban	Substance
Austria	12/18/2008	Spice, JWH-018 , CP 47,497 (C8 & C9 homologues), HU-210
Belarus	1/01/10	
Canada	6/03/10	Spice, not including JWH-018
Estonia	7/24/09	JWH-018CP 47, 497 & its C6, C8, C9 homologues, HU-210
France	2/24/09	JWH-018, CP 47, 497 & its 3 homologues, HU-210
Germany	1/22/09	JWH-018, CO 47, 497 & its 3 homologues
Hungary	3/9/09	Spice Gold, Spice Diamond, Sence & any other product containing the same herbal mixture
Ireland	5/11/10	Synthetic cannabinoids
Latvia	11/28/09	
Lithuania	5/27/09	JWH-018, JWH-073, CP 47, 497 & its homologues, HU-210
Luxembourg	5/4/09	JWH-018, CP 47, 497, HU-210 "other agonists of cannabinoid receptors or synthetic cannabinomimetics"
Poland	5/8/09	JWH-018, <i>Leonotis leonurus</i> , <i>Nymphaea caerulea</i>
South Korea	7/1/09	
Sweden	9/15/09	JWH-018, JWH-073, CP 47, 497 (C6, C8, C9 homologues), HU-210
Romania	2/15/10	
Russia	1/22/10	
United Kingdom	12/23/09	HU-210, WIN-55, 212-2, HU 243, CP 50, 5561

## Spice

### US states Legal Status:

State	Date	Substance
Alabama	7/01/10	JWH-018, JWH-073, HU-210
Alaska		Unregulated
Arizona		Unregulated
Arkansas	5/11/10	K2 (JWH-018)
California		Unregulated
Colorado		Unregulated
Connecticut		Unregulated
Delaware		Unregulated
Florida		Legislation proposed
Georgia	7/1/10	K2, JWH-018
Hawaii		Unregulated
Idaho		Unregulated
Illinois		Legislation proposed moved to senate 3/18/10
Iowa		Unregulated
Kansas	02/2010	JWH-018, JWH-073, HU-210
Kentucky	4/13/10	Synthetic marijuana
Louisiana	8/15/10	JWH-018, JWH-073, CP 47,497, synthetic cannabinoids, herbal ingredients of incense blend
Maine		Unregulated
Maryland		Unregulated
Massachusetts		Unregulated
Michigan		Unregulated, under consideration
Mississippi		Unregulated
Missouri	8/28/10	Synthetic compounds mimicking the effects of marijuana
Montana		Unregulated
Nebraska		Unregulated
Nevada		Unregulated
New Hampshire		Unregulated
New Jersey		Unregulated, under consideration
New Mexico		Unregulated
New York		Legislation proposed
North Carolina		Unregulated
North Dakota	2/25/10	JWH-018, JWH-073, CP 47, 497 & homologues, HU-210, HU-211
Ohio		Unregulated
Oklahoma		Unregulated
Oregon		Unregulated
Pennsylvania		Unregulated
Rhode Island		Unregulated
South Carolina		Unregulated
South Dakota		Unregulated

## Spice

State	Date	Substance
Tennessee	7/1/10	K2, JWH-018
Texas		Unregulated
Utah		Legislation Proposed
Vermont		Unregulated
Virginia		Unregulated
Washington		Unregulated
West Virginia		Unregulated
Wisconsin		Unregulated
Wyoming		Unregulated



## SPICE

---

You have probably heard of spice but is it the same kind of "Spice" that your children are familiar with? We are not referring to oregano, paprika, or cumin; spice is the newest designer drug. Spice is a generic term referring to synthetic cannabinoids and cannabinomimetics. The Nevada State Board of Pharmacy will be addressing this class of designer drugs at the September meeting to evaluate whether these drugs should be categorized as schedule I controlled substances.

The chemical components of "Spice" are HU-210, HU-211, JWH-018, JWH-073, CP 47, 497 and their homologues. The HU compounds are named after Hebrew University where they were discovered. HU-210 is a structural and pharmacological analog of THC and is up to 800 times more potent than the naturally occurring THC. This substance is currently classified as a schedule I controlled substance.

Dr. John W Huffman, a professor at Clemson University, is credited with the synthesis of JWH-018 and JWH-073 and several hundred other similar compounds. Dr. Huffman created the substances to isolate and research the cannabinoid type 1 (CB1) and type 2 (CB2) receptors in rats. In 2005, he published a scientific paper outlining the synthesis of the JWH-018, which many believe is how these substances were exploited to create the new designer drug known as "Spice."

The JWH and CP compounds are structurally different from THC but act on the same receptors. These substances are up to 10 times more potent than naturally occurring THC. These compounds are sprayed onto a mixture of herbs resembling marijuana and sold in smoke shops, "head" shops, convenient stores, liquor stores and online. The mixture is available in 1 gram and 3 gram packages labeled as incense or "herbal smoking mixture." On the package there is typically a warning "Not intended for human consumption." Spice blends are branded by up to 40 different names. Some common names include: Black mamba, Ex-ese, K2, Skunk, Spice (diamond, gold, silver, etc), and Yucatan fire.

The structural differences of the JWH and CP compounds make it impossible to detect these substances on urinalysis. The only means of testing for these substances at this time requires a blood sample soon after consumption. GC-MS and/or LC-MS analysis of the blood is required. The biggest problem is that the substances must be in the machines reference library for comparison to identify them in a sample. Because these are novel drugs and hard to identify they are not currently classified as controlled substances in most states.

There are risks with the consumption of spice substances. There has been documented physical withdrawal from the substance after extended use. The half-life of synthetic cannabinoids is longer than THC and may accumulate over time. Several cases of adverse events have been reported by emergency department physicians in states where the substance is already regulated. Patients have presented with increased heart rate, increased pulse, and increased body temperature. Spice has not been tested on humans and the long-term effects on the human body are unknown.

Spice is currently illegal in several other countries. These countries include: United Kingdom, Austria, Sweden, Canada, Ireland, Poland, Hungary, Germany and Russia. Several states in the US have enacted legislation to control spice or the components of spice including: Alabama, Arkansas, Georgia, Kansas, Kentucky, Louisiana, Missouri, North Dakota, and Tennessee. The US government has also banned these substances from use by any member of the armed forces.

## SPICE

---

The above mentioned concerns, and the fact that these substances have no accepted medical use , has brought these substances to the attention of several governmental agencies. The Nevada State Board of Pharmacy in conjunction with the Attorney Generals working group on methamphetamine abuse and at the request of the District Attorney of Douglas County, will begin working together to initiate the regulatory process to classify these compounds as schedule I controlled substances.

Welcome to TimesPeople  
Get Started



TimesPeople recommended: [The Feckless Fed](#)

Recommend

HOME PAGE TODAY'S PAPER VIDEO MOST POPULAR TIMES TOPICS

Get Home Delivery Log In Register Now

The New York Times

U.S.

Search All NYTimes.com

Go

WORLD U.S. N.Y. / REGION BUSINESS TECHNOLOGY SCIENCE HEALTH SPORTS OPINION ARTS STYLE TRAVEL JOBS REAL ESTATE AUTOS  
POLITICS EDUCATION BAY AREA CHICAGO

## Synthetic Marijuana Spurs State Bans

### Get the Opinion Today E-Mail



Sign up for the highlights of the day in Opinion, sent  
weekday afternoons.

Sign Up

July 10, 2010. Synthetic marijuana at Petra Cafe and Hookah Bar in St. Louis days before a ban was signed into law.

By MALCOLM GAY  
Published: July 10, 2010

**ST. LOUIS** Seated at a hookah lounge in the Tower Grove district, Albert Kuo trained his lighter above a marbled glass pipe stuffed with synthetic [marijuana](#). Inhaling deeply, Mr. Kuo, an art student at an area college, singed the pipe's leafy contents, emitting a musky cloud of smoke into the afternoon light.

#### Related

Times Topic: [Marijuana and Medical Marijuana](#)

Mr. Kuo, 25, had gathered here with a small cohort of friends for what could be the last time they legally get high in Missouri on a substance known popularly as K2, a blend of herbs

treated with synthetic marijuana.

"I know it's not going to kill me," said Mr. Kuo, who likened the drug's effects to [clove cigarettes](#). "It's a waste of time, effort and money to ban something like this."

On Tuesday, Gov. Jay Nixon, a Democrat, signed a bill prohibiting possession of K2. Missouri is the nation's eighth state this year to ban the substance, which has sent users to emergency rooms across the country complaining of everything from elevated heart rates and paranoia to [vomiting](#) and [hallucinations](#).

Investigators blame the drug in at least one death, and this month, Gov. Mike Beebe of Arkansas, a Democrat, signed an emergency order banning the substance. Similar

Don't Get for The New York Times

FACEBOOK

TWITTER

RECOMMEND

SIGN IN TO E-MAIL

PRINT

REPRINTS

SHARE



Ads by Google

what's this?

#### Band of Horses

Videos & Pics: From AOL's Band of Horses Pop Up Show at Grand Central Spinner.com

#### Program for Troubled Teen

Witness Program for Juveniles. Recommended by Dr. Phil. Ages 12-17. [www.rhyr.com](#)

#### Dry Eye Syndrome

Chronic Dry Eye is a Real Medical Condition. Learn About Treatment. [www.DryEyeInfo.net](#)

#### Incense by the Ounce

\$120 for 28g, stronger than K2. Save money, make money! [www.incensebytheounce.com](#)

#### SACRA Research

Aminocylindole Reagents Affordable Pricing. [www.sacra-research.com](#)

#### Premium Blend Herbs

#1 site for all your Aromatherapy needs. Oils, Bath Salts, etc. [www.PremiumBlendHerbs.com](#)

Advertise on NYTimes.com

#### MOST POPULAR

E-MAILED BLOGGED SEARCHED VIEWED

1. Factory Efficiency Comes to the Hospital
2. On Education: A Chosen Few Are Teaching for America
3. Turn 70. Act Your Grandchild's Age.
4. Op-Ed Contributor: America Builds an Aristocracy
5. Recipes for Health: Grated Raw Beet Salad
6. Digital Domain: Computers at Home: Educational Hope vs. Teenage Reality
7. Ross Douthat: The Class War We Need
8. Wall St. Hiring in Anticipation of an Economic Recovery
9. Paul Krugman: The Feckless Fed
10. Maureen Dowd: Miami's Hoops Cartel

Go to Complete List »

prohibitions are pending in at least six other states, including Illinois, Louisiana, Michigan, New Jersey, New York and Ohio, according to the [National Conference of State Legislatures](#).

"It's like a tidal wave," said Ward Franz, the state representative who sponsored Missouri legislation. "It's almost an epidemic. We're seeing middle-school kids walking into stores and buying it."

Often marketed as incense, K2 which is also known as Spice, Demon or Genie is sold openly in gas stations, head shops and, of course, online. It can sell for as much as \$40 per gram. The substance is banned in many European countries, but by marketing it as incense and clearly stating that it is not for human consumption, domestic sellers have managed to evade federal regulation.

"Everybody knows it's not incense," said Barbara Carreno, a spokeswoman for the federal [Drug Enforcement Administration](#). "That's done with a wink and a nod."

First developed in the lab of a [Clemson University](#) chemist, [John W. Huffman](#), K2's active ingredients are synthetic cannabinoids research-grade chemicals that were created for therapeutic purposes but can also mimic the narcotic effects of tetrahydrocannabinol, or THC, the active ingredient in marijuana.

In a statement, Mr. Huffman said the chemicals were not intended for human use. He added that his lab had developed them for research purposes only, and that "their effects in humans have not been studied and they could very well have toxic effects."

Nevertheless, pure forms of the chemical are available online, and investigators believe that many sellers are buying bulk quantities, mixing them with a potpourri-like blend of herbs and labeling the substance K2.

"It's not like there's one K2 distributor everybody is making their own stuff, calling it K2 and selling it, which is the most unnerving aspect," said Dr. Christopher Rosenbaum, an assistant professor of toxicology at the [University of Massachusetts](#) who is studying the effects of K2 in emergency room patients.

The [American Association of Poison Control Centers](#) reports that so far this year there have been 567 K2-related calls, up from 13 in 2009. But investigators add that no one is really certain what is in K2, and people are arriving at emergency rooms with symptoms that would not normally be associated with marijuana or a synthetic form of the drug.

"I don't know how many people are going for a box of doughnuts after smoking K2, but they're sure getting some other symptoms," said Dr. Anthony Scalzo, a professor of emergency medicine at the St. Louis University who first reported a rise in K2-related cases and is collaborating with Dr. Rosenbaum in researching K2's effects. "These are very anxious, agitated people that are requiring several doses of [sedatives](#)."

Dr. Scalzo, who is also the medical director for the Missouri Poison Control Center, added that although tests had found cannabinoids in K2, it was unclear "whether the reaction we're seeing is just because of dose effect, or if there's something in there we haven't found yet."

That question remains at the center of an investigation into the death of David Rozga, an Iowa teenager who last month committed [suicide](#) shortly after smoking K2. Mr. Rozga, 18, had graduated from high school one week earlier and was planning to attend college in the fall.

According to the police report, Mr. Rozga smoked the substance with friends and then began "freaking out," saying he was "going to hell." He then returned to his parents' house, grabbed a rifle from the family's gun room and shot himself in the head.

"There was nothing in the investigation to show he was depressed or sad or anything," said Detective Sgt. Brian Sher of the Indianola Police Department, who led the investigation. "I've seen it all. I don't know what else to attribute it to. It has to be K2."

## Leonardo DiCaprio in "Inception"

ALSO IN MOVIES >

A glimpse through the directors' eyes  
Connect with Movies on Facebook

[nytimes.com](#)

MOVIES

### ADVERTISEMENTS

Find your dream home with  
The New York Times Real Estate



Follow The New York Times on  
Twitter

The new issue of *T* is here

See the news in the making. Watch  
TimesCast, a daily news video.

Stay connected  
to the news.

Without being connected  
to the Web.

The New York Times  
**Times Reader 2.0**

— @ nytimes app

[LEARN MORE >](#)

Ad by Google

Ad by Bing

#### Online Executive MBA

Earn your Executive MBA Online at the Saunders College of  
Business.  
EmbaOnline.RIT.Edu

#### Galapagos Islands Cruises

The Leader In Galapagos Eco-Tourism Guided Naturalist Cruise  
& Tours!  
GalapagosExplorer.com

#### Portrait Photography \$389

Become a portrait photographer in 9 weeks! Great training & live  
models  
[www.photomanhattan.com](#)

But many users say they are undaunted by reports of negative reactions to the drug. K2 does not show up on drug tests, and users say that while they would like to know what is in it, they would take their chances if it means a clean urine test.

The Missouri ban, which goes into effect Aug. 28, prohibits several cannabinoids that investigators have found in K2 and related products. Nevertheless, investigators and researchers say that bans like the one in Missouri are little more than "Band-Aids" that street chemists can sidestep with a slight alteration to a chemical's molecular structure.

"Once it goes illegal, I already have something to replace it with," said Micah Riggs, who sells the product at his coffee shop in Kansas City. "There are hundreds of these synthetics, and we just go about it a couple of them at a time."

Investigators say that a more effective ban might arise once the Drug Enforcement Administration completes its review of cannabinoids, placing them under the Controlled Substances Act. Currently, however, only one such substance is controlled under the act, though the agency has listed four others as "chemicals of concern."

"It's hard to keep up with everything," said Ms. Carreno of the D.E.A., adding, "The process of scheduling something is thorough and time consuming, and there are a lot of gifted chemists out there."

Meanwhile, states are largely on their own when it comes to controlling this new breed of synthetic cannabis, which often comes down to a game of cat-and-mouse where law enforcement agents, politicians, users and their families must formulate new responses as each iteration of a drug comes to market.

"Where does a parent go to get answers?" asked Mike Rozga, who said he learned of K2 only after his son's death. "We talk to our kids about sex. We talk to our kids about drugs, and we talk to our kids about drinking and being responsible. But how can you talk to your kids about something you don't even know about?"

A version of this article appeared in print on July 11, 2010, on page A17 of the New York edition.

**Times Reader 2.0:** Daily delivery of The Times - straight to your computer.  
Subscribe for just \$4.62 a week.

SIGN IN TO E-MAIL

PRINT

REPRINTS

Ads by Google

AdSense Plus?

### **Online Executive MBA**

Earn your Executive MBA Online at the Saunders College of Business.

**EmbaOnline.RIT Edu**

#### **Past Coverage**

[Accord on Marijuana For Cancer Is Reached \(April 4, 1986\)](#)

#### **Related Searches**

[Marijuana](#)

[Get E-Mail Alerts](#)

[Drug Abuse and Traffic](#)

[Get E-Mail Alerts](#)

[Law and Legislation](#)

[Get E-Mail Alerts](#)

[States \(US\)](#)

[Get E-Mail Alerts](#)

**INSIDE NYTIMES.COM**

[N.Y. / REGION »](#)

[OPINION »](#)

[U.S. »](#)

[WORLD »](#)

[OPINION »](#)

[MUSIC »](#)

**Op-Ed: Haiti's**

## BOARD MEETING

at the

Airport Plaza Hotel  
1981 Terminal Way  
Reno, Nevada

September 8<sup>th</sup> and 9<sup>th</sup>, 2010

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

### Board Members Present:

Keith Macdonald  
Donald Fey  
Mary Lau

Beth Foster  
Chad Luebke

Kirk Wentworth  
Kam Gandhi

### Board Members Absent:

### Board Staff Present:

Larry Pinson

Jeri Walter

Carolyn Cramer

Keith Marcher

## CONSENT AGENDA

1. Approval of July 14-15, 2010, Minutes
2. Applications for Out-of-State MDEG – Non Appearance:
  - A. ActivStyle, Inc. – Truckee, CA
  - B. BNS Medical, LLC – Titusville, FL
  - C. DexCom, Inc. – San Diego, CA
  - D. Healthsafe – Titusville, FL
  - E. Interactive Medical Systems, Inc. – Garden Grove, CA
  - F. KCI USA, Inc. – Ft Worth, TX
  - G. KCI USA, Inc. – Fresno, CA
  - H. KCI USA, Inc. – Pittston, PA
  - I. KCI USA, Inc. – Salt Lake City, UT
  - J. Medtronic USA, Inc. – Elizabeth, NJ
  - K. Medtronic USA, Inc. – Mira Loma, CA
  - L. Norco, Inc. – Moses Lake, WA
  - M. Orthofix Inc. – Lewisville, TX
  - N. Sleepnet Corporation – Hampton, NH
  - O. Valeritas Inc. – Bridgewater, NJ
  - P. X-Gen Pharmaceuticals, Inc. – Horseheads, NY

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

- Q. America's Assisted Living Pharmacy – Paducah, KY
- R. American Homecare Federation, Inc. – Enfield, CT
- S. Community Healthcare Services, Inc. – Loma Linda, CA
- T. IBA Molecular North America, Inc. – Gilroy, CA
- U. Kindred Care – Lawrence, KS
- V. KV Vet Supply – David City, NE
- W. Lone Star Pharmacy, LTD – Garland, TX
- X. Mountain Care Pharmacy – Murray, UT
- Y. Parkview Compounding Pharmacy – Rancho Cucamonga, CA
- Z. Pharmahealth Long Term Care, Inc. – Fairhaven, MA
- AA. Ralphs Pharmacy #206 – Los Angeles, CA
- BB. Ralphs Pharmacy #32 – Los Angeles, CA
- CC. Triplefin Specialty Pharmacy – Cincinnati, OH

Application for Nevada MDEG – Non Appearance:

- DD. National Seating & Mobility, Inc. – Henderson

Applications for Nevada Pharmacy – Non Appearance:

- EE. Advanced Care Rx Pharmacy 1 – Las Vegas
- FF. Walgreens Infusion Services – Reno

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

- GG. Alkermes, Inc. – Waltham, MA
- HH. Baxter Healthcare Corporation – Wilsonville, OR
- II. Bioform Medical Inc. – Franksville, WI
- JJ. BioRidge Pharma, LLC – Florham Park, NJ
- KK. Bioscrip Pharmacy Services, Inc. – Columbus, OH
- LL. Busse Hospital Disposables – Hauppauge, NY
- MM. Exel, Inc. – Ontario, CA
- NN. Exel, Inc. – Ontario, CA
- OO. Exel, Inc. – Olive Branch, MS
- PP. Healthfirst – Mountlake Terrace, WA
- QQ. Infusystem, Inc. – Madison Heights, MI
- RR. National Distribution & Contracting, Inc. – Laverge, TN
- SS. Premium Health Services – Columbia, MD
- TT. Schwarz Pharma, LLC – Smyrna, GA
- UU. UCB, Inc. – Smyrna, GA
- VV. Upstate Pharma, LLC – Rochester, NY

NOTE: Mary Lau recused from participation on the vote for Item FF because Walgreens is a member of RAN, though she was not certain that voting for Walgreens Infusion Services would be a conflict.

Discussion:

The consent agenda applications and supporting documents were reviewed. Carolyn Cramer noted changes regarding the administrators of KCI USA and other minor corrections to the applications.

Board Action:

Motion: Chad Luebke found the consent agenda application information to be accurate and complete and moved for approval of the applications with the exception of Item FF.

Second: Kam Gandhi

Action: Passed Unanimously.

Motion: Chad Luebke moved for approval of Item FF.

Second: Kam Gandhi

Action: Passed Unanimously.

Concerns were voiced regarding wholesalers. Specifically can two wholesalers be located at the same physical address and have the same facility manager? On the other hand, the same person that filled out the two applications for the Georgia facilities at the same address, also completed the application for a facility in New York. Board staff advised that we depend upon the regulatory agency in the state in which they are currently licensed to ensure their licensees are following their rules. The Board also wondered about the relationship between the three firms.

Discussion:

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

Second: Kirk Wentworth

Action: Passed Unanimously.

REGULAR AGENDA

3. Disciplinary Actions:

- |    |                     |                |
|----|---------------------|----------------|
| A. | Steve Douglas, R.Ph | (10-053-RPH-N) |
| B. | Don's Pharmacy      | (10-053-PH-N)  |



NOTE: Mary Lau recused from participation in this matter as Don's Pharmacy is a member of RAN.

Bill Stilling appeared to represent Don's Pharmacy and Steve Douglas.

Carolyn Cramer and Bill Stilling both gave opening statements.

Carolyn Cramer admitted 23 Exhibits that were allowed by Mr. Stilling and accepted into the record.

Ms. Cramer called Kathleen Ashmead to testify.

Kathleen Ashmead appeared and was sworn by President Fey prior to answering questions or offering testimony.

Ms. Cramer asked Ms. Ashmead to explain her relationship with Anthony Todesco, the victim in this matter. Ms. Ashmead stated that she was Mr. Todesco's care giver as he suffers from a variety of physical and psychological problems associated with his addiction to opiates. As such, she pays his bills, helps him get to appointments, administers his medications and runs errands for Mr. Todesco. She noted that Mr. Todesco had a history of heroin addiction and was a model patient at a methadone treatment clinic. On May 12, 2010 Ms. Ashmead indicated that she had Mr. Todesco's prescription for clonazepam refilled at Don's Pharmacy. She picked up the prescription, took the medication she was given to Mr. Todesco and left it with him. Ms. Ashmead stated that she did not look in the prescription bottle she received from Don's Pharmacy until the following day when she saw that there were two different looking tablets in the bottle. One of the tablets was white, like the ones she had administered to Mr. Todesco in the past and the majority of the tablets in the prescription vial were green. There was a sticker across the cap of the prescription vial and a sticker alongside the prescription label that read, "This is the same medication you have been getting. Color, size or shape may appear different." Ms. Ashmead administered the green tablets to Mr. Todesco as the label directed, one by mouth three times that day. At approximately 7:00 a.m. on May 13, 2010 Mr. Todesco was found comatose on the living room couch. Mr. Todesco was taken by ambulance to St. Mary's Hospital where he was admitted to the Progressive Care Unit and initially diagnosed with drug overdose, aspiration pneumonia, acute delirium, sepsis and severe thrombocytopenia. Ms. Ashmead stated that Mr. Todesco was physically restrained at the wrists, ankles and torso because of frequent outbursts. Mr. Todesco was stabilized and released from St. Mary's on May 19, 2010. Mr. Todesco was advised to take only one 40 mg. methadone tablet that night and to report to the methadone clinic the following morning. On May 20, 2010 Mr. Todesco went to the methadone clinic where he became unresponsive and was transported to St. Mary's for a second time. Again Mr. Todesco was admitted to the Progressive Care Unit where he was treated for a suspected overdose and severe thrombocytopenia. Ms. Ashmead was called to the hospital and initiated a Do Not Resuscitate (DNR) order as it was believed Mr. Todesco would not live through the night. Mr. Todesco was again stabilized and transported to Northern Nevada Adult Mental Health Services (NNAMHS) on May 26, 2010 for a psychiatric evaluation due to

suspected suicidal tendencies, however he was released the following morning. Ms. Ashmead monitored Mr. Todesco from May 27, 2010 to May 30, 2010. During this time Mr. Todesco ingested nine of the green tablets at the normally scheduled times. On May 30, 2010, Mr. Todesco's behavior became increasingly bizarre and agitated, prompting Ms. Ashmead to take Mr. Todesco to the emergency room at Renown Medical Center. Mr. Todesco was hospitalized for the fourth time where he was again placed under physical restraints until he was released on June 3, 2010. Ms. Ashmead began to evaluate the circumstances of these occurrences that Mr. Todesco had experienced and became suspect of the green tablets she was administering to him. Ms. Ashmead substituted the white tablets for the green ones and noticed an eventual improvement in Mr. Todesco's mental and physical state. Ms. Ashmead researched an online database and identified the green tablets she had been giving Mr. Todesco and discovered that the green tablets were clozapine 100 mg. tablets. Ms. Ashmead contacted Don's Pharmacy and spoke with pharmacist Chuck Boiselle who confirmed the error. Later Ms. Ashmead met with Mr. Boiselle and received the correct medication for Mr. Todesco.

Because of transportation difficulties, Ms. Ashmead indicated that Mr. Todesco is now extremely agitated because he had been a model patient at the methadone treatment clinic and now he has to go to the clinic daily for his methadone treatment rather than the take home program he had previously been allowed to use. Since the hospitals viewed Mr. Todesco's behavior as a methadone overdose because he was a known methadone user, the methadone treatment clinic will not allow Mr. Todesco the privilege of the take home program, even though that was not the case.

Mr. Stilling asked Ms. Ashmead if anyone had spoken to the director of the methadone treatment clinic to ensure they knew the truth about Mr. Todesco's circumstances. Ms. Ashmead indicated that she personally had not spoken to anyone at the clinic.

The Board questioned Ms. Ashmead.

Carolyn Cramer called Joe Depczynski to testify.

Joe Depczynski, Board inspector/investigator, appeared and was sworn by President Fey prior to answering questions or offering testimony.

Mr. Depczynski gave specific details about his investigation. Mr. Depczynski stated that he learned a pharmaceutical technician began the filling process by going to the shelf where the clonazepam was stored. She shook the first stock bottle and knew there was not enough medication in the bottle to complete the fill and took the bottle directly behind the first bottle with her to the filling station. The pharmaceutical technician scanned the first bottle and verified that it was the correct medication. There were ten tablets in that bottle. She opened the second bottle and found green tablets and found the labels with the indication that this was the same medication even though it may look different. She completed the filling process by placing one of the stickers across the cap of the prescription vial and a second alongside the prescription label. As was the standard, she divided the prescription vial by putting 80 green tablets in the bottom of

the prescription vial, placing cotton in the prescription vial and then adding the additional ten white tablets. At this time she staged it for the pharmacist's verification.

Mr. Depczynski described the difference in the stock bottles and noted that they were practically identical in size and color of packaging. Since Don's Pharmacy's computer system cannot scan twice on the same prescription it was a visual verification that the pharmaceutical technician did. Since the packaging looked the same and the name of the medication was similar, the error was undetected. When Mr. Douglas did the verification he also failed to see the name difference on the stock bottles. Mr. Douglas did not disturb the cotton in the prescription vial to look at the second layer of medication since there were stickers indicating that the drug could look different. A series of unfortunate events occurred in this instance because it is believed the incorrect bottle of clozapine was shelved incorrectly.

Mr. Stilling and the Board questioned Mr. Depczynski.

Bill Stilling called Steve Douglas to testify.

Steve Douglas appeared and was sworn by President Fey prior to answering questions or offering testimony.

Mr. Douglas described his pharmacy experience and history. He indicated that there is no contest as to having verified the prescription that was in error. Mr. Douglas indicated that he is no longer working at Don's Pharmacy, however he described the pharmacy's procedures on the day of the error. He indicated that the pharmaceutical technician had concerns about the change of medication and the new product appearance. Mr. Douglas indicated that it was the practice to separate the two types of tablets with cotton if there was a change in the medication in any way. Mr. Douglas also had concerns that the packaging was so similar and indicated that he understood the costs involved in different packaging but felt it was the manufacturer's duty to help the industry to avoid errors of this nature by making the packaging different in some manner. He also indicated that the reason the software will not allow a second scan is insurance driven. This error is an instance that could have been avoided if a second scan was possible. Mr. Douglas indicated that this error has affected him personally and apologized to Ms. Ashmead for his participation in this matter. Mr. Douglas was very sincere in his praise of Ms. Ashmead's care given to Mr. Todesco. Mr. Douglas indicated that he is less trusting of his ancillary help now. He indicated that he is more conscientious and does not let distractions affect his practice.

Mr. Douglas answered questions from the Board.

Kam Gandhi disclosed that he works for Albertson's/Save Mart since Mr. Douglas referenced Save Mart in his testimony.

Mr. Stilling called David Vasenden to testify.

David Vasenden, owner of Don's Pharmacy, appeared and was sworn by President Fey prior to answering questions or offering testimony.

Mr. Vasenden described his pharmacy experience from his schooling to present. Mr. Stilling asked Mr. Vasenden to describe the policies and procedures at Don's Pharmacy regarding shelving medications when they are delivered to the pharmacy. Mr. Vasenden speculated that whoever received the drugs that were delivered probably had taken both stock bottles from the tote, and since they looked alike, they shelved them incorrectly and made the mistake.

Carolyn Cramer asked Mr. Vasenden if the ScriptPro software he uses could be changed to allow for a second scan. Mr. Vasenden indicated that he has checked into this as an option but it was unlikely because of the insurance issues that would create. Ms. Cramer asked if Mr. Vasenden had changed his shelving procedures and he indicated that they now have the clozapine dispensed by the robot, thus separating the two products so they could not be mixed again. Mr. Vasenden also testified that he has updated his policies and procedures and has counseled his staff on the changes.

Carolyn Cramer gave closing statements and indicated that Mr. Todesco wants his credibility restored with the methadone treatment clinic. Ms. Cramer leaves imposition of fees and costs to the Board's discretion.

Bill Stilling indicated that there is no contest to the error but feels that Mr. Douglas and Don's Pharmacy have used this unfortunate experience to find a way to improve pharmacy practices.

Board Action:

Motion: Beth Foster moved to find Mr. Douglas guilty of the First Cause of Action.

Second: Kam Gandhi

Action: Passed Unanimously

Motion: Beth Foster moved to find Don's Pharmacy guilty of the Second Cause of Action.

Second: Kam Gandhi

Action: Passed Unanimously

President Fey asked Ms. Cramer to give the Board recommendations. Ms. Cramer indicated that she would leave fees, costs and fines to the Board's discretion but would like to see Don's Pharmacy software fixed to address the single scanning issue. If the software cannot be updated, Ms. Cramer indicated she would like to see a solid written policy and procedure. Board staff would meet with Mr. Vasenden and he could present his policies on this issue.

Board Action:

Motion: Kam Gandhi moved to fine Mr. Douglas \$1,000.00 plus fees and costs and would have Mr. Douglas do one live Nevada Law CE with Board staff to share his experiences and the ramifications of this error to his peers.

Second: Kirk Wentworth

Action: Motion Failed With Three Negative Votes

Motion: Beth Foster moved to fine Mr. Douglas \$1,000.00 plus fees and costs and give him an option to participate in a Nevada Law CE with Board staff.

Second: Chad Luebke

Action: Passed With One Negative Vote

Motion: Beth Foster moved to have Don's Pharmacy participate in the Your Success Rx program, prepare policies and procedures and present them to the Board at the December 2010 Board meeting.

Second: Kirk Wentworth

Amendment: Rather than participate in Your Success Rx, have Don's Pharmacy consult with Katie Johnson and the rest of the motion to remain the same.

The amendment was accepted by the First and the Second.

Action: Passed With One Negative Vote

C. Veronica B. Cox, PT (10-059-PT-N)

Ms. Cox will appear at the October Board meeting.

D. Jiansheng Li, R.Ph (10-052-RPH-N)

E. CVS/pharmacy #9168 (10-052-PH-N)

F. Jiansheng Li, R.Ph (10-060-RPH-N)

NOTE: Chad Luebke disclosed that he used to be employed by CVS, however he was not acquainted with Mr. Li.

Carolyn Cramer advised the Board that she, Mr. Li and Hal Taylor, Mr. Li's attorney, had come to a settlement agreement on both cases regarding Mr. Li. Ms. Cramer noted that she is dismissing Case No. 10-052-PH-N regarding CVS.

Mr. Li admitted guilt to all three Causes of Action in Case No. 10-052-RPH-N for failing to follow the dosing instructions of the physician, failing to label with correct dosing instructions and failing to counsel. Mr. Li also admitted guilt in Case No. 10-060-RPH-N for leaving the pharmacy unattended while he went to pick up lunch.

In the settlement agreement, Mr. Li agreed to participate in the Your Success Rx program, pay a fine of \$750.00 for the failure to counsel and attend the next four Board meetings in Reno on the Wednesday's to experience the disciplinary actions taken by the Board.

Board Action:

Motion: Mary Lau moved to accept the settlement agreement as presented.

Second: Beth Foster

Action: Passed Unanimously

G. Stacey Beise, R.Ph (10-057-RPH-O)

Carolyn Cramer presented a stipulated agreement to the Board. Ms. Beise had been disciplined in Pennsylvania for chemical dependence and this agreement parallel's that Action.

Board Action:

Motion: Kirk Wentworth moved to accept the stipulated agreement as presented.

Second: Chad Luebke

Action: Passed Unanimously

4. Application for Out-of-State Pharmacy – Appearance:

Walgreens Infusion Services – Corona, CA

Greg Simas and Dhruvish Patel appeared and were sworn by President Fey prior to answering questions or offering testimony.

Mr. Simas presented a letter from Option Care Enterprises, Inc., dba Walgreens Infusion Services authorizing him and Ms. Patel to represent them. Mr. Simas is the general manager and Ms. Patel is the managing pharmacist for the Corona, California facility.

Mr. Simas explained that there are only five to eight patients in Nevada that they would be shipping to. The medications they are shipping are in powder form and are

reconstituted by the patient. They ship common carrier in appropriate packaging and have telephone coverage to address any issues a Nevada patient might have.

Board Action:

Motion: Keith Macdonald moved to approve the application for out of state pharmacy for Walgreens Infusion Services.

Second: Kam Gandhi

Action: Passed Unanimously

5. Applications for Nevada MDEG – Appearance:

A. LV Medical Supply – Las Vegas

Aragats Karpetyan and Arsen Manukian appeared and were sworn by President Fey prior to answering questions or offering testimony.

The Board questioned Mr. Manukian regarding their policies and procedures regarding selling medical gases as indicated on their application. Mr. Manukian indicated that they were not planning to sell medical gases at this time. The Board asked what they would be selling since they only checked medical gases and diabetic supplies on their application. Mr. Manukian indicated they were not going to sell anything until they received their license. When specifically asked what they would be selling, after considerable thought Mr. Manukian ultimately indicated they would be selling bandages, diapers, walkers and other products. The Board asked if they had a consultant and they indicated they did not have one yet, that they only had the physical location they planned to open when they got their license. Mr. Manukian indicated that he had a lot of experience with patients and gave examples of various medical facilities that he worked in.

Board Action:

Motion: Mary Lau moved to table this application to the October Board meeting to give Mr. Manukian and Mr. Karpetyan an opportunity to hire a qualified facility administrator and correct the application to include information about who they hired as a facility administrator and to also correct the products list on the application to indicate what they actually would be selling.

Second: Chad Luebke

Action: Passed Unanimously

B. Tropicana Medical Supply, Inc. – Las Vegas

Germain Thomas, Mercy Alonge and Ray Seidlinger appeared and were sworn by President Fey prior to answering questions or offering testimony.

Carolyn Cramer advised the Board that Mr. Seidlinger went to inspect Tropicana Medical and found that there were new owners that had not applied for a change of ownership since August 2009. Mr. Thomas acknowledged that they only found out that they needed to be licensed with the Board of Pharmacy when they tried to apply for Medicare/Medicaid privileges. While Mr. Seidlinger was present he found some extremely outdated products on the shelves that were left from the previous owner. Ms. Alonge advised that they have been in the process of remodeling and they were disposing of the outdated products. Mr. Thomas noted that they were unaware of how to tell that an MDEG product was outdated until Mr. Seidlinger showed them. Now they are aware and will ensure they do not have any outdates in their facility. It was determined that Mr. Thomas worked for the previous owner, Elijah Akpan, as a technician. Mr. Seidlinger testified that Mr. Thomas has been most responsive to his requests and has, or is, in the process of complying with everything asked of him.

Board Action:

Motion: Keith Macdonald moved to approve the application for MDEG provider for Tropicana Medical Supply providing all of the Board's provisions are met and that they meet with one of the Board's inspector's quarterly.

Second: Kirk Wentworth

Action: Motion Failed With Four Negative Votes

Motion: Mary Lau moved to table this application to the October Board meeting. At that time, provide a letter of acknowledgement from a billing source, correct the application showing Mr. Thomas as the facility administrator, bring Queen to testify as their consultant and have Mr. Seidlinger go in and inspect before the appearance.

Second: Kam Gandhi

Action: Passed With One Negative Vote

6. Application for Nevada Wholesaler – Appearance:

Green Valley Medical Supply

Green Valley Medical Supply withdrew their application.



7. Request for Intern Pharmacist License – Appearance:

Brandon Thoreson

Brandon Thoreson appeared and was sworn by President Fey prior to answering questions or offering testimony.

Carolyn Cramer explained to Mr. Thoreson was present to explain the circumstances of his numerous arrests and convictions for DUI's and alcohol related instances.

Mr. Thoreson indicated that he only had two DUI's within ten years, and acknowledged that one was as recent as October, 2009 in Oregon. He explained that the Oregon Board had suspended his license for one year, however lifted the suspension after six months. Mr. Thoreson reviewed the ten instances for the Board to the best of his recollection. Mr. Thoreson indicated that he is currently in a PRN group in Oregon after undergoing an intense outpatient program. He also indicated that he is affiliated with a group of professionals that meet weekly and is currently in remission.

Board Action:

Motion: Kirk Wentworth moved to approve the application for intern providing Mr. Thoreson enrolls in the Nevada PRN-PRN program and notify the Oregon Board and court that he may be moving and practicing in Nevada.

Second: Keith Macdonald

Action: Passed With One Negative Vote

8. Requests for Pharmacist License - Reciprocity – Appearance:

A. Fadi Atiya

Mr. Atiya will reschedule his appearance once his issues are rectified in California.

B. Mark C. Longo

Mark Longo appeared and was sworn by President Fey prior to answering questions or offering testimony.

Mr. Longo explained that he is requesting reciprocity to Nevada because the company he is working with, a small closed door pharmacy, will require him to practice in Nevada occasionally. Mr. Longo explained the circumstances of the discipline imposed upon him in Utah, where he resides. He admitted that he went about serving his patient in the wrong manner because of insurance issues, however he was trying to act in the patient's best interest.

Board Action:

Motion: Keith Macdonald moved to approve the application for reciprocity for Mr. Longo.

Second: Kam Gandhi

Action: Passed Unanimously

9. Request for Pharmaceutical Technician in Training License – Appearance:

Kit Bouthillier

Kit Bouthillier appeared and was sworn by President Fey prior to answering questions or offering testimony.

Carolyn Cramer advised the Board that Mr. Bouthillier presented her with a court order sealing the records of an issue that occurred in 1993. Ms. Cramer indicated that the Board could not question Mr. Bouthillier regarding his criminal history. The court order was signed on September 7, 2010.

Board Action:

Motion: Keith Macdonald moved to approve the application for pharmaceutical technician in training for Mr. Bouthillier.

Second: Kirk Wentworth

Action: Passed Unanimously

10. Appearance Request:

Pharmerica  
DocuTrack Presentation

Gary Osoffsky, a pharmacist working at Pharmerica in Las Vegas, and Louie Foster, a representative of Integra, the manufacturer of DocuTrack, appeared to give a presentation on the DocuTrack program. There were four persons who were present by telephone communication, also. DocuTrack is a document management system designed specifically for the closed and retail pharmacy markets. It is a fax retrieval and memory system making it a helpful tool for pharmacies to manage their staff and improve accountability by tracking all document activity.

The Board questioned the back up of this program. It was determined that the backup was done by another company and it was kept off site at a facility that is not owned or operated by DocuTrack or the pharmacy in which it is installed. This was an issue for the Nevada Board as it does not meet current Nevada law requirements. Mr. Foster

was asked to research other states for language that could possibly be incorporated into Nevada law and contact Mr. Pinson with that information for further review.

#### 11. CE Committee Report

Larry Pinson advised the Board that the CE Committee met on August 17, 2010 and approved a continuing education course recommended by the Nevada Immunization Coalition entitled Epidemiology and Prevention of Vaccine Preventable Diseases. Mr. Pinson asked for approval of the Board for six hours of accredited CE.

##### Board Action:

Motion: Keith Macdonald moved to approve the CE course presented for six hours of accredited CE.

Second: Chad Luebke

Action: Passed Unanimously

#### 12. General Counsel Report

Carolyn Cramer reported that she appeared before the Legislative Committee and noted that the MDEG Administrator regulations were denied and the Cancer Drug Donation regulations were passed. There was discussion about the Committee and their process and Ms. Cramer noted that there were no regulations, other than the Cancer Drug regulations, passed while she was present.

Ms. Cramer also advised the Board that she was following up on Mary Lau's request for discussion regarding the Wal-Mart v. Sanchez matter.

#### 13. Executive Secretary Report:

##### A. Financial Report

Larry Pinson gave the financial report to the Board's satisfaction.

##### B. Temporary Licenses

One temporary license was approved since the last Board meeting.

##### C. Staff Activities

###### 1. CE: Elko, Reno

It was noted that Joe Depczynski would be giving a Nevada law CE in Elko and various outlying locations. Mr. Pinson also noted that all scheduled CE information is on our website.

##### D. Reports to Board

###### 1. Pharmacist's Letter CE Program

A taped law CE program is almost ready for availability to pharmacists and pharmaceutical technicians at no cost through the Pharmacist's Letter. Mr. Pinson advised that he would post information on our website when it is available.

## 2. PT Schools

Mr. Pinson advised the Board that the two schools present in the audience advise their applicants to their PT programs in advance of registration that if they have had drug related arrests or convictions that they may not qualify for a pharmaceutical technician in training registration with the Board which would disqualify them from completing the school's program. Mr. Pinson indicated that he had addressed this issue with other programs previously.

## 3. Inspections

It was noted that Ray Seidlinger has been working diligently on inspections in both the North to help Joe Depczynski and in the South with Ron Shockey.

## 4. Electronically generated fax prescriptions

Mr. Pinson advised the Board that the DEA has specifically ruled that transmission of electronically generated prescriptions from a prescriber's computer to the pharmacy's fax machine is not allowed. Unless the prescription communication is from the prescriber's computer to the pharmacy's computer, the prescription needs to be signed by the prescriber – not an electronically generated signature.

## E. Board Related News

### 1. APAP

NABP provided a memo that gave a history of the Food and Drug Administration's (FDA) position on the abbreviation of "APAP" for acetaminophen. The FDA Safe Use Initiative and NABP will work with interested pharmacy organizations to identify best processes to eliminate the use of "APAP" and address concerns relating to limited space on prescription labels. NABP and the FDA will also determine a reasonable timeframe for implementation of the requirement to eliminate "APAP" from prescription labels.

### 2. The Secure and Responsible Drug Disposal Act of 2010

Mr. Pinson provided the Board with an article from *Drug Topics* indicating that the Senate passed a prescription drug disposal bill.

## F. Activities Report

## 14. Discussion and Determination:

### Synthetic Cannabinoids (Spice)

Mark Jackson, representing the Douglas County District Attorney's office, appeared and gave a presentation regarding the abuse of synthetic cannabinoids in Nevada. It is more potent than THC and has a high potential for abuse with dire consequences. It is being sold as herbal incense and marked "not for human consumption" however it is being consumed by Nevada's population.

Diane Macken, a lab analyst, joined Mr. Jackson and brought samples of two purchases she made in local head shops. It is marketed under such names as "K2", "Atomic Haze", "Trainwreck" and "Spice". It is an herbal mixture laced with synthetic cannabinoids or synthetic cannabinoid mimicking compounds.

Mr. Jackson and Ms. Macken asked the Board to schedule synthetic cannabinoids as a Schedule I product.

Board Action:

Motion: Keith Macdonald moved to bring language to Workshop.

Second: Mary Lau

Action: Passed Unanimously

15. Next Board Meeting:

October 13-14, 2010 – Las Vegas, Nevada

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

Liz Macmenamin appeared and advised that she was looking for volunteers for the second prescription drug roundup in conjunction with law enforcement. There will be five locations in the North that need to be manned with a pharmacist on September 25, 2010 between 8:30 a.m. and 2:00 p.m.

Mack Venzon, from the Reno Police Department, appeared and discussed the benefits of the prescription drug round up, and again noted the date and times of the round-up in Reno. The Board asked about a roundup in the South and it was determined that it was a statewide program. Mr. Venzon advised that he would contact his counterparts in Las Vegas to ensure the word is getting out for the roundup in that area.