

May 17, 2012

AGENDA

◆ PUBLIC NOTICE ◆

NEVADA STATE BOARD OF PHARMACY

BOARD MEETING

at the

Airport Plaza Hotel
1981 Terminal Way
Reno

Wednesday, June 6, 2012 – 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;

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

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

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

Prior to the commencement and conclusion of a contested case or a quasi judicial proceeding that may affect the due process rights of an individual the board may refuse to consider public comment. See NRS 233B.126.

Please be aware that after the quasi-judicial board or commission had rendered a decision in the contested case and assuming this happens before adjournment, then you may advise the board or commission that it may **entertain public comment on the proceeding at that time.**

◆ CONSENT AGENDA ◆

The Consent Agenda contains matters of routine acceptance. The Board Members may approve the consent agenda items as written or, at their discretion, may address individual items for discussion or change.

1. Public Comments and Discussion of and Deliberation Upon Those Comments:
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)
2. Approval of April 18-19, 2012, Minutes for Possible Action
3. Applications for Out-of-State Pharmacy – Non Appearance for Possible Action:
 - A. Community, A Walgreens Pharmacy – Chicago, IL
 - B. Community, A Walgreens Pharmacy – San Francisco, CA
 - C. Drugco Health Specialty Pharmacy & Central Fill – Roanoke Rapids, NC
 - D. Hometech Advanced Therapies, Inc. – Sharon Hill, PA
 - E. Kedzie Madison Drugs – Chicago, IL
 - F. Kings Park Slope, Inc. – Brooklyn, NY
 - G. Linden Care LLC – Syosset, NY
 - H. Prime Therapeutics Specialty Pharmacy LLC – Orlando, FL
 - I. Rx Remote Solutions – Naperville, IL
 - J. Specialized Pharmacy Services – Midvale, UT
 - K. Vets First Choice – Omaha, NE

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

- L. AmerisourceBergen Drug Corporation – Roanoke, TN
- M. AmerisourceBergen Drug Corporation – Thorofare, NJ
- N. Butler Schein Animal Health Supply – Ft Worth, TX
- O. HyGen Pharmaceuticals, Inc – Bellevue, WA
- P. R+S Northeast LLC – Fountain Run, KY
- Q. RxCrossroads Third Party Logistics Division – Louisville, KY
- R. Sandoz Inc. – Broomfield, CO
- S. Slate Pharmaceuticals, Inc. – Morrisville, NC
- T. Smith Medical Partners – Wood Dale, IL
- U. Smith & Nephew, Inc. – Memphis, TN
- V. Smith & Nephew, Inc. – Oklahoma City, OK
- W. Sobi, Inc. – Ardmore, PA
- X. Trigen Laboratories, LLC – Tampa, FL
- Y. UPS Supply Chain Solutions, Inc. – Swannee, GA
- Z. Virtus Pharmaceuticals, LLC – Tampa, FL

Applications for Out-of-State MDEG – Non Appearance for Possible Action:

- AA. ABC Home Medical Supply, Inc. – Dallas, TX
- BB. Alick's Home Medical Equipment, Inc. – South Bend, IN
- CC. Americare Health Services Corp. – Albuquerque, NM
- DD. American Diabetes Services, Inc. – Boca Raton, FL
- EE. Arecibo Health Medical Equipment – Arecibo, PR
- FF. AS Medical Equipment, Inc. – Hormigueros, PR
- GG. Bio Horizon Medical Inc. – El Segundo, CA
- HH. CardioNet, Inc. – Eagan, MN
- II. CHS Pharmacy – Vancouver, WA
- JJ. Diabetic Warehouse, LLC – Meridian, MS
- KK. Grand Street Pharmaceutical LLC – New York, NY
- LL. Howell's Medical Equipment Supply – Milledgeville, GA
- MM. Joerns LLC – Chatsworth, CA
- NN. KCI USA, Inc. – Addison, IL
- OO. KCI USA, Inc. – Fort Worth, TX
- PP. KCI USA, Inc. – Fresno, CA
- QQ. KCI USA, Inc. – Salt Lake City, UT
- RR. Life Line Medical Supply – Brownsville, TX
- SS. Med-Fast Homecare – Aliquippa, PA
- TT. Monserrate Sales and Rental Equipment, Inc. – San Juan, PR
- UU. Nationwide Diabetic, Inc. – Sunrise, FL
- VV. Noay Respiratory, LLC – Spring Hill, TN
- WW. Palmetto Oxygen, LLC – West Columbia, SC
- XX. Pos-T-Vac Medical Inc. – Dodge City, KS
- YY. Philips Medical Systems (Cleveland), Inc. – Highland Heights, OH
- ZZ. Philips Refurbished Systems – Highland Heights, OH
- AAA. ProMedical East – Rosemont, PA
- BBB. Roadrunner Mobility Inc. – North Ridgeville, OH
- CCC. WM TherapyCare, Inc. – Atlanta, GA

Applications for Nevada Pharmacy – Non Appearance for Possible Action:

- DDD. Carson Tahoe Cancer Center Pharmacy – Carson City
- EEE. MBM Drug Store, LLC – Las Vegas
- FFF. W'Care Pharmacy – Las Vegas

◆ REGULAR AGENDA ◆

4. Discipline for Possible 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. | Elbion Estrin, R.Ph | (12-015-RPH-N) |
| B. | CVS/pharmacy #4691 | (12-015-PH-N) |
| C. | Robert D. Mai, R.Ph | (11-068-RPH-N) |
| D. | Save Mart Pharmacy #551 | (11-068-PH-N) |

5. Appearance for Possible Action:

HHS State Health IT Coordinator – Lynn O'Mara

6. Request for Reinstatement of Pharmaceutical Technician License – Appearance for Possible Action:

Rutasha Moore

(09-050-PT-S)

7. Applications for Nevada Pharmacy – Appearance for Possible Action:

- A. Seven Hills Behavioral Institute – Henderson
- B. St. Mary's Regional Medical Center – Reno
- C. VIP Pharmacy – Las Vegas

8. Applications for Out-of-State Pharmacy – Appearance for Possible Action:

- A. Central Drugs – La Habra, CA
- B. Pallimed Solutions, Inc. – Woburn, MA

9. Request for Practitioner Dispensing Registration - Appearance for Possible Action:

Jason R. Burke, MD

10. Executive Secretary Report for Possible Action:

- A. Financial Report
- B. Temporary Licenses
- C. Staff Activities
 - 1. Legislative Committee on Health Care (5/8)
 - 2. Workgroup to Address Controlled Substance Diversion by PT's (5/10)
 - 3. CE in Conjunction with RPD; Osteopathic Physicians; Carson City
 - 4. Dental Article
- D. Reports to Board
 - 1. Thank You Email
 - 2. Dental Association Help in PMP Registration
- E. Board Related News
 - 1. New Inspector in Las Vegas – Luis Curras
- F. Activities Report

11. General Counsel Report for Possible Action:

- A. Update of Legislative Commission approval of making AM-2201, AM-694, JWH-210, JWH-122, JWH-250 and JWH-81 listed in NAC 453.510.
- B. Update of Wholesaler/Pharmacy Litigation in Nevada

12. Next Board Meeting:

July 18-19, 2012 – Las Vegas

13. Public Comments and Discussion of and Deliberation Upon Those Comments:
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)

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

BOARD MEETING

at the

Las Vegas Chamber of Commerce
6671 Las Vegas Boulevard, South
Las Vegas

April 18th and 19th, 2012

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

Board Members Present:

Beth Foster
Russell Smith
Cheryl Blomstrom

Kirk Wentworth
Jody Lewis

Jack Dalton
Kam Gandhi

Board Members Absent:

Board Staff Present:

Larry Pinson

Jeri Walter

Carolyn Cramer

Rose Marie Reynolds

CONSENT AGENDA

1. Public Comments and Discussion of and Deliberation Upon Those Comments:
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)

April 18, 2012 there was no public comment.

April 19, 2012 there was no public comment.

2. Approval of February 28, 2012 Special Board Meeting, Minutes for Possible Action

Cheryl Blomstrom noted that Bruce Gentner's name was misspelled and asked that it be corrected.

Discussion:

Motion: Cheryl Blomstrom found the minutes accurate and complete and moved for approval with the referenced spelling correction.

Second: Kirk Wentworth

Action: Passed Unanimously.

3. Approval of March 7-8, 2012, Minutes for Possible Action

Cheryl Blomstrom noted that Elisa Cafferata's name was misspelled and asked that it be corrected. She also indicated that the word "eminent" should be changed to "imminent" in the Workshop language for NAC 639.753.

Discussion:

Motion: Cheryl Blomstrom found the minutes accurate and complete and moved for approval with the referenced amendments.

Second: Jody Lewis

Action: Passed Unanimously.

4. Applications for Out-of-State Pharmacy – Non Appearance for Possible Action:

- A. Access WCP – Holmes, PA
- B. Auxillium Specialty Apothecary Pharmacy Inc. – Hattiesburg, MS
- C. Civic Center Pharmacy – Scottsdale, AZ
- D. Cystic Fibrosis Pharmacy Inc. – Orlando, FL
- E. Custom Compounding Centers, LLC – Los Alamitos, CA
- F. Diabetic Supplies of America, Inc. – Lake Park, FL
- G. ExclusiVet – Gilbert, AZ
- H. Health Care Center Pharmacy – Cary, NC
- I. Injury Med Express Pharmacy LLC – Loxley, AL
- J. Kubat Custom Healthcare – Omaha, NE
- K. Mandells Clinical Pharmacy – Somerset, NJ
- L. Medex BioCare – Memphis, TN
- M. Medical Center Pharmacy – Chula Vista, CA
- N. PetMart Pharmacy – Maryville, TN
- O. Physician Preferred Pharmacy – Margate, FL
- P. Rite Aid #6800 – Gaithersburg, MD
- Q. Transcript Pharmacy, Inc. – Flowood, MS

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

- R. Acme Delivery Service, Inc. – Aurora, CO

S. Anda Pharmaceuticals, Inc. – Olive Branch, MS
 T. Bioventus LLC – Memphis, TN
 U. Calvin Scott & Company, Inc. – Albuquerque, NM
 V. Exel Inc. – Southaven, MS
 W. Fibrocell Technologies, Inc. – Exton, PA
 X. Fisher Clinical Services Inc. – Mt. Prospect, IL
 Y. Healthcare and Diagnostic Solutions, Inc. – Loxley, AL
 Z. Matheson Tri-Gas, Inc. – Vernon, CA
 AA. ProLog Logistics, Inc. – Lexington, KY
 BB. Rhodes Pharmaceuticals L.P. – Wilson, NC
 CC. Safecor Health, LLC – Columbus, OH
 DD. Tri-Anim Health Services, Inc. – Lenexa, KS
 EE. Unomedical, Inc. – Skillman, NJ
 FF. Vertical Pharmaceuticals, LLC – Sayreville, NJ
 GG. Wallace Pharmaceuticals Inc. – Decatur, IL

Applications for Out-of-State MDEG – Non Appearance for Possible Action:

HH. Advanced Medical Solutions – Havell, MI
 II. Advant-Edge Pharmacy Inc. – El Paso, TX
 JJ. Alpha-Omega Medical Supply – Garland, TX
 KK. Alternative Care Providers, Inc. – North Chelmsford, MA
 LL. American Medcare Supply – Ormond Beach, FL
 MM. APP Pharmaceuticals, LLC – Schaumburg, IL
 NN. Arbuckle Medical Equipment – Ardmore, OK
 OO. At Home Medical Supply Co. – New Bedford, MA
 PP. Bioventus LLC – Memphis, TN
 QQ. Brightmed Corporation – Houston, TX
 RR. Brighton Pharmacy – Tempe, AZ
 SS. Centrad Healthcare, LLC – Naperville, IL
 TT. CardioNet, Inc. – Conshohocken, PA
 UU. CardioNet, Inc. – San Francisco, CA
 VV. Cardium Therapeutics, Inc. – Wood Dale, IL
 WW. Colonial Medical Supplies – Alta Monte Springs, FL
 XX. CPAP Supply USA LLC – Midlothian, VA
 YY. Davila Pharmacy Inc. – San Antonio, TX
 ZZ. Diabetic dme Supplies, LLC – Campbellsville, KY
 AAA. Diabetic Experts of America – Kansas City, MO
 BBB. Diabetic Health Link LLC – Titusville, FL
 CCC. Diabetic Supplies Inc. – Columbus, OH
 DDD. DM TEK, Inc. – Boston, MA
 EEE. Easy Scripts Inc. – Des Plaines, IL
 FFF. Essentia Health Medical Equipment & Supplies – Duluth, MN
 GGG. Excellent Care Medical Supply – Brooklyn, NY
 HHH. Freedom Medical Services, Inc. – Boca Raton, FL
 III. Grace Healthcare – Gulfport, MS
 JJJ. Heart Sail, Inc. – Decatur, AL

KKK. Insulet Corporation – Bedford, MA
 LLL. Liberty Medical Supply, Inc. – Port St. Lucie, FL
 MMM. Life Care Supplies – Commerce, MI
 NNN. LifeLine Medical – Swansea, MA
 OOO. Lindrobb International Inc. – Smithtown, NY
 PPP. LMC Medical Supplies, Inc. – Boca Raton, FL
 QQQ. MBS Ltd. – Brooklyn, NY
 RRR. Medco Medical Supply, Inc. – Houston, TX
 SSS. Medi Home Care – Columbia, SC
 TTT. MedSupply – Fresno, CA
 UUU. Medtronic USA, Inc. – Warsaw, IN
 VVV. MedXpress – Lexington, SC
 WWW. MS Supply & Home Health Co. – Tampa, FL
 XXX. NationsHealth – Sunrise, FL
 YYY. NationsHealth – Weston, FL
 ZZZ. Northern Pharmacy and Medical Equipment – Baltimore, MD
 AAAA. One Source Medical Group LLC – Clearwater, FL
 BBBB. Owl Rexall Drug – Covina, CA
 CCCC. PHD, LLC – Cleveland, TN
 DDDD. Philips Healthcare – Tewksbury, MA
 EEEE. Praxair, Inc. #861 – Wilmington, CA
 FFFF. Procure Pharmacy – Garden Grove, CA
 GGGG. Professional Pharmacy – Wichita, KS
 HHHH. PSP Medical Rentals & Sales – Santa Fe Springs, CA
 IIII. Samkin Global, Inc. – Jacksonville, FL
 JJJJ. Sleepmed Therapies, Inc. – Pasadena, CA
 KKKK. Sleep Rx, LLC – Skokie, IL
 LLLL. Southside Infusion – Houston, TX
 MMMM. Specialized Medical Services, Inc. – Milwaukee, WI
 NNNN. Stat Rx Pharmacy Inc. – Bronx, NY
 OOOO. Sun City Envision Home Medical Equipment LLC – El Paso, TX
 PPPP. Trinity Medical Solutions LLC – Memphis, TN
 QQQQ. Tri-State Medical, LLC – Weirton, WV
 RRRR. Value Medical, Inc. – Piedmont, SC
 SSSS. Virginia Med-Plus, Inc. – Halifax, VA
 TTTT. Walgreens Mail Service, Inc. – Tempe, AZ
 UUUU. Walgreens Sleep and Respiratory Services – Broadview, IL
 VVVV. West Drug – Westminster, CA
 WWWW. West Pharmacy – Huntington Beach, CA
 XXXX. Western Medical Supplies – Ogden, UT
 YYYY. Winmar Diagnostics – Fargo, ND

Applications for Nevada Pharmacy – Non Appearance for Possible Action:

ZZZZ. Community, A Walgreens Pharmacy – Las Vegas
 AAAAA. Integricare Rx – Reno
 BBBB. Kim's Better Health Pharmacy – Las Vegas

CCCCC. Redrock Pharmacy – Las Vegas
DDDDD. Safeway Pharmacy #1517 – Fallon

Discussion:

The consent agenda applications and supporting documents were reviewed.

NOTE: Kam Gandhi and Jody Lewis disclosed that they both know the owner, Ke Kim, of Item BBBBBB however it would not sway their judgment in the vote. Kam Gandhi recused from participation in the vote on Item CCCCC for Redrock Pharmacy as he knows the owner of this pharmacy.

NOTE: Russ Smith disclosed that he works for Walgreens however has no personal knowledge regarding Items TTTT and UUUU.

Board Action:

Motion: Kirk Wentworth found the consent agenda application information to be accurate and complete and moved for approval with the exception of Redrock Pharmacy, Item CCCCC.

Second: Kam Gandhi

Action: Passed Unanimously.

Motion: Cheryl Blomstrom moved for approval of Item CCCCC, Redrock Pharmacy.

Second: Kirk Wentworth

Action: Passed Unanimously.

REGULAR AGENDA

5. Discipline for Possible Actions:

A. Camerina N. Gamboa, R.Ph (11-107-RPH-S)

Camerina Gamboa appeared and was sworn by President Foster prior to answering questions or offering testimony.

NOTE: Jody Lewis recused from participation as Ms. Gamboa was employed by CVS and that she was involved in the investigation of this matter.

Rob Graham was present to represent Ms. Gamboa.

Larry Espadero appeared and was sworn by President Foster prior to answering questions or offering testimony.

Carolyn Cramer presented two exhibits. Exhibit 1 was Ms. Gamboa's September 20, 2011 written statement. Exhibit 2 was Ms. Gamboa's September 28, 2011 written statement. Both exhibits were accepted into the record by President Foster.

Carolyn Cramer called Jody Lewis to testify.

Jody Lewis appeared and was sworn by President Foster prior to answering questions or offering testimony.

Ms. Lewis testified that Ms. Gamboa had filled an outdated prescription for a patient twice within a few days. She also admitted that she over-filled a prescription for hydrocodone for her mother because she was personally having pain and thought she would take some of her mother's medication. After thinking this through, she did not purchase the prescription and let it go back to stock, but that is when the person returning it to stock noticed that there were more tablets in the prescription vial than there should have been. Ms. Gamboa also filled an outdated prescription for her mother and did not call her physician for approval to refill. On another occasion she picked up several prescriptions for her mother and failed to pay for two of them.

Rob Graham questioned Ms. Lewis regarding the two prescriptions that were not paid for. He indicated that insurance was billed however Ms. Gamboa had not paid the co-pay. Ms. Gamboa picked up five prescriptions and paid for three but failed to pay the co-pay for the other two because they were in the bag with other prescriptions and were not noticed, noting that it was not intentional. He asked Ms. Lewis if Ms. Gamboa was a good pharmacist and Ms. Lewis indicated that she was a good pharmacist that had made poor choices.

Carolyn Cramer noted that Ms. Gamboa over-filled a hydrocodone prescription that was expired and filled two early fills for Soma for a patient on an expired prescription. She used the date the patient came in to the pharmacy rather than the original date of the written prescription which is why the pharmacy computer allowed the fill on the expired prescriptions. Ms. Lewis testified that the CVS computer would not have allowed the fill if the original prescription date was input.

Rob Graham asked Mr. Espadero to testify. Mr. Espadero stated that Ms. Gamboa came to him for an evaluation in November, 2011. Ms. Gamboa showed a low propensity for substance abuse from the tests he used for the evaluation. Mr. Espadero indicated that it is his practice to monitor someone he evaluates for six months to ensure that there are no problems. Mr. Espadero indicated that Ms. Gamboa is currently employed at UMC.

Mr. Graham asked Ms. Gamboa to explain the circumstances for the decisions she made. Ms. Gamboa testified that she had torn her ACL and had surgery to repair it. She was off work for quite some time and was experiencing pain when she returned to

work. She could not take more time off work and she found it was difficult for her to work 14 hour days because of the pain. Ms. Gamboa indicated that she could not take off after her leave to see her physician for a prescription for pain medication to get her through the long days on her feet. She indicated the medication he had originally prescribed after the surgery was too strong and she felt hydrocodone would work better for her which is why she over-filled her mother's prescription with the intent to take some for her personal use. She knew it was wrong and finally let the prescription be returned to stock.

While experiencing pain, she indicated that she also became more empathetic towards her patients. Ms. Gamboa indicated that she knew the patient that she price matched and sold the Soma refills to. He was a high school classmate, but there was no other relationship – strictly professional. Ms. Gamboa explained that a technician rang up her mother's prescriptions and the technician did not notice there were two other prescriptions in one of the bags so she failed to scan two of the five prescriptions. It was not intentional not to pay for them. Regarding the price matching, Ms. Gamboa testified that she was unaware that she had to get approval from the district pharmacy supervisor. She quoted a price, but when she went to ring up the prescription it came up more than what she quoted, so she made the adjustment thinking that her decision was adequate.

Regarding the two prescriptions that were not scanned and not paid for, Ms. Gamboa explained that she realized the mistake after she got home and was going to pay the co-pay the next time she went back to work, but she was scheduled off for a few days.

Carolyn Cramer gave closing statements and recommended revocation.

Rob Graham gave closing statements and noted that Ms. Gamboa does not contest the allegations, however she realized the error in judgment for overfilling her mother's prescription and let it go back to stock. Mr. Graham indicated that all pharmacies price match and if every pharmacist called their supervisor for every price match they would be on the phone all day. Ms. Gamboa did fill two prescriptions that were expired, however it was an oversight. Mr. Graham recommended a 30 day suspension and not end her career by revoking her license.

After discussion, the Board determined that the First and Second Causes of Action were proven and they were unsure about the Third Cause of Action.

Board Action:

Motion: Cheryl Blomstrom moved to find Ms. Gamboa guilty of the First Cause of Action.

Second: Kam Gandhi

Action: Passed Unanimously

Motion: Russ Smith moved to find Ms. Gamboa guilty of the Second Cause of Action.

Second: Jack Dalton

Action: Passed Unanimously

Motion: Kirk Wentworth moved to find Ms. Gamboa not guilty of the Third Cause of Action.

Second: Kam Gandhi

Action: Passed with 2 negative votes

Motion: Kam Gandhi moved to suspend Ms. Gamboa's pharmacist license for six months, be placed on two years' probation and take a CE course on ethics that is pre-approved by Board staff.

Second: Kirk Wentworth

Action: Passed Unanimously

B.	Sothy Him, R.Ph	(10-048A-RPH-S)
C.	Jason Williamson, R.Ph	(10-048B-RPH-S)
D.	Walgreens #07841	(10-048-PH-S)

Carolyn Cramer advised the Board that Sothy Him and Walgreens #07841 will be continued to the July Board meeting.

Jason Williamson appeared and was sworn by President Foster prior to answering questions or offering testimony.

Rob Graham was present to represent Mr. Williamson.

Ms. Cramer presented a Stipulation and Order for Jason Williamson recommending a letter of reprimand as Mr. Williamson did everything possible to notify patients that may have received two different medications that possibly were dispensed from a Baker cell.

Board Action:

Motion: Cheryl Blomstrom moved to accept the Stipulation and Order as presented.

Second: Kam Gandhi

Action: Passed Unanimously

President Foster commended Mr. Williamson on his actions once learning of the mixed medications in the Baker cell.

E.	Michelle Badten, R.Ph	(11-092A-RPH-S)
F.	Kenton Crowley, R.Ph	(11-092B-RPH-S)
G.	Timothy Brown, R.Ph	(11-092C-RPH-S)
H.	Pathway Specialty Compounds	(11-092-PH-S)

NOTE: Jack Dalton recused from participation in this matter as he once employed Tim Brown.

Tim Brown and Michelle Badten appeared and were sworn by President Foster prior to answering questions or offering testimony.

Adam Levine was present to represent Mr. Brown, Ms. Badten and Pathway Specialty Compounds.

Carolyn Cramer presented a Stipulation and Order for Ms. Badten, Mr. Brown and Pathway Specialty Compounds.

For the purposes of resolving this matter only all parties admit the facts and violations in the Second, Third, Fourth, Fifth, Sixth and Seventh Causes of Action.

Ms. Badten will be on probation for one year and participate in the Your Success Rx program and not compound medications until she has completed the aseptic technique class at the Star Center in Colorado.

Mr. Brown shall pay a fine of \$1,000.00 and take and complete the aseptic technique class at the Star Center in Colorado offered by Baxa and shall pass all competency and proficiency requirements and provide proof to Board staff by June 1, 2012.

Pathway will be on probation for three years subject to the following terms and conditions. Upon completion of the aseptic technique class Mr. Brown shall train all Pathway pharmacists and pharmaceutical technicians involved in sterile compounding the techniques learned and implement the procedures recommended by the course at Pathway. All pharmacists and pharmaceutical technicians involved in high risk compounding must pass all competency and proficiency requirements with proof to Board staff by November 1, 2012. The Pathway computer system must be modified so records cannot be altered. Any new staff to Pathway conducting sterile compounding must be approved by the Executive Secretary of the Board. Mr. Brown may continue to perform as the managing pharmacist for Pathway. A designated representative of Pathway, other than Ms. Badten, will participate in the Your Success Rx program.

Carolyn Cramer presented a Stipulation and Order for Kenton Crowley.

Lance Coburn was present to represent Mr. Crowley. Mr. Crowley was not present.

Mr. Crowley's pharmacist license is revoked and is not eligible to apply for reinstatement for five years from the effective date of the Order.

Board Action:

Motion: Jody Lewis moved to accept the Stipulation and Order as presented.

Second: Kam Gandhi

Action: Passed Unanimously

I. Nakesha Henderson, PT (12-013-PT-S)

NOTE: Jody Lewis recused from participation as Ms. Henderson was employed by CVS and that she was involved in the investigation of this matter.

Carolyn Cramer presented three Exhibits. Exhibit 1 the signed certified green card. Exhibit 2 the letter of notice to appear. Exhibit 3 Ms. Henderson's written statement.

Don Dugger, regional loss prevention manager for CVS, appeared and was sworn by President Foster prior to answering questions or offering testimony.

Mr. Dugger reviewed how they investigated the circumstances of the loss of controlled substances from CVS #8800. He explained that they installed a camera and learned that Ms. Henderson pulled two bottles of 500 hydrocodone from the shelf approximately one half hour before she went off shift and only replaced one. In her written statement Ms. Henderson estimated that she had taken approximately five bottles of 500 hydrocodone/APAP 10/500 tablets and three bottles of 500 hydrocodone/APAP 10/325 tablets to help pay her bills and because her family was being threatened if she did not provide drugs to the purchasing party when they were requested.

Board Action:

Motion: Kam Gandhi moved to find Ms. Henderson guilty of the alleged violations.

Second: Cheryl Blomstrom

Action: Passed Unanimously

Motion: Kam Gandhi moved to revoke Ms. Henderson's pharmaceutical technician registration.

Second: Russ Smith

Action: Passed Unanimously

J. Daryl Coleman, PT

(12-012-PT-S)

NOTE: Jody Lewis recused from participation as Ms. Coleman was employed by CVS and that she had knowledge the investigation of this matter.

Carolyn Cramer presented three Exhibits. Exhibit 1 returned unclaimed Accusation. Exhibit 2 the letter of notice to appear. Exhibit 3 Ms. Coleman's written statement.

Don Dugger was reminded he was still under oath. He again explained the process of his investigation into the theft of controlled substances from CVS #8827. In Ms. Coleman's written statement she estimated that she took approximately 30 to 32 bottles of 500 hydrocodone/APAP 10/500 tablets, 6 to 7 bottles of 100 Alprazolam 2 mg. tablets plus approximately 400 tablets from a bottle of 500, 4 to 5 bottles of 100 Alprazolam 1 mg. tablets, 1 bottle of Xanax 2 mg. tablets plus 40 or 50 tablets from another bottle and 1 bottle of Suboxone 8 mg. tablets.

Board Action:

Motion: Kirk Wentworth moved to find Ms. Coleman guilty of the alleged violations.

Second: Kam Gandhi

Action: Passed Unanimously

Motion: Russ Smith moved to revoke Ms. Coleman's pharmaceutical technician registration.

Second: Kam Gandhi

Action: Passed Unanimously

K. Pamela Jett, PT

(12-011-PT-S)

NOTE: Jody Lewis recused from participation as Ms. Jett was employed by CVS and that she had knowledge of the investigation of this matter.

Carolyn Cramer presented three Exhibits. Exhibit 1 returned unclaimed Accusation. Exhibit 2 the letter of notice to appear. Exhibit 3 Ms. Jett's written statement.

Don Dugger was again advised that he was still under oath. He again explained the process of his investigation into the theft of controlled substances from CVS #5792. In Ms. Jett's written statement she indicated that she was taking drugs from the pharmacy for her nephew to keep him away from her home. She admitted that she took approximately 40 to 50 bottles of 100 hydrocodone/APAP 10/500 tablets and three bottles of 30 Suboxone 8 mg. tablets.

Board Action:

Motion: Cheryl Blomstrom moved to find Ms. Jett guilty of the alleged violations.

Second: Kam Gandhi

Action: Passed Unanimously

Motion: Kirk Wentworth moved to revoke Ms. Jett's pharmaceutical technician registration.

Second: Cheryl Blomstrom

Action: Passed Unanimously

L. Western Home Care (09-108-MDEG-S)

Christine Cassseta was present to represent Western Home Care.

Carolyn Cramer read a Stipulation and Order into the record. It included one year probation and quarterly inspections to ensure maintenance reports are in compliance and a fine of \$1,000.00 and the Board's costs and fees in the amount of \$1,295.00.

Rita Perini, the complainant in the matter against Western Home Care, presented her case against Western Home Care claiming that a dirty oxygen concentrator filter was responsible for making her husband ill.

Board Action:

Motion: Kirk Wentworth moved to reject the Stipulation and Order and go to hearing in July on this matter.

Second: Cheryl Blomstrom

Action: Passed Unanimously

6. Requests for Reinstatement of Pharmaceutical Technician License – Appearance for Possible Action:

A. Shamika Banks (08-035-PT-S)

Carolyn Cramer advised the Board that Shamika Banks had requested an appearance to request reinstatement of her pharmaceutical technician registration, however, she was not present.

Board Action:

Motion: Kam Gandhi moved to deny the request for reinstatement.

Second: Jody Lewis

Action: Passed Unanimously

B. Cynthia (Blake) Butler (03-027-PT-S)

Ms. Cramer noted that Cynthia Blake also requested an appearance to request reinstatement of her pharmaceutical technician registration, however she was not present.

Board Action:

Motion: Russ Smith moved to deny the request for reinstatement.

Second: Kam Gandhi

Action: Passed Unanimously

7. Appearance Request for Reconsideration – Medco’s PVSV Process for Possible Action:

Linda S. Fang - Gilbert & Sackman
Representing USW Local 675

The request for appearance was withdrawn.

8. Request for Pharmacist Registration – Examinee – Appearance for Possible Action:

Jin Hong

Jin Hong appeared and was sworn by President Foster prior to answering questions or offering testimony.

Carolyn Cramer advised the Board that Mr. Hong surrendered his pharmacist license in California for being convicted of two counts of unlawful sex with a minor in 2006, convicted of DUI in 2008, paid \$300.00 for sex with an adult while on probation for having sex with an underage person and was in possession of a Taser gun which is also a violation of probation. Ms. Cramer asked Mr. Hong why this Board should allow him to test for Nevada. Mr. Hong was unable to provide any viable reason other than he did not know that it was a violation of his probation to own a Taser gun. He also noted that he is not on probation in California any longer.

Board Action:

Motion: Kam Gandhi moved to deny Mr. Hong to apply to Nevada to become a pharmacist until he reinstates his license in California.

Second: Cheryl Blomstrom

Action: Passed Unanimously

9. Application for Nevada Pharmacy – Appearance for Possible Action:

Patient Care Infusion of Nevada – Las Vegas

Ridge Smidt, owner, and Joseph Foo, regional manager, appeared and were sworn by President Foster prior to answering questions or offering testimony.

Mr. Smidt was asked why he answered yes to two of the questions on his application however did not provide an explanation. He explained that when Cardinal acquired Bio Tech it was determined it was a monopoly and they did not notify the FTC. The FTC accepted their application as a nuclear pharmacy and he did have to testify before a grand jury. They have an established pharmacy in Arizona and they would like to open a facility in Nevada. They will be marketing to see if they can reestablish a relationship with previous Bio Tech patients.

It was also brought to the Board's attention that Mr. Smidt is a major shareholder of Western Home Care, however he answered the question on the application for pharmacy honestly because he had not been served with the Accusation in that matter when he filed this application.

Board Action:

Motion: Russ Smith moved to accept the application for pharmacy contingent upon the explanation being provided to Board staff for the "yes" answers on page 4 of the application.

Second: Jody Lewis

Action: Passed Unanimously

10. Request for Practitioner Dispensing Registration - Appearance for Possible Action:

Richard L. Bailey, MD

This application is tabled to the July Board meeting as he did not appear.

11. Request for Controlled Substance Registration - Appearance for Possible Action:

Trevor A. Schmidt, PA

Trevor Schmidt and Dr. Leo Capobianco appeared and were sworn by President Foster prior to answering questions or offering testimony.

Carolyn Cramer explained to the Board that Mr. Schmidt was dispensing at My Shape Liposculpture Specialists under Dr. Anil Patel's supervision without the proper licensure. He is now applying for a controlled substance registration and will no longer be working under Dr. Patel's supervision.

Dr. Capobianco explained that he is now the supervising physician for Mr. Schmidt and he has a controlled substance registration and a dispensing license with the Board.

Danny Garcia appeared and was sworn by President Foster prior to answering questions or offering testimony.

Mr. Garcia indicated that he went into the office and found that Mr. Schmidt had a DEA license but did not complete the controlled substance registration process by providing Board staff with a copy of the DEA license when he received it. No controlled substance registration was ever issued to Mr. Schmidt.

Board Action:

Motion: Russ Smith moved to approve the controlled substance registration for Mr. Schmidt.

Second: Cheryl Blomstrom

Action: Passed Unanimously

12. Applications for Out-of-State Pharmacy – Appearance for Possible Action:

A. Allermed Pharmacy – San Diego, CA

Karen Koenig, managing pharmacist, and Mike Durschlag, compliance contact, appeared and were sworn by President Foster prior to answering questions or offering testimony.

Allermed is a sterile compounding facility that is 797 compliant that ships into Nevada patient specific. The described their shipping methods and gave an overview of their business model.

Board Action:

Motion: Jody Lewis moved to approve the out of state pharmacy license for Allermed.

Second: Cheryl Blomstrom

Action: Passed Unanimously

B. Midwest Compounders, Inc. – Lenexa, KS

Troy DeLong, managing pharmacist, appeared and was sworn by President Foster prior to answering questions or offering testimony.

Mr. DeLong explained that they are a specialty compounding pharmacy for veterinary and ophthalmic medications and injectables. They will provide products to patients that reside in Nevada on a part time basis. Mr. DeLong indicated that they do not market and it is more of a word of mouth process. They provide patient specific medications that are administered in the office.

Board Action:

Motion: Kirk Wentworth moved to approve the out of state pharmacy license for Midwest Compounders.

Second: Russ Smith

Action: Passed Unanimously

C. Pallimed Solutions, Inc. – Woburn, MA

This application has been continued to the June Board meeting.

D. Quality Home Infusion – Burbank, CA

Holly Griffith, managing pharmacist, appeared and was sworn by President Foster prior to answering questions or offering testimony.

Quality Home Infusion caters to hemophiliac patients. Ms. Griffith gave an overview of their business model and details about their shipping process.

Board Action:

Motion: Russ Smith moved to approve the out of state pharmacy license for Quality Home Infusion.

Second: Kirk Wentworth

Action: Passed Unanimously

E. Wells Pharmacy Network, LLC – Wellington, FL

Darrian Chandler appeared and was sworn by President Foster prior to answering questions or offering testimony.

Mr. Chandler advised the Board that Wells Pharmacy Network specializes in horse fertility and they produce freeze dried tri-mix injectables. They are 797 compliant and do not practice internet pharmacy, though they do have a website.

Board Action:

Motion: Cheryl Blomstrom moved to approve the out of state pharmacy license for Wells Pharmacy Network subject to receipt of a letter stating that they will not compound any products containing sildenafil, tadalafil nor sell through the internet.

Second: Kirk Wentworth

Action: Passed Unanimously

13. Applications for Nevada MDEG – Appearance for Possible Action:

A. Ability Prosthetics and Orthotics of Nevada, LLC – Reno

Travis Humphries, 91% owner, appeared and was sworn by President Foster prior to answering questions or offering testimony.

Mr. Humphries has been working in Nevada for Acadian Rehab, Inc. for the last fifteen years, however the owner would like to retire and he is applying for a MDEG license to open his own business and continue caring for the patients he has been serving.

Board Action:

Motion: Kirk Wentworth moved to approve the MDEG license for Ability Prosthetics and Orthotics of Nevada.

Second: Cheryl Blomstrom

Action: Passed Unanimously

B. Eric M. Lindsey Ocular Artists, Inc. – Las Vegas

Eric Lindsey, ocularist, appeared and was sworn by President Foster prior to answering questions or offering testimony.

Mr. Lindsey described his business as an ocularist. He makes impression fitted, hand sculptured and hand painted ocular prostheses for his patients. Mr. Lindsey also makes thin shell prostheses to improve the appearance of blind or disfigured eyes.

Board Action:

Motion: Russ Smith moved to approve the MDEG application for Eric M. Lindsey Ocular Artists, Inc.

Second: Jack Dalton

Action: Passed Unanimously

14. Your Success Rx Reports for Possible Action:

- A. Kelli Ramsey
- B. Walgreens #05369
- C. Vanessa Ebosiem

Larry Pinson reported that all three of the participants in the Your Success Rx program did well and have learned various ways to improve their pharmacy practice. They each revealed positive changes they have made to increase their efficiency and practices to ensure concentration during the filling process.

15. Discussion and Determination for Possible Action:

Counseling on OTC Medications

Kam Gandhi raised the question regarding the legality of pharmaceutical technicians or pharmacy clerk's making recommendations or suggestions to patients regarding OTC medications. Is it any different than a convenience store clerk who has no pharmacy experience making a suggestion for an OTC product? Carolyn Cramer indicated that pharmaceutical technicians are not allowed to counsel and in essence it would constitute counseling even though it is an OTC product that the Board does not regulate.

16. Executive Secretary Report for Possible Action:

- A. Financial Report
Larry Pinson gave the financial report to the Board's satisfaction.
- B. Temporary Licenses
One temporary license was issued since the last meeting.
- C. Staff Activities
Larry Pinson reported on Staff's participation in the following
 - 1. Legislative Health Committee (3/13 & 4/10)
 - 2. AG's Substance Abuse Working Group (3/28)

3. Task Force on Unlicensed Health Care (3/28)

a. Press Conference at Board Office (4/3/)

Frankie Sue Del Papa held a press conference in the Board's Reno office to kick off her task force on unlicensed health care addressing the Hispanic community of the risks involved by going to unconventional sources for their health care.

D. Reports to Board

1. Certificate of Recognition for Marguerite Snyder-Kitts (3/13)

Mr. Pinson deferred to President Foster to report that she went to Ms. Snyder-Kitts home and presented her with flowers and a certificate acknowledging her as one of the first female pharmacists to register in Nevada.

2. Hospital Regulation Planning Group (3/30)

Larry Pinson reported that a planning group was formed and will hold its first formal meeting on June 8, 2012.

3. NABP Resolutions

Nevada is going to present a resolution at the NABP Annual meeting regarding Medi Spa's.

4. Speaking Engagements

Larry Pinson reported that he was the guest speaker at the following meetings, speaking primarily to prescription drug abuse.

a. CC Paralegal Group (4/13)

b. NVSHP PT Workshop (4/14)

c. NOMA Annual Meeting - Osteopaths (4/27)

d. RPD (5/29 & 5/31)

E. Board Related News

1. Missouri Discipline for Pharmacy Security Issues (theft)

President Foster indicated that she would like a Discussion and Determination item on prescription drug abuse to discuss the huge number of controlled substance thefts from pharmacies. Mr. Pinson noted that in Missouri the Board of Pharmacy charges the managing pharmacist, the store and the pharmaceutical technician for not maintaining security in their pharmacies. He also noted that the legislators here in Nevada are finding this a serious concern part of prescription drug abuse in Nevada.

The Board directed staff to organize a workgroup to come up with ideas to curb diversion of controlled substances from pharmacies by pharmaceutical technicians.

F. Activities Report

17. General Counsel Report for Possible Action:

Carolyn Cramer reported on recent DEA pressure on wholesalers for selling huge amounts of controlled substances to some pharmacies without question. She also noted that two CVS pharmacies in Florida were closed for just such activity. Ms. Cramer also reported on the Kerns vs. Hoppe case.

WORKSHOP

18. **Proposed Regulation Amendment Workshop**

A. Amendment of Nevada Administrative Code 639.753 Declination of pharmacist to fill prescription.

Liz Macmenamin and Josh Hicks appeared representing RAN. Mr. Hicks began to object to staff language when it was determined that he was not addressing the latest version Ms. Cramer had drafted. Mr. Hicks was presented with a copy of the language at hand and after reviewing it was satisfied to see the changes and has no issue with the version presented. He presented the shall/may suggestion for the Board to discuss and since the language already uses the term “may” he is comfortable with leaving it as is.

Board Action:

Motion: Cheryl Blomstrom moved to bring the language to Public Hearing.

Second: Jody Lewis

Action: Passed Unanimously

B. Amendment of Nevada Administrative Code 639.7105 Electronic transmission of prescriptions listed in schedule II.

Liz Macmenamin and Mary Staples, representing NACDS, appeared. Ms. Staples gave statistics that she has gathered regarding the states that allow electronic transmission of prescriptions listed in schedule II.

Dan Luce, from Walgreens, appeared and noted that it could take 3 to 5 years for SureScripts to integrate anything with a forced field into their program. If Nevada required a physician to insert a controlled substance registration number in free text that would be doable, however he admitted that the physician probably would not input the number if it was not a mandated field.

Mr. Luce contacted SureScripts during a break and reported that in a free format the controlled substance registration number would have to be input for each prescription, however on the physician software side perhaps it could be input once and it would come up in that field without having to re-enter it for each prescription.

Larry Matheis appeared and recommended that the Board take its time to ensure that all the people involved are on the same page. The next legislative session will change the laws again and we should wait until there is more consistency.

Cheryl Blomstrom stated that the Board should act now because of the substance abuse in Nevada. There was considerable discussion regarding this issue.

President Foster asked for a motion to give Board staff direction.

Board Action:

Motion: Cheryl Blomstrom moved to refer this back to Board staff and report back in June after the NABP Annual Meeting and invite Lynn O'Mara, the State Health IT Coordinator, to attend that meeting to discuss these issues.

Second: Jody Lewis

Action: Passed Unanimously

PUBLIC HEARING

19. Notice of Intent to Act Upon a Regulation for Possible Action:

Amendment of Nevada Administrative Code 453.510 Schedule I.
Because of abuse of un-regulated products containing synthetic cannabinoids being sold in head shops, law enforcement has requested that the Board of Pharmacy to schedule AM-2201, JWH-081, JWH-122, JWH-250, JWH-210 and AM-694 to Schedule 1.

President Foster opened the Public Hearing.

There was no public comment.

President Foster closed the Public Hearing and asked for a motion.

Board Action:

Motion: Cheryl Blomstrom moved to adopt the amendment to NAC 453.510 as presented.

Second: Kam Gandhi

Action: Passed Unanimously

20. Next Board Meeting:

June 6-7, 2012 – Reno

21. Public Comments and Discussion of and Deliberation Upon Those Comments:
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)

April 18, 2012 there was no public comment.

April 19, 2012

Ron Shockey appeared and suggested the Board consider mandating pharmacies do perpetual inventories to curb the pharmaceutical technician theft problem.

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

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

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

<input type="checkbox"/> New Pharmacy <input checked="" type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7 <input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7 Please check box for type of ownership and complete correct part of the application.	<input checked="" type="checkbox"/> Ownership Change (Please provide current license number if making changes: PH <u>02465</u>) <input type="checkbox"/> Partnership - Pages 1,2,5,7 <input type="checkbox"/> Sole Owner – Pages 1,2,6,7
--	--

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Community, A Walgreens Pharmacy

Physical Address: 912 W. Belmont Avenue, Chicago, IL 60657

Mailing Address: PO Box 901

City: Deerfield State: IL Zip Code: 60015

Telephone: 773-665-8990 Fax: 773-665-9766

Toll Free Number: 866-798-2905 (Required per NAC 639.708)

E-mail: store.rxm15305@walgreens.com Website: www.walgreens.com

Managing Pharmacist: Paul Djurich License Number: 051289565

Hours of Operation:

Monday thru Friday 9:00 am 6:30 pm Saturday Closed am _____ pm

Sunday Closed am _____ pm 24 Hours No

TYPE OF PHARMACY

SERVICES PROVIDED

<input 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 type="checkbox"/> Outpatient/Discharge <input checked="" type="checkbox"/> Mail Service <input type="checkbox"/> Long Term Care
--	---

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

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

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

- | | |
|--|--|
| <input type="checkbox"/> New Pharmacy
<input checked="" type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7
Please check box for type of ownership and complete correct part of the application. | <input checked="" type="checkbox"/> Ownership Change
(Please provide current license number if making changes: PH 02626)
<input type="checkbox"/> Partnership - Pages 1,2,5,7
<input type="checkbox"/> Sole Owner – Pages 1,2,6,7 |
|--|--|

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Community, A Walgreens Pharmacy

Physical Address: 2262 Market Street, San Francisco, CA 94114

Mailing Address: 300 Wilmot Road, MS #3301

City: Deerfield State: IL Zip Code: 60015

Telephone: 847-527-4274 Fax: 847-368-6691

Toll Free Number: 877-901-9971 (Required per NAC 639.708)

E-mail: store.rxm15296@walgreens.com Website: www.walgreens.com

Managing Pharmacist: Adrian Wong License Number: 29945

Hours of Operation:

Monday thru Friday 9:00 am 7:00 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

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

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

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

Application must be printed legibly or typed

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Drugs Health Specialty Pharmacy and Central F.I.I.
Physical Address: 107 Smith Church Rd Ste A
Mailing Address: 107 Smith Church Rd Ste A
City: Reno State: NV Zip Code: 89501
Telephone: 1-866-601-8434 Fax: 1-866-601-8434
Toll Free Number: 1-866-601-8434 (Required per NAC 639.708)
E-mail: drugs@drugpharmacy.com Website: www.drugpharmacy.com
Managing Pharmacist: Andrew Chandler Huggins License Number: NV20326
* Nevada License Pending

Hours of Operation:

Monday thru Friday 8:30am 5:30pm
Saturday 9am 5pm
Sunday 9am 5pm
24 Hours Pharmacists on call

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 type="checkbox"/> Outpatient/Discharge <input checked="" type="checkbox"/> Mail Service <input type="checkbox"/> Long Term Care
---	---

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

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

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

Application must be printed legibly or typed

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: HOMETECH ADVANCED THERAPIES, INC.
Physical Address: 4 HOOK ROAD SHARON HILL, PA 19079
Mailing Address: 4 HOOK ROAD
City: SHARON HILL State: PA Zip Code: 19079
Telephone: 484-494-3121 Fax: 484-494-3506
Toll Free Number: 855-494-3121 (Required per NAC 639.708)
E-mail: INFO@HOMETECHADVANCED.COM Website: WWW.HOMETECHADVANCED.COM
Managing Pharmacist: AVERY CARLTON HUFF License Number: RP046015R

Hours of Operation:

Monday thru Friday 9 am 5:30 pm Saturday 9 am 1 pm
Sunday ON-CALL am ON-CALL 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 type="checkbox"/> Outpatient/Discharge <input checked="" type="checkbox"/> Mail Service <input type="checkbox"/> Long Term Care
---	---

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

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

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

Application must be printed legibly or typed

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

☒ New Pharmacy

☐ Ownership Change

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

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

☐ Partnership - Pages 1,2,5,7

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

☐ Sole Owner – Pages 1,2,6,7

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: PEE DEE KAY, INC d/b/a KESZIE MADISON DRUGS

Physical Address: 3179 W MADISON ST,

Mailing Address: same

City: Chicago State: IL Zip Code: 60612

Telephone: 773-722-2626 Fax: 773-722-2662

Toll Free Number: _____ (Required per NAC 639.708)

E-mail: maar4@aol.com Website: n/a

Managing Pharmacist: MAHENDRA P. KHATAU License Number: 051036477

Hours of Operation:

Monday thru Friday 9 am 6 pm

Saturday 10 am 4 pm

Sunday / am / pm

24 Hours /

TYPE OF PHARMACY

SERVICES PROVIDED

☐ Retail

☐ Off-site Cognitive Services

☐ Hospital (# beds _____)

☐ Parenteral

☐ Internet

☐ Parenteral (outpatient)

☐ Nuclear

☐ Outpatient/Discharge

☒ Out of State

☒ Mail Service

☐ Ambulatory Surgery Center

☐ Long Term Care

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

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Kings Park Slope, Inc.
Physical Address: 357 Flatbush Ave, Brooklyn, NY 11238
Mailing Address: 357 Flatbush Ave,
City: Brooklyn State: NY Zip Code: 11238
Telephone: 718-230-3535 Fax: 718-230-0596
Toll Free Number: 800-795-4647 (Required per NAC 639.708)
E-mail: info@Kingsrx.com Website: www.Kingsrx.com
Managing Pharmacist: Ronald Debbadio License Number: 32971

Hours of Operation:

Monday thru Friday 8:30 am 9 pm Saturday 9 am 8 pm
Sunday 9 am 6 pm 24 Hours X

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 type="checkbox"/> Outpatient/Discharge <input checked="" type="checkbox"/> Mail Service <input type="checkbox"/> Long Term Care
---	---

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

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

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

<input checked="" type="checkbox"/> New Pharmacy (Please provide current license number if making changes: PH _____)	<input type="checkbox"/> Ownership Change
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7	<input checked="" type="checkbox"/> Partnership – Pages 1,2,5,7 LLC
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: LINDEN CARE LLC

Physical Address: 123 EILEEN WAY

Mailing Address: SAME

City: SYOSSET State: NY Zip Code: 11791

Telephone: 516-221-7600 Fax: 516-308-4339

Toll Free Number: 877-954-6336 (Required per NAC 639.708)

E-mail: info@lindencare.com Website: lindencare.com

Managing Pharmacist: JORDAN FOGEL License Number: 035386-1

Hours of Operation:

Monday thru Friday <u>8:30</u> am <u>7</u> pm	Saturday <u>CLOSED</u> am _____ pm
Sunday <u>CLOSED</u> am _____ 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 type="checkbox"/> Outpatient/Discharge <input checked="" type="checkbox"/> Mail Service SPECIALTY ONCOLOGY <input checked="" type="checkbox"/> Long Term Care
---	--

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

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Prime Therapeutics Specialty Pharmacy LLC

Physical Address: 2354 Commerce Park Drive, Suite 100 Orlando, FL 32819

Mailing Address: 1305 Corporate Center Drive, Eagan, MN 55121

City: _____ State: _____ Zip Code: _____

Telephone: 407-591-4060 Fax: 407-591-4076

Toll Free Number: 877-627-6337 (Required per NAC 639.708)

E-mail: LWatkins@primetherapeutics.com Website: _____

Managing Pharmacist: Laura Watkins License Number: PS40397

Hours of Operation:

Monday thru Friday 8AM am 7PM pm

Sunday Closed am _____ pm

Saturday Closed am _____ pm

24 Hours * Pharmacist will be avail for counseling 24/7 via toll free #.

TYPE OF PHARMACY

SERVICES PROVIDED

<input 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 type="checkbox"/> Outpatient/Discharge <input checked="" type="checkbox"/> Mail Service <input type="checkbox"/> Long Term Care
--	---

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

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Rx Remote Solutions

Physical Address: 1771 W. Diehl Road, Suite 300

Mailing Address: _____

City: Naperville State: Illinois Zip Code: 60563

Telephone: 630-799-1595 Fax: 331-333-4319

Toll Free Number: 855-264-7763 (Required per NAC 639.708)

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

Managing Pharmacist: Robert P. Brower II License Number: 18210

Hours of Operation:

Monday thru Friday _____am _____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

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

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Specialized Pharmacy Services

Physical Address: 7351 Union Park Ave

Mailing Address: 7351 Union Park Ave

City: Midvale State: Utah Zip Code: 84047

Telephone: 801-316-1146 Fax: 801-566-3026

Toll Free Number: 855-874-1595 (Required per NAC 639.708)

E-mail: specializedpharmacy.services@gmail.com Website: _____

Managing Pharmacist: Jeff Jones License Number: 18230

Hours of Operation:

Monday thru Friday 9 am 5 pm Saturday _____ am _____ pm
Sunday _____ am _____ 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 type="checkbox"/> Outpatient/Discharge <input type="checkbox"/> Mail Service <input checked="" type="checkbox"/> Long Term Care
---	---

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

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

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

Application must be printed legibly or typed

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Vets First Choice LLC dba Vets First Choice
Physical Address: 5013 So. 110th St.
Mailing Address: 5013 So. 110th St
City: Omaha State: NE Zip Code: 68137
Telephone: (402) 339-1174 Fax: (816) 256-8435
Toll Free Number: (816) 356-6214 (Required per NAC 639.708)
E-mail: pharmacy@vetsfirstchoice.com Website: www.vetsfirstchoice.com
Managing Pharmacist: Jennifer O'Grady License Number: NE 11562

Hours of Operation:

Monday thru Friday 830 am 430 pm CST Saturday ^{- on call} 9 am 11 am per
Sunday closed am closed pm 24 Hours n/a

TYPE OF PHARMACY

SERVICES PROVIDED

<input type="checkbox"/> Retail <input type="checkbox"/> Hospital (# beds _____) <input checked="" 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 type="checkbox"/> Outpatient/Discharge <input checked="" type="checkbox"/> Mail Service <input type="checkbox"/> Long Term Care
---	---

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

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

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

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

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION

Facility Name: AmerisourceBergen Drug Corporation

Physical Address: 501 Patriot Parkway, Roanoke, TX 76262

Mailing Address: 501 Patriot Parkway

City: Roanoke State: TX Zip Code: 76262

Telephone: (817) 859-3635 Fax: (817) 859-3608

Toll Free Number: _____

E-mail: jhamilton@amerisourcebergen.com Website: www.amerisourcebergen.com

Facility Manager: Joe Cheney, Vice President, Distribution Center Manager

Professional qualifications and experience of facility manager: Vice President and Distribution Center Manager of the facility since 2004. Responsible for the entire multi-shift pharmaceutical wholesale operation. Manages all services and operations within the facility, and oversees all operational functions including warehouse operations, inventory management, data processing, and customer service.

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

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

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

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

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

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION

Facility Name: AmerisourceBergen Drug Corporation

Physical Address: 100 Friars Boulevard

Mailing Address: _____

City: Thorofare State: NJ Zip Code: 08086

Telephone: 856-848-3400 Fax: 856-384-2146

Toll Free Number: _____

E-mail: mguerreiro@amerisourcebergen.com Website: www.amerisourcebergen.com

Facility Manager: Larry Lonergan, Vice President, Distribution Center Manager

Professional qualifications and experience of facility manager: 10 Years Dist. of ORALTHAN
13 Years As Division Manager.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers

☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☒ Hypodermic Devices

☐ Poisons or Chemicals ☐ Veterinary Legend Drugs

☐ Controlled Substances (include copy of DEA)

☐ Other: _____

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

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

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

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

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

Limited Liability Company - Company officer listing attached

GENERAL INFORMATION

Facility Name: Butler Animal Health Supply, LLC d/b/a Butler Schein Animal Health Supply

Physical Address: 14800 FAA Blvd., #100 Ft. Worth TX 76155

Mailing Address: Corporate office: Regulatory Affairs Department 400 Metro Place North Dublin OH 43017

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

Telephone: 817-864-4000 X 3850 Fax: 817-545-7720

Toll Free Number: NA

E-mail: kknox@butlerschein.com Website: www.butlerschein.com

Facility Manager: Daniel A. Fritz

Professional qualifications and experience of facility manager: B.S.B.A in Marketing, Minor in Management
Management team with Butler AHS since 2006. Please see attached resume

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers
☒ Other: Veterinarians/teaching/research institutions

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: _____

60007

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

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

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

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

GENERAL INFORMATION

Facility Name: MyGen Pharmaceuticals, Inc.
Physical Address: 1940 124th AVE NE, STE A-105, Bellevue WA-98005
Mailing Address: Same
City: Bellevue State: WA Zip Code: 98005
Telephone Number: 425-451-9178 Fax Number: 425-451-8964
Toll Free Number: 877-630-9198
E-mail: info@hygenpharma.com Website: www.hygenpharma.com
Facility Manager: Nishit K Mehra
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: MAY 02 2012 Amount: 500- Entity: 59905 1

VAWD

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

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

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

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

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input checked="" type="checkbox"/> Partnership - Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION

Facility Name: Dixon Shane LLC d/b/a R+S Northeast LLC

Physical Address: 8407 Austin Tracy Rd

Mailing Address: 8407 Austin Tracy Rd

City: Fountain Run State: KY Zip Code: 42133

Telephone: 270 434 2045 Fax: 270 434 4746

Toll Free Number: 800-626-0208

E-mail: mark@rsnortheast.com Website: rsnortheast.com

Facility Manager: Jerry Shirley

Professional qualifications and experience of facility manager: Facility manager
has over 10 yrs experience of record keeping to
shipping.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: gov. univ.

Type of Products to be handled or wholesaled by firm:

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

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

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

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

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

<input checked="" type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION

Facility Name: RxC Acquisition Company d/b/a/ RxCrossroads Third Party Logistics Division

Physical Address: 1001 Cheri Way: Suite 100

Mailing Address: 4500 Progress Blvd.; Louisville, KY 40218

City: Louisville State: KY Zip Code: 40118

Telephone: (502) 357-1310 Fax: (502) 322-1323

Toll Free Number: None

E-mail: regulatory@rxcrossroads.com Website: www.rxcrossroads.com

Facility Manager: James Trevino

Professional qualifications and experience of facility manager: See attached resumé

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled be firm:

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

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

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

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

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

☒ Publicly Traded Corporation – Pages 1,2,3,4* ☐ Partnership - Pages 1,2,3,6
☐ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b ☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

*Sandoz Inc. (Sandoz) is wholly owned by Novartis AG, a publicly traded company. As confirmed with your office, because Sandoz is wholly owned by a publicly traded company, the publicly traded corporation section of this application should be completed (pages 1-4).

GENERAL INFORMATION

Facility Name: Sandoz Inc.
Physical Address: 2599 West Midway Blvd.
Mailing Address: 2555 West Midway Blvd.
City: Broomfield State: CO Zip Code: 80020
Telephone: 303-466-2400 Fax: 303-438-4577
Toll Free Number: N/A
E-mail: gaspar.zuniga@sandoz.com Website: www.sandoz.com
Facility Manager: Gaspar Zuniga
Professional qualifications and experience of facility manager: See Attachment C

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Nursing home pharmacies

Type of Products to be handled or wholesaled by firm:

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

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

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

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

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

VAVD

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION

Facility Name: Slate Pharmaceuticals, Inc.

Physical Address: 633 Davis Drive, Suite 100 Morrisville NC 27560

Mailing Address: 150 S. Saunders Rd, Suite 120

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

Telephone: 919-993-3375 Fax: 919-993-9976

Toll Free Number: 866-SLATE-50

E-mail: bryan.reiners@actientpharma.com Website: www.slatepharma.com

Facility Manager: David Thomas (Tom) Duhling

Professional qualifications and experience of facility manager: Tom Duhling is responsible for the day to day operations of the facility and creation of the policies & procedures reviewed and approved by both the DEA & the state of

North Carolina during their inspection process. He has worked for Slate Pharmaceuticals, Inc. since March 2010.

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: _____

59841

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

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

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

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

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION

Facility Name: SMITH MEDICAL PARTNERS

Physical Address: 940 LIVELY BOULEVARD, WOOD DALE, IL 60191

Mailing Address: STATE LICENSE SERVICING, 321 ROUTE 94 SOUTH

City: WARWICK State: NY Zip Code: 10990

Telephone: 630-227-9330 Fax: 630-227-9220

Toll Free Number: N/A

E-mail: SMP@SLSNY.COM Website: WWW.SMPSPECIALTY.COM

Facility Manager: ROBERT FRUSOLONE

Professional qualifications and experience of facility manager: PLEASE REFER TO ATTACHED RESUME

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

60054

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

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

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

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

<input checked="" type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION

Facility Name: Smith & Nephew, Inc.

Physical Address: 3303 E. Holmes Road, Memphis, TN 38118

Mailing Address: c/o Business Licenses LLC, PO Box 867

City: Monsey State: NY Zip Code: 10952

Telephone: 901-399-6645 Fax: 901-399-6380

Toll Free Number: 800-271-5700

E-mail: Cheryl.McClarty@smith-nephew.com Website: www.smith-nephew.com

Facility Manager: Cheryl McClarty

Professional qualifications and experience of facility manager: 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: _____

59854

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

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

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

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

<input checked="" type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION

Facility Name: Smith & Nephew, Inc.

Physical Address: 76 S. Meridian Avenue, Oklahoma City, OK 73107

Mailing Address: c/o Business Licenses LLC, PO Box 867

City: Monsey State: NY Zip Code: 10952

Telephone: 405-917-8516 Fax: 405-917-8650

Toll Free Number: 800-821-5700

E-mail: Jerry.Kinsey@smith-nephew.com Website: www.smith-nephew.com

Facility Manager: Jerry Kinsey

Professional qualifications and experience of facility manager: Attached

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

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

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

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

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

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION

Facility Name: Sobi, Inc

Physical Address: The Times Building, Suite 401
Suburban Square Shopping Center, 32 Parking Plaza

Mailing Address: same as above

City: Ardmore State: PA Zip Code: 19003

Telephone: 610-228-2042 Fax: 484-297-6034

Toll Free Number: n/a

E-mail: state.licenses@sobi.com Website: www.sobi.com

Facility Manager: Scott Brewster

Professional qualifications and experience of facility manager: more than 20 years management experience
in pharmaceuticals with focus on
sales management, logistics and distribution within North American market.

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

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

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

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

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

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION

Facility Name: Trigen Laboratories, LLC

Physical Address: 2631 Causeway Center Drive, Tampa, FL 33619

Mailing Address: 2631 Causeway Center Drive

City: Tampa State: FL Zip Code: 33619

Telephone: 732-721-0070 Fax: 813-621-2222

Toll Free Number: N/A

E-mail: drosenberg@trigenlab.com Website: www.trigenlab.com

Facility Manager: David Rosenberg

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: Manufacturers

Type of Products to be handled or wholesaled by firm:

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

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

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

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

<input type="checkbox"/> New Wholesaler	<input checked="" type="checkbox"/> Ownership Change (Please provide current license number if making changes: <u>WH01059</u>)
---	--

<input checked="" type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION

Facility Name: UPS Supply Chain Solutions, Inc.
Physical Address: 20 Crestridge Drive, Suwanee, GA 30024
Mailing Address: 211 Lake Drive, Suite F
City: Newark State: DE Zip Code: 19702
Telephone: 770-831-2900 Fax: 302-631-5238
Toll Free Number: N/A
E-mail: Rosamabernard@ups.com Website: N/A
Facility Manager: Kendrick Waters
Professional qualifications and experience of facility manager: See Attached

Types of licensed outlets or authorized persons firm will serve:

<input checked="" type="checkbox"/> Pharmacies	<input checked="" type="checkbox"/> Practitioners	<input checked="" type="checkbox"/> Hospitals	<input checked="" type="checkbox"/> Wholesalers
<input type="checkbox"/> Other: _____			

Type of Products to be handled or wholesaled by firm:

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

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

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

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

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

GENERAL INFORMATION

Facility Name: Virtus Pharmaceuticals LLC

Physical Address: 2640 Causeway Center Blvd

Mailing Address: _____

City: Tampa State: FL Zip Code: 33619

Telephone Number: 813-283-1344 Fax Number: 813-283-1354

Toll Free Number: _____

E-mail: glynch@virtusrx.com Website: www.virtusrx.com

Facility Manager: Louis Sanchez

Professional qualifications and experience of facility manager: see attached

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers
☒ Other: Retail Chain Pharmacies with warehouse locations

Type of Products to be handled or wholesaled by firm:

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

Board Use Only

Received: APR 17 2012 Amount: 500 Entity: 59814 1

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

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

FACILITY INFORMATION

Facility Name: ABC Home Medical Supply, Inc.

Physical Address: 12630 E. Northwest Highway, Suite 303, Dallas, TX 75228
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 12630 E. Northwest Highway, Suite 303

City: Dallas State: TX Zip Code: 75228

Telephone: 972-279-9090 Fax: 972-270-7282

E-mail: keith.jones@abchomemedical.com Website: www.abchomemedical.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

Fri: 8:30 to 5:0 Sat: N/A to Sun: N/A to Holidays: N/A to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Keith Jones

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: Disposable Medical Equipment

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

Name: N/A

Telephone: _____

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

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

FACILITY INFORMATION

Facility Name: ALICK'S HOME MEDICAL EQUIPMENT, INC

Physical Address: 17187 SR 23
(This must be a business address, we can not issue a license to a home address)

Mailing Address: Same

City: South Bend State: IN Zip Code: 46635

Telephone: (574) 273-6000 Fax: (574) 247-8199

E-mail: nafe.alick@alicks.com Website: www.alicks.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8a to 6p Tue: 8a to 6p Wed: 8a to 6p Thu: 8a to 6p
Fri: 8a to 6p Sat: 9a to 3p Sun: to Holidays: to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: NAFE S. ALICK

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: _____ |

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

Name: _____ Telephone: _____

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

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

FACILITY INFORMATION

Facility Name: Americare Health Services Corp.

Physical Address: 101D Sun Avenue NE, Albuquerque NM 87109

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

Mailing Address: same as above

City: _____ State: _____ Zip Code: _____

Telephone: 505-468-0678 Fax: 505-468-8013

E-mail: virginia.lovelace@sunh.com Website: www.americare.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

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

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Katrina Andrade

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

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

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

Name: _____ Telephone: _____

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

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

FACILITY INFORMATION

Facility Name: AMERICAN DIABETES SERVICES, INC.

Physical Address: 951 BROKEN SOUND PKWY, STE 250, BOCA RATON, FL 33487
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 951 BROKEN SOUND PKWY. SUITE 250

City: BOCA RATON State: FL Zip Code: 33487

Telephone: 561-416-3096 Fax: 888-262-0475

E-mail: PRODROIGUES@AMERICANDIABETES.COM Website: AMERICANDIABETES.COM

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9:30 to 5:00 Tue: 9:30 to 5:00 Wed: 9:30 to 5:00 Thu: 9:30 to 5:00

Fri: 9:30 to 5:00 Sat: N/A to Sun: N/A to Holidays: N/A to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: PETER RODRIGUES

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: _____

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

Name: _____

Telephone: _____

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

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

FACILITY INFORMATION

Facility Name: ARECIBO HEALTH MEDICAL EQUIPMENT

Physical Address: CALLE JUAN RAMON FIGUEROA #319, Arecibo PR 00612

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

Mailing Address: P.O BOX 2848

City: ARECIBO

State: P.R.

Zip Code: 00613

Telephone: (787) 817-2752

Fax: (787) 878-7368

E-mail: ahmepr@yahoo.com

Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:00 to 5:00 Tue: 8:00 to 5:00 Wed: 8:00 to 5:00 Thu: 8:00 to 5:00

Fri: 8:00 to 5:00 Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Sara Santiago

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: Medical Equipments

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

Name: _____

Telephone: _____

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE Medical Device, Equipment & Gases (MDEG) LICENSE - CORPORATION

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

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

Application must be printed legibly or typed

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

New MDEG ☒ Ownership Change _____ Name Change _____ Location Change _____

FACILITY INFORMATION

Facility Name: AS Medical Equipment, Inc

Physical Address: Zona Industrial Solar #4 Urb. Verdum Hormigueros, PR 00660
(This must be a business address, we can not issue a license to a home address)

Mailing Address: PO Box 60

City: Hormigueros State: PR Zip Code: 00660-0060

Telephone Number: 787-849-4047 Fax Number: 787-849-0537

E-mail: info@asmedicalinc.com Website: www.asmedicalinc.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: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

FACILITY ADMINISTRATOR INFORMATION

Name: Zayara Reyes Lebrón

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: Urological supplies (catheters)

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

Board Use Only

Received MAY 02 2012 Amount 500.00 Entity 59943

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

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

FACILITY INFORMATION

Facility Name: BIO HORIZON MEDICAL INC.
Physical Address: 1970 E. GRAND AVENUE, SUITE #570, EL SEGUNDO, CA 90245
(This must be a business address, we can not issue a license to a home address)
Mailing Address: 1970 E. GRAND AVENUE, SUITE #570
City: EL SEGUNDO State: CA Zip Code: 90245
Telephone: 310-321-5830 Fax: 310-321-5851
E-mail: lsuarez@biohorizonmedical.com Website: www.biohorizonmedical.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8am to 5pm Tue: 8am to 5pm Wed: 8am to 5pm Thu: 8am to 5pm
Fri: 8am to 5pm Sat: N/A to N/A Sun: N/A to N/A Holidays: 8am to 5pm

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: MARK KNIGHT

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 EQUIPMENT, SURGICAL DRESS ^{COMPRESSION} ^{DEU}

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

Name: MARK KNIGHT

Telephone: 310-321-58

NEVADA CONTACT: FRANK GARRISON 703-303-6619

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE Medical Device, Equipment & Gases (MDEG) LICENSE - CORPORATION

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

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

Application must be printed legibly or typed

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

New MDEG X Ownership Change _____ Name Change _____ Location Change _____

FACILITY INFORMATION

Facility Name: CardioNet, Inc.

Physical Address: 1285 Corporate Center Drive, Suite 175
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 1285 Corporate Center Drive, Suite 175

City: Eagan State: MN Zip Code: 55121

Telephone Number: 612-225-0025 Fax Number: 866-924-2459

E-mail: N/A Website: N/A

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

Name: Greg Tripodi

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

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

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

Board Use Only

Received

APR 04 2012

Amount

500.00

Entity

59718

1

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

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

FACILITY INFORMATION

Facility Name: Care Health Solutions DBACHS Pharmacy

Physical Address: 6600 NE 112th Ct Suite 103 Vancouver WA 98662
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 6600 NE 112th Ct Suite 103

City: Vancouver State: WA Zip Code: 98662

Telephone: 360-694-7377 Fax: 866-296-0293

E-mail: legli.mack@dbchs-pharmacy.com Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8 to 7 Tue: 8 to 7 Wed: 8 to 7 Thu: 8 to 7
Fri: 8 to 7 Sat: 9 to 5 Sun: 9 to 5 Holidays: 9 to 5

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Megan Waletich

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: _____ |

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

Name: _____ Telephone: _____

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

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

FACILITY INFORMATION

Facility Name: DIABETIC Warehouse, LLC

Physical Address: 3839 Old US Hwy 45N Suite B
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 3839 Old US Hwy 45N Suite B

City: MERIDIAN State: MS Zip Code: 39301

Telephone: 601-474-3300 Fax: 601-474-3310

E-mail: Steve@diabeticwarehouse.org Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:00 to 5:00 Tue: 8:00 to 5:00 Wed: 8:00 to 5:00 Thu: 8:00 to 5:00

Fri: 8:00 to 5:00 Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Steve Andrews / Stacy Klinker

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: _____ |

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

Name: Steve Andrews Telephone: 601-474-3310

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

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

FACILITY INFORMATION

Facility Name: GRAND STREET PHARMACEUTICAL LLC
Physical Address: 215-7 GRAND ST., NEW YORK NY 10013
(This must be a business address, we can not issue a license to a home address)
Mailing Address: 215-7 GRAND ST.
City: NEW YORK State: NY Zip Code: 10013
Telephone: 212-625-9505 Fax: 212-625-9509
E-mail: bchoi1@yahoo.com Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9:00 to 7:30 Tue: 9:00 to 7:30 Wed: 9:00 to 7:30 Thu: 9:00 to 7:30
Fri: 9:00 to 7:30 Sat: 9:00 to 7:30 Sun: 9:00 to 7:30 Holidays: 9:00 to 5:00

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: BANG CHUNG

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: _____ |

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

Name: BANG CHUNG Telephone: 212-625-9505

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

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

FACILITY INFORMATION

Facility Name: Howell's Medical Equipment & Supply

Physical Address: 630 Meriweather Rd Suite A Milledgeville, Ga. 31061
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 630 Meriweather Rd. Ste. A

City: Milledgeville State: Ga. Zip Code: 31061

Telephone: (478) 414-1120 Fax: (478) 454-4077

E-mail: HowellT@hotmail.com Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

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

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Latonya N. Howell

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: _____ |

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

Name: _____ Telephone: _____

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR NEVADA Medical Device, Equipment & Gases (MDEG)

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

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

Application must be printed legibly or typed

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

☒ New MDEG ☐ Ownership Change ☐ Name Change ☐ Location Change
(Please provide current license number if making changes: MP or MW _____)

☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership – Pages 1,2,3,6
☒ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b ☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership

MDEG Name: Joerns LLC

Physical Address: 19748 Dearborn Street
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 19748 Dearborn St

City: Chatsworth State: CA Zip Code: 91311

Telephone: 800-966-6662 Fax: 800-232-9796

E-mail: _____ Website: www.joerns.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: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Karen Brown

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

☐ Medical Gases** ☐ Assistive Equipment
☐ Respiratory Equipment** ☐ Parenteral and Enteral Equipment**
☐ Life-sustaining equipment** ☐ Orthotics and Prosthesis
☐ Diabetic Supplies Other: Negative Pressure Wound Therapy

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

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

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

FACILITY INFORMATION

Facility Name: KCI USA, Inc.

Physical Address: 780 W. Belden Ave., Suite K, Addison, IL 60101

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

Mailing Address: 6103 Farinon Drive

City: San Antonio

State: Texas

Zip Code: 78249

Telephone: (210) 255-6524

Fax: (210) 255-6121

E-mail: minerva.mendoza@kci1.com

Website: www.kci1.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9-12 & 1-4 to 9-12 & 1-4 Tue: 9-12 & 1-4 to 9-12 & 1-4 Wed: 9-12 & 1-4 to 9-12 & 1-4 Thu: 9-12 & 1-4 to 9-12 & 1-4
Fri: 9-12 & 1-4 to 9-12 & 1-4 Sat: 24 hour on call services to 24 hour on call services Sun: 24 hour on call services to 24 hour on call services Holidays: 24 hour on call services to 24 hour on call services

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Michael Doolin

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

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

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

Name: KCI USA, Inc.

Telephone: 1-800-275-4524

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

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

FACILITY INFORMATION

Facility Name: KCI USA, Inc.

Physical Address: 15000 Grand River Road, Suite 101, Fort Worth, Texas 76155

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

Mailing Address: 6103 Farinon Drive

City: San Antonio State: Texas Zip Code: 78249

Telephone: (210) 255-6524 Fax: (210) 255-6121

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

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9-12 & 1-4 to 9-12 & 1-4 Tue: 9-12 & 1-4 to 9-12 & 1-4 Wed: 9-12 & 1-4 to 9-12 & 1-4 Thu: 9-12 & 1-4 to 9-12 & 1-4
Fri: 9-12 & 1-4 to 9-12 & 1-4 Sat: 24 hour on call services to 24 hour on call services Sun: 24 hour on call services to 24 hour on call services Holidays: 24 hour on call services to 24 hour on call services

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Donald Doll

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: Wound VAC (Vacuum Assisted Closure)

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

Name: KCI USA, Inc.

Telephone: 1-800-275-4524

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

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

FACILITY INFORMATION

Facility Name: KCI USA, Inc.

Physical Address: 3134 S. East Ave., Suite 103, Fresno, CA 93725

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

Mailing Address: 6103 Farinon Drive

City: San Antonio State: Texas Zip Code: 78249

Telephone: (210) 255-6524 Fax: (210) 255-6121

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

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9-12 & 1-4 to 9-12 & 1-4 Tue: 9-12 & 1-4 to 9-12 & 1-4 Wed: 9-12 & 1-4 to 9-12 & 1-4 Thu: 9-12 & 1-4 to 9-12 & 1-4
Fri: 9-12 & 1-4 to 24 hour on call services Sat: 24 hour on call services to 24 hour on call services Sun: 24 hour on call services to 24 hour on call services Holidays: 24 hour on call services to 24 hour on call services

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: David Romero

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

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

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

Name: KCI USA, Inc.

Telephone: 1-800-275-4524

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

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

FACILITY INFORMATION

Facility Name: KCI USA, Inc.

Physical Address: 1761 South 900 West, Suite 75, Salt Lake City, UT 84104
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 6103 Farinon Drive

City: San Antonio State: Texas Zip Code: 78249

Telephone: (210) 255-6524 Fax: (210) 255-6121

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

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9-12 & 1-4 to 9-12 & 1-4 Tue: 9-12 & 1-4 to 9-12 & 1-4 Wed: 9-12 & 1-4 to 9-12 & 1-4 Thu: 9-12 & 1-4 to 9-12 & 1-4
Fri: 9-12 & 1-4 to 9-12 & 1-4 Sat: 24 hour on call services to 24 hour on call services Sun: 24 hour on call services to 24 hour on call services Holidays: 24 hour on call services to 24 hour on call services

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Laurie Pearson

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

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

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

Name: KCI USA, Inc. Telephone: 1-800-275-4524

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

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

FACILITY INFORMATION

Facility Name: Life Line Medical Supply

Physical Address: 805 W. Price Rd., Ste C-1 Brownsville, TX 78526
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 805 W. Price Rd., Ste C-1

City: Brownsville State: TX Zip Code: 78526

Telephone: (956) 504-1300 Fax: (866) 332-9151

E-mail: darredondo@lifelinemedical.us Website: www.lifelinemedical.us

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

Fri: 8:30 am to 4:30 pm Sat: closed Sun: closed Holidays: closed

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Diana Arredondo, Operations Manager

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: _____ |

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

Name: _____ Telephone: _____

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

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

FACILITY INFORMATION

Facility Name: Med-Fast Homercare

Physical Address: 2003 Sheffield Rd Aliquippa, PA 15001
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 2003 Sheffield Rd

City: Aliquippa State: PA Zip Code: 15001

Telephone: 724-378-5325 Fax: 724-378-5312

E-mail: Carlyry@medfast.com Website: www.medfast.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 7 Tue: 9 to 7 Wed: 9 to 7 Thu: 9 to 7
Fri: 9 to 7 Sat: 9 to 4 Sun: 10 to 2 Holidays: NIA Holiday Hours to (Closed Major Holiday)

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Douglas Kaleugher

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: _____ |

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

Name: _____

Telephone: _____

60058

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

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

FACILITY INFORMATION

Facility Name: Monserate Sales and Rental Equipment, Inc.

Physical Address: 1517 Parana, San Juan, PR 00926
(This must be a business address, we can not issue a license to a home address)

Mailing Address: PO BOX 366148

City: San Juan State: PR Zip Code: 00936-6148

Telephone: 787-754-0449 Fax: 787-751-4204

E-mail: lclas@monseratesales.com Website: -

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

Fri: 8am to 5pm Sat: 8am to 5pm Sun: - to - Holidays: - to -

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Evelyn Badillo

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: _____ |

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

Name: _____

Telephone: _____

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

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

FACILITY INFORMATION

Facility Name: Nationwide Diabetic, Inc.

Physical Address: 777 Shotgun Rd, Sunrise, FL 33326
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 777 Shotgun Rd

City: Sunrise State: FL Zip Code: 33326

Telephone: 1-800-693-7573 x126 Fax: 1-800-693-2696

E-mail: davidkrop@nationwidediabetic.com Website: www.nationwidediabetic.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 10 to 4 Tue: 10 to 4 Wed: 10 to 4 Thu: 10 to 4
Fri: 10 to 4 Sat: CLOSED to Sun: CLOSED to Holidays: CLOSED to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: David Plante

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: _____ |

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

Name: N/A

Telephone: N/A

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

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

FACILITY INFORMATION

Facility Name: NOAY Respiratory, LLC

Physical Address: 404 B McLemore Ave. STE 4, Spring Hill, TN 37174
(This must be a business address, we can not issue a license to a home address)

Mailing Address: same

City: _____ State: _____ Zip Code: _____

Telephone: 931-487-9104 Fax: 931-487-9799

E-mail: slankford@noay.net Website: _____

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 _____

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Jenny White

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: _____

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

Name: _____

Telephone: _____

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

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

FACILITY INFORMATION

Facility Name: Palmetto Oxygen, LLC

Physical Address: 104 Corporate Blvd. #402, West Columbia, SC 29169
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 430 Woodruff Road, #450

City: Greenville State: SC Zip Code: 29607

Telephone: 803-926-0252 Fax: 803-926-0236

E-mail: N/A Website: N/A

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

Fri: 9a to 5p Sat: — to — Sun: — to — Holidays: — to —

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Ken Magee

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: <u>CPAP, Respiratory Assist Devices and</u>

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

Name: _____ Telephone: _____

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

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

FACILITY INFORMATION

Facility Name: Pos-T-Vac Medical Inc.

Physical Address: 500 Park Street
(This must be a business address, we can not issue a license to a home address)

Mailing Address: P.O. Box 14310

City: Dodge City State: KS Zip Code: 67801

Telephone: 620-227-7434 Fax: 620-227-8474

E-mail: erect@postvac.com Website: WWW.postvac.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

Fri: 8 AM to 8 PM Sat: to Sun: to Holidays: to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Dennis Bell

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: Male Vacuum Erection Device

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

Name: N/A

Telephone: N/A

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

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

FACILITY INFORMATION

Facility Name: Philips Medical Systems (Cleveland), Inc.

Physical Address: 603 Alpha Drive, Highland Heights, OH 44143
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 595 Miner Road Attention: Logistics

City: Highland Heights State: OH Zip Code: 44143

Telephone: 440-483-3000 Fax: 440-483-2452

E-mail: bill.boykin@philips.com Website: www.healthcare.philips.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 7 am to 5 pm Tue: 7 am to 5 pm Wed: 7 am to 5 pm Thu: 7 am to 5 pm
Fri: 7 am to 5 pm Sat: -- to -- Sun: -- to -- Holidays: -- to --

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Bill Boykin, Director of Logistics

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

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

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

Name: _____ Telephone: _____

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

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

FACILITY INFORMATION

Facility Name: Philips Refurbished Systems, a division of Philips Electronics North America Corporation

Physical Address: 603 Alpha Drive

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

Mailing Address: Same

City: Highland Heights State: OH Zip Code: 44143

Telephone: 440-483-1200

Fax: 440-483-2452

E-mail: bob.small@philips.com

Website: www.healthcare.philips.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

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

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Robert Small

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: Refurbished Medical Devices

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

Name: _____

Telephone: _____

60014

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

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

FACILITY INFORMATION

Facility Name: PRD MEDICAL EAST

Physical Address: 1429 COUNTY LINE RD, ROSEMONT, PA 19010
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 1429 COUNTY LINE RD, ROSEMONT, PA 19010

City: ROSEMONT State: PA Zip Code: 19010

Telephone: 610-525-3162 Fax: 610-525-4009

E-mail: JFDMARCO@AOL.COM Website: PMEDIABETES.COM

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

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

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: JOHN Di MARCO, CPED

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 (MAIL ORDER ONLY) | Other: _____ |

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

Name: N/A Telephone: N/A

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

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

FACILITY INFORMATION

Facility Name: Roadrunner Mobility Inc.

Physical Address: 39400 Taylor Parkway North Ridgeville, Ohio 44039
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 39400 Taylor Parkway North Ridgeville, Ohio 44039

City: North Ridgeville State: Ohio Zip Code: 44039-6263

Telephone: 800-467-2268 Fax: 866-997-0779

E-mail: CustomerService@Roadrunnermobility.com Website: Roadrunnermobility.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Ken Easlick

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: Service power wheelchairs

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

Name: _____

Telephone: _____

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

☒ New MDEG

☐ Ownership Change

(Please provide current license number if making changes: MP or MW _____)

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

☐ Partnership - Pages 1,2,3,6

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

☐ Sole Owner – Pages 1,2,3,7

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

FACILITY INFORMATION

Facility Name: WM TherapyCare, Inc.

Physical Address: 1117 Perimeter Center West, Ste W514

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

Mailing Address: same as above

City: Atlanta

State: GA

Zip Code: 30338-5445

Telephone: 877-710-6999

Fax: 404-592-8880

E-mail: anauful@watermarkmedical.com

Website: www.watermarkmedical.com

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

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Angie Nauful

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

☐ Medical Gases**

☐ Assistive Equipment

☐ Respiratory Equipment**

☐ Parenteral and Enteral Equipment**

☐ Life-sustaining equipment**

☐ Orthotics and Prosthesis

☐ Diabetic Supplies

Other: CPAP

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

Name: _____

Telephone: _____

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

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

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

Application must be printed legibly or typed

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

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

GENERAL INFORMATION

Pharmacy Name: CARSON TAHOE CANCER CENTER PHARMACY

Physical Address: 1535 MEDICAL PARKWAY

Mailing Address: _____

City: CARSON CITY State: NV Zip Code: 89703

Telephone Number: 775-445-8650 Fax Number: _____

Toll Free Number: N/A

E-mail: WAYNE.MITCHELL@CTRH.ORG Website: WWW.CARSONTAHOE.COM

Managing Pharmacist: KEVIN FLYNN License Number: 17333

Hours of Operation:

Monday thru Friday 8 am 3 pm

Saturday X am X pm

Sunday X am X pm

24 Hours X

TYPE OF PHARMACY

SERVICES PROVIDED

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

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

Board Use Only

Received: MAY 17 2012

Amount: 500.00

Entity: 60060

1

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

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

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

Application must be printed legibly or typed

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

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

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7,8a,8b	<input type="checkbox"/> Partnership - Pages 1,2,5,7,8a,8b
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: MB M DRUG STORE, LLC
Physical Address: 3430 E. TROPICANA AVE LAS VEGAS, NV 89121
Mailing Address: 2768 TYNDAL AVE
City: HENDERSON State: NV Zip Code: 89121
Telephone: 702 576 9540 Fax: 702 - 834 - 6546
Toll Free Number: 855 - 4 - WELLY
E-mail: PENDING Website: PENDING
Managing Pharmacist: HANG THONG License Number: 16849

Hours of Operation:

Monday thru Friday 9 am 6 pm Saturday closed am pm
Sunday closed am 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 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 type="checkbox"/> Outpatient/Discharge <input type="checkbox"/> Mail Service <input type="checkbox"/> Long Term Care
--	--

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

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

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

Application must be printed legibly or typed

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

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

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7,8a,8b	<input checked="" type="checkbox"/> Partnership – Pages 1,2,5,7,8a,8b
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: W'CARE PHARMACY

Physical Address: 4845 S RAINBOW BLVD #403 LAS VEGAS NV 89103

Mailing Address: 10248 HUXLEY CROSS LN

City: LAS VEGAS State: NV Zip Code: 89144

Telephone: 702-806-7302 Fax: 702-658-8403

Toll Free Number: _____

E-mail: iykeokoye@wcarepharmacy.com Website: _____

Managing Pharmacist: John Ikechukwu Okoye License Number: 13980

Hours of Operation:

Monday thru Friday 9 am 6 pm Saturday 9 am 3 pm
Sunday closed 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

160059

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,
v.

NOTICE OF INTENDED ACTION
AND ACCUSATION

ELBION ESTRIN, R.Ph.,
Certificate of Registration #03573,

Case No. 12-015-RPH-N

CVS/PHARMACY #4691,
Certificate of Registration #PH02471,

Case No. 12-015-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 Elbion Estrin is a pharmacist licensed by the Board and CVS/Pharmacy #4691 (CVS #4691) is a pharmacy licensed by the Board, located at 5151 Sparks Boulevard, Sparks, Nevada.

II.

On or about January 31, 2012, Jennifer Childs saw her physician, Dr. James Schaupp, for treatment of pain and swelling of her left foot. Ms. Childs was prescribed 50 mg. diclofenac potassium tablets with instructions to take one tablet by mouth twice daily as needed. Dr. Schaupp electronically transmitted the prescription however inadvertently sent it to the wrong CVS pharmacy. Later that same day it was faxed to the intended CVS pharmacy #4691. Ms. Childs picked up the prescription from CVS #4691 and ingested 10 tablets from what she was given and experienced several

adverse effects including dry mouth, dizziness, hand tremors, extreme fatigue, blurred vision, constipation and night sweats before it was discovered that she received and ingested 50 mg. amitriptyline tablets rather than the diclofenac potassium tablets that she was prescribed.

III.

During the investigation of this matter it was found that one pharmaceutical technician had input the prescription information and generated a label set. A second pharmaceutical technician pulled the stock bottle, counted and filled the prescription. It was then verified by Mr. Estrin. The label set accurately reflected the prescriber's order and it was assumed the error took place during the counting and filling production process. Although the pharmacy's computer system does not provide exact times for prescription fills it was discovered that another patient had a prescription for 50 mg. amitriptyline tablets and 10 mg. lisinopril tablets filled at CVS #4691 that same day. The refill log showed only the label for lisinopril and not the label for amitriptyline for the other patient and Ms. Childs label for diclofenac potassium, even though it is CVS's policy to put all labels, new and refill, in the refill log. It is assumed that the amitriptyline prescription and the diclofenac potassium prescriptions were being filled at the same time and that the stock bottles were switched during the filling process.

FIRST CAUSE OF ACTION

IV.

In failing to strictly follow the instructions of Ms. Child's physician by verifying and dispensing her prescription for 50 mg. tablets of diclofenac potassium with 50 mg. tablets of amitriptyline, Mr. Estrin violated Nevada Revised Statutes (NRS) 639.210(4) and/or Nevada Administrative Code (NAC) 639.945(1)(d) and (i).

SECOND CAUSE OF ACTION

V.

In owning and operating the pharmacy in which Mr. Estrin verified and dispensed Ms. Childs prescription for 50 mg. diclofenac potassium tablets with 50 mg. amitriptyline tablets, CVS #4691 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 3rd day of May, 2012.


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

ELBION ESTRIN, R.Ph.,
Certificate of Registration #03573,

Case No. 12-015-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, June 6, 2012 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 3rd day of May, 2012.



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

ELBION ESTRIN, R.Ph.,
Certificate of Registration #03573,

Case No. 12-015-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").

MAY 18 2012

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

I did not follow company procedure because in the past I have been asked to do illegal things. I did not trust them. I admit I misfilled a prescription. We were extremely busy and when I asked for additional help it was refused the request.

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 15 day of May, 2012.

Elbion B Estrin
Elbion Estrin, R.Ph.

Blank

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**ELBION ESTRIN, R.PH.
Certificate of Registration No. 03573**

**CVS PHARMACY #4691
Certificate of Registration No. PH02471**

**ANSWER AND
NOTICE OF DEFENSE**

Case No. 12-015-RPH-N

Case. No. 12-015-PH-N

Respondents.

_____/

COMES NOW Respondent CVS Pharmacy #4691 ("CVS") by and through counsel, Michael W. Dyer, of Dyer, Lawrence, Penrose, Flaherty, Donaldson & Prunty,¹ and hereby responds to the Notice of Intended Action and Accusation, filed on May 3, 2012, ("Accusation") by Petitioner, the Nevada State Board of Pharmacy ("Board"). This Response will serve as Respondent's Answer and Notice of Defense pursuant to NRS 639.244. Respondent hereby declares:

1. That a hearing on the Accusation is requested.
2. That Respondent CVS objects to the Accusation as failing to state clearly the charges and/or failing to state a claim, which is hereby interposed based upon the specific grounds and reasons addressed in the answers to the individual Paragraphs of the Accusation.
3. That, in answer to the Accusation, Respondent CVS admits, denies, and alleges as follows:

///

¹ Respondent Elbion Estrin is not represented by CVS or its counsel, Michael W. Dyer, of Dyer, Lawrence, Penrose, Flaherty, Donaldson & Prunty.

I.

Respondent CVS admits the allegations in Paragraph I.

II.

Answering Paragraph II of the Accusation, Respondent CVS admits that on or about January 31, 2012, Dr. James Schaupp prescribed for Patient C 30 tablets of 75 mg diclofenac sodium with instructions to take one tablet by mouth twice daily as needed. Respondent CVS admits that the prescription was received by and filled at CVS #4691, that the prescription was picked up from CVS #4691, and that Patient C was given 30 tablets of 50 mg amitriptyline. Respondent CVS is without sufficient information or belief to form an answer with regard to the remaining allegations in Paragraph II and therefore denies the same.

III.

Answering Paragraph III of the Accusation, Respondent CVS admits that Mr. Estrin verified the prescription. Respondent CVS denies that the label set accurately reflected the prescription. Respondent CVS admits that another patient had a prescription for 50 mg amitriptyline tablets that was refilled that day at CVS #4691. Respondent CVS is currently without sufficient information or belief to form an answer with regard to the remaining allegations in Paragraph III and therefore denies the same. Respondent CVS is currently investigating the allegations in Paragraph III of the Accusation, and will amend its Answer to Paragraph III when it has sufficient information to admit or deny the remaining allegations.

///

///

///

///

FIRST CAUSE OF ACTION

IV.

The First Cause of Action does not make any assertion concerning CVS; therefore, CVS does not make any response to the First Cause of Action. To the extent that CVS is required to admit or deny the allegations in the First Cause of Action, CVS denies the allegations.

SECOND CAUSE OF ACTION

V.

Respondent CVS denies the allegations in the Second Cause of Action that it violated NRS 639.210(4) and/or NAC 639.945(1)(d) and (i) and (2) by “owning and operating the pharmacy in which” a violation of NRS or NAC Chapter 639 is alleged to have occurred. The Accusation fails to state any allegation that CVS itself performed any act incompetently, directed, approved or condoned the actions alleged to have been taken by Mr. Estrin, or failed to take any action required of CVS. Therefore, the allegation that CVS violated NRS 639.210(4) and NAC 639.945(1)(d) and (i) constitutes a violation of due process and NRS 639.241(2) (the Board's duty to “set forth in ordinary and concise language the acts or omissions with which the respondent is charged”) and fails to state a claim. CVS further denies that NAC 639.945(2) enables the Board to impose strict liability upon CVS by taking disciplinary action against the CVS pharmacy license based solely on the fact that CVS owned and operated the pharmacy in which a violation of NRS or NAC Chapter 639 is alleged to have occurred. Accordingly, CVS has not violated NRS 639.210(4) and/or NAC 639.945(1)(d) and (i) and (2), and CVS denies the allegations that it has done so and demands strict proof of the evidence on which such allegations are based.

///

WHEREFORE Respondent requests a hearing before the Nevada State Board of Pharmacy regarding the Notice of Intended Action and Accusation filed by Petitioner.

Dated this 17th day of May 2012.

DYER, LAWRENCE, PENROSE,
FLAHERTY, DONALDSON & PRUNTY

By 

Michael W. Dyer
Todd E. Reese
Attorneys for Respondent
CVS Pharmacy #4691

fell and hit her head above her left eye causing the area to become red and swollen. Ms. Sallee was seen by her physician that same morning at which time it was discovered that her prescription had been misfilled with gemfibrozil. Ms. Sallee had ingested 49 gemfibrozil tablets.

III.

During the investigation of this matter it was found that a pharmaceutical technician had selected gemfibrozil from the shelf rather than the gabapentin. When the pharmaceutical technician entered the NDC number into the computer an alert was generated advising that the substitute GPI was not equivalent to the GPI prescribed. It was learned from Mr. Mai that the pharmaceutical technician was familiar with his personal identifier code and she used the code to clear the warning and continued with the prescription fill. The computer system accepted the override and subsequently generated a label set identifying gemfibrozil as a generic equivalent for Neurontin. Mr. Mai verified the prescription and affixed an advisory sticker to the front of the label that read "This is the same medication that you have been getting. Color, size or shape may appear different."

FIRST CAUSE OF ACTION

IV.

In failing to strictly follow the instructions of Ms. Sallee's physician by verifying and refilling her prescription for 90 tablets of 600 mg. gabapentin with 90 tablets of 600 mg. gemfibrozil, Mr. Mai violated Nevada Revised Statutes (NRS) 639.210(4) and/or Nevada Administrative Code (NAC) 639.945(1)(d) and (i).

SECOND CAUSE OF ACTION

V.

In allowing a pharmaceutical technician access to his personal identifier code to override warnings without his oversight, Mr. Mai violated NRS 639.210(4) and/or NAC 639.921(1)(b)(6)(II) and/or 639.945(1)(d) and/or (i).

THIRD CAUSE OF ACTION

VI.

In owning and operating the pharmacy in which Mr. Mai filled and dispensed Ms. Sallee's prescription for 90 tablets of 600 mg. gabapentin with 90 tablets of 600 mg. gemfibrozil, Save Mart #551 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 30th day of April, 2012.


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

ROBERT MAI, R.Ph.,
Certificate of Registration #12874,

Case No. 11-068-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, June 6, 2012 as the date for a hearing on this matter at the Airport Plaza Hotel, 1981 Terminal Way, Reno, Nevada. The hour of the hearing will be set by letter to follow.

IV.

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

DATED this 30th day of April, 2012.


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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**ROBERT MAI, R.Ph.,
Certificate of Registration #12874,**

Respondent.

**ANSWER AND
NOTICE OF DEFENSE**

Case No. 11-068-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 _____, 2012.

Robert Mai, R.Ph.

Blank

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

SAVE MART PHARMACY #551,
Certificate of Registration #PHO1036,

ANSWER AND
NOTICE OF DEFENSE

Case No. 11-068-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

As to First Cause of Action, paragraph IV Save Mart Supermarkets does not contest to the assertions at this time.

MAY 15 2012

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 11 day of May, 2012.

Robert Vaughan
type or print name


for Save Mart #551

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

SAVE MART PHARMACY #551,
Certificate of Registration #PHO1036,

ANSWER AND
NOTICE OF DEFENSE

Case No. 11-068-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

As to Second Cause of Action, paragraph V Save Mart Supermarkets does not contest to the assertions at this time.

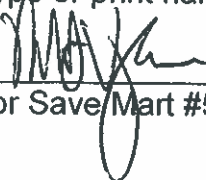
2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

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 11 day of May, 2012.

Robert Vaughan

type or print name



for Save Mart #551

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

SAVE MART PHARMACY #551,
Certificate of Registration #PHO1036,

ANSWER AND
NOTICE OF DEFENSE

Case No. 11-068-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

As to Third Cause of Action, paragraph VI Save Mart Supermarkets contests and requests a hearing to address the
mitigating circumstances. Save Mart Supermarkets has policy and procedures in place at all times that clearly define
verifying and dispensing medications, in addition to policies for password protections. Save Mart takes these matters very
seriously and has a long standing commitment to patient safety & quality assurance.

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 11 day of May, 2012.

Robert Vaughan
type or print name

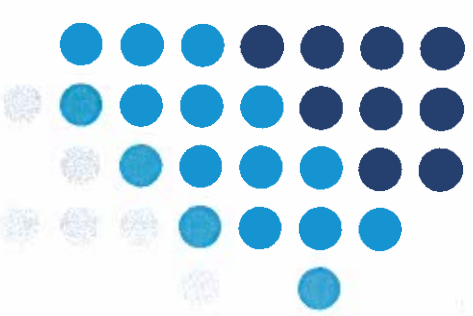

for Save Mart #551

ARRA HITECH Act and Nevada

State Board of Pharmacy June 6, 2012

Lynn O'Mara, MBA
State Health IT Coordinator
775.684.7593
lgomara@dhhs.nv.gov

Stefani Hogan, MS
Office of Health IT
775.684.7592
shogan@dhhs.nv.gov



Agenda

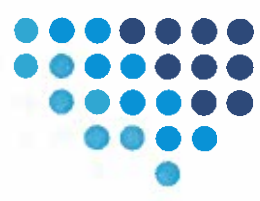


- ARRA Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH)
- Meaningful Use Requirements
- ARRA HITECH State Health Information Exchange (HIE) Cooperative Agreement
- E-Prescribing
- Surescripts eRx Data provided to State HIE grantees
- Senate Bill 43 (2011)
- Informational Items and Resources

ARRA HITECH Act



- **Health Information Technology for Economic and Clinical Health (HITECH)**
 - Enacted as part of the **2009 American Recovery and Reinvestment Act (ARRA)** and authorizes approximately \$36 billion in outlays over 6 years for Health Information Technology (HIT) and Health Information Exchange (HIE)
 - **Expands the role of states in fostering a technical architecture to facilitate HIE and adoption of federally-certified electronic health record systems (EHRs) by 2014**
 - **CMS financial incentives:** EHR adoption and Meaningful Use (MU) by Eligible Providers (EPs)
 - **New HIPAA provisions:** broader scope of privacy and security protections, increased potential legal liability for non-compliance, and **enhanced state-level enforcement**
- **Purpose of HIT & HIE** - Total electronic management of health information and its secure exchange among and between health care consumers, providers and payers
 - Quality, safe coordinated care
 - Increased efficiency of care provision and administrative efficiencies
 - Reduced health care costs



CMS EHR Incentive Payments

- Beginning 2011 and through 2015, qualifying Medicare and Medicaid providers are eligible for EHR adoption and Meaningful Use incentive payments
 - Qualifying Providers – reimbursement of up to 85% HIT implementation, training and maintenance costs
 - Qualifying Hospitals - stipulated reimbursements based on Medicaid patient load
- Medicare providers may also receive payments from other ARRA sources, and hospitals may receive payments from both Medicare and Medicaid

Meaningful Use (MU)



- HITECH states that a meaningful user must:
 - Use a federally-certified EHR system
 - Exchange health information electronically
 - Meet MU criteria
- **Intent:** Better health care does not come from the adoption of technology itself. It is accomplished through the exchange and use of health information for effective clinical decisions at the time and point of care.
- **Definition:** Providers need to show they are using federally-certified EHR technology in ways that can be measured significantly in quality and in quantity
- The three stages of MU criteria each include both a core set and a menu set of objectives that are specific to eligible professionals or eligible hospitals and CAHs

Meaningful Use Stages



- **MU Stage 1:**
 - **Electronically capturing** health information in a coded/structured format, **using** that information to track key clinical conditions, and **communicating** that information for **care coordination** purposes
 - Priority Areas: improve quality, safety, efficiency and care coordination, reduce health disparities, and engage patients and families in health care
 - First Incentive Payment Year: 2011
- **MU Stage 2:**
 - The use of Health IT for continuous quality improvement at the point of care
 - The electronic exchange of information in the most structured format possible
 - Stage 1 Menu Set objectives/measures will be transitioned into the Stage 2 Core Set, with increased thresholds required
 - First Incentive Payment Year: 2013
- **MU Stage 3:**
 - Improving quality, safety, and efficiency by requiring physicians to meet a minimum expected performance level
 - Decision support for national high priority conditions
 - Patient access to self-management tools
 - Access to comprehensive patient data
 - First Incentive Payment Year: 2015

NPRM: EHR Standards & Certification Criteria 2014



- **Goal: eRx systems fully integrated with EHRs**
- Inpatient only – New
 - Electronic Notes: Electronic medication administration record
 - Access to Imaging: eRx (for discharge)
- Ambulatory and Inpatient – Revised
 - eRx – now required for Ambulatory
 - Drug-drug and drug-allergy interaction checks
- Ambulatory and Inpatient – Unchanged
 - eRx – required for Inpatient
 - Drug formulary checks
 - Medication list
 - Medication allergy list

ARRA HITECH State HIE Cooperative Agreement Program (SHIE)

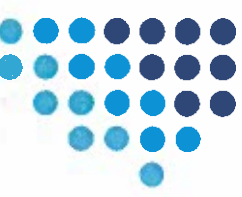


- 4-year awards to states and territories for the development and advancement of infrastructure for HIE across health care systems, providers and payers
- **GOAL: statewide infrastructure that enables intra-state, interstate and nationwide HIE by January 1, 2014**
- **Nevada DHHS-DO received 4-yr \$6,133,426 Cooperative Agreement** (escalating match requirements)
- **SHIE Program priorities**
 - **e-Prescribing (eRx)**
 - Receipt of structured lab data results
 - Sharing patient care summaries across unaffiliated organizations
- 20-member HIT Blue Ribbon Task Force established by Governor Gibbon's Executive Order provided important feedback from diverse group of HIT/E stakeholders
 - Met 13 times from October 2010 – January 2011 and followed Open Meeting Law
 - Recommendations incorporated into required State Health IT Plan and SB 43
 - Sunset June 30, 2011

Nevada State HIT Plan



- Approved by federal HHS/Office of the National Coordinator for Health IT (ONC) on May 19, 2011
- Posted in its entirety at: <http://dhhs.nv.gov/HIT.htm>
- Key elements
 - A business plan, with short-term goals (HITECH Act requirements) and a long-term strategy (sustainability)
 - HITECH-required HIE governing entity and board will be established as not-for-profit business, offering core/common services
 - Will implement and oversee the statewide HIE system (a network of networks)
 - Participating community/regional HIEs must be certified (can be for-profit or not-for-profit)
 - DHHS Director is State HIT Authority
 - DHHS will contract with HIE governing entity to meet specific plan components
- Supported by Senate Bill 43 (2011)



Western States Consortium for Interstate HIE

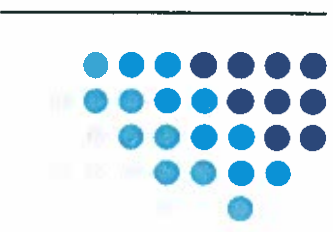
- Pilot States: California and Oregon
- Core States: Alaska, Arizona, Hawaii, **Nevada**, New Mexico, and Utah
- Satellite States: Colorado, Florida, Idaho and Washington
- **Facilitate interstate HIE**
 - Resolve policy issues, especially those related to privacy, security and data use
 - Develop standards and requirements for trusted services

e-Prescribing (eRx) – Status



- **1 of 15 Meaningful Use Core Objectives**
- Beginning in 2015, decreased Medicare reimbursements for not using eRx in all applicable situations
- NV Medicaid EHR Incentive Program go-live date anticipated late summer

e-Prescribing (eRx) – Surescripts Data



- Surescripts tracks and reports eRx activity nationwide
- SHIE grantees are provided retrospective monthly state eRx data that includes:
 - eRx-enabled and eRx-active pharmacies
 - Number of active e-Prescribers
 - Total number of prescriptions electronically transmitted by ZIP Code

e-Prescribing (eRx) – NV Landscape

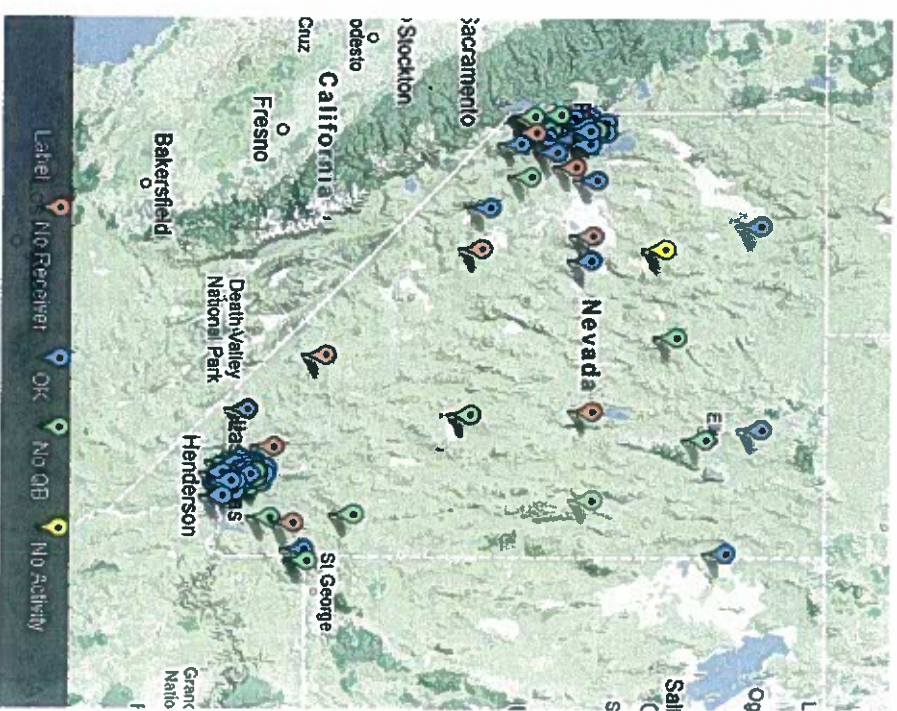
- Analysis of most recent data provided by Surescripts
- Two areas identified as not having eRx-enabled pharmacy available for eRx-enabled providers

Beatty, NV

- 1 provider listed with 7 transactions
- Closest eRx in Pahrump, 72 miles away

Eureka, NV

- 1 provider listed with 2 transactions
- Closest eRx in Ely, 76 miles away





e-Prescribing (eRx) – Nevada's Current Status

- **98%** of NV's eligible pharmacies are eRx-enabled
(439 of 449)
- **95%** are e-Rx active
 - Note: Eligible pharmacies exclude:
 - ❑ Mail Order and Medical Device Fulfillment
 - ❑ Health provider/facility closed dispensaries
- **April, 2012 Data**
 - eRx-enabled entities totaled 2,215
 - 379,690 prescriptions were routed electronically

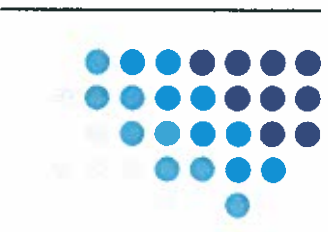
Senate Bill 43 (2011)

HIT/E Enabling Legislation



- Signed into law June 13, 2011, effective immediately
- Harmonizes applicable state and federal laws
- Supports the requirements of the ARRA HITECH Act and HIPAA
- Establishes the framework for DHHS to meet the terms and conditions of Nevada's State HIE Cooperative Agreement
- **NRS 439.581-595**
 - Aligns with ONC-approved State HIT Plan, authorizing the establishment of the HIE governing entity and statewide HIE system
 - Stipulates opt-in informed patient consent for electronic exchange of information, via HIE
 - Designates DHHS Director as State HIT Authority, authorized to promulgate regulations and certify participating HIEs

SB 43 Provisions



- **NRS 439.587(1)(e):** The DHHS Director shall “Prescribe by regulation, in consultation with the State Board of Pharmacy, standards for the electronic transmission of prior authorizations for prescription medication using a health information exchange.”
 - Industry-led workgroup has presented DHHS with recommendations
 - ▢ Standards for the electronic transmission of prior authorization requests for applicable prescription medications
 - ▢ Standardized electronic prior authorization form, including recommended fields
 - DHHS to work with group to develop pilot form for testing Fall 2012, in coordination with Phase I HIE Implementation
 - Regulations expected to be promulgated Summer 2013
- **Completed - NRS 454.223(4):** “The Board shall adopt regulations concerning the electronic transmission of a prescription for a dangerous drug, which must be consistent with federal law and the provisions of [NRS 439.581](#) to [439.595](#), inclusive, and the regulations adopted pursuant thereto.”

SB 43 Provisions



- **Opportunities for Coordination/Collaboration of regulations between DHHS and the Board of Pharmacy**

- NRS 453.383(3): controlled substance prescriptions
- NRS 639.0745(2): electronic transmission of a prescription from a practitioner to a pharmacy
- NRS 639.2353(5): electronic transmission of controlled substance prescriptions
- NRS 639.2353 (6)(c): no signature required for prescriptions submitted electronically
- NRS 639.2383(5)(c): drug substitutions

HITECH and HIPAA: Key New Provisions



- **Enhanced Enforcement**

- Mandatory civil penalties for “willful neglect” increased up to \$250,000, with repeat/uncorrected violations extended up to \$1.5 M
- Civil and criminal penalties extended to include business associates
- While an individual may not bring a cause of action against a provider, **a state attorney general may bring an action on behalf of his or her residents**
- HHS now required to conduct periodic audits of covered entities and business associates

- **Notification of Breach**

- New notification requirements for unauthorized uses and disclosures of “unsecured PHI”, similar to state laws related to personally identifiable financial information
- “Unsecured PHI” is essentially unencrypted PHI, i.e., PHI that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified by the Secretary of HHS
- Requires that patients be notified of any unsecured breach
- HHS must be notified if 500 or more patients are impacted
- Does not intend to require notification every time unsecured PHI is *mistakenly* accessed or used, as the breach definition includes “harm assessment”

HITECH and HIPAA: Key New Provisions



- **Electronic Health Record Access**
 - Where a provider has implemented an EHR system, individuals have the right to obtain their PHI in electronic format (ePHI)
 - An individual can designate that a 3rd party be the recipient of the ePHI
 - A fee that is equal to only the labor cost can be charged for an electronic request
 - **Meaningful Use Stage 1 requirement**
- **Business Associates and Business Associate Agreements**
 - Certain HIPAA provisions, particularly related to privacy and security, are now applied directly to business associates, instead of via contractual agreements with covered entities
 - Business associates are now directly responsible for compliance, and must report breaches to covered entities, consistent with the notification requirements
 - Under certain conditions, business associates are now subject to civil and criminal penalties
 - Business associates and providers will share more joint responsibilities

Health IT Glossary



- **Electronic Health Record / Electronic Medical Record (EHR / EMR)** – A real-time patient health record with access to evidence-based decision support tools that can 1) be used to aid clinicians in decision making; 2) automate and streamline a clinician's workflow, ensuring that all clinical information is communicated; 3) prevent delays in response that result in gaps in care; and 4) support the collection of data for billing, quality management, outcome reporting, and public health disease surveillance. Must be HIPAA-compliant.
- **Health Information Exchange (HIE)** – Electronic movement of health-related information between and among organizations according to nationally-recognized standards. Must be HIPAA-compliant.
- **Health Information Technology (HIT)** – Information systems specific to the health care domain, i.e., the computer hardware, software and procedures and personnel designed, operated and maintained to collect, record, process, analyze, store, retrieve and display information.
- **Meaningful Use (MU)** – Providers need to show they are using federally-certified EHR technology in ways that can be measured significantly in quality and in quantity.
- **Personal Health Record (PHR)** – An electronic application through which individuals can maintain and manage their health information (and that of others for whom they are authorized) in a private, secure, and confidential environment. Not required to be HIPAA-compliant, and under the jurisdiction of the Federal Trade Commission (FTC).

HITECH Resources



- HITECH and HIPAA :
<http://www.hipaasurvivalguide.com/hipaa-survival-guide-21.php>
- CMS EHR Incentives Programs and Meaningful Use Requirements :
[http://www.cms.gov/EHRIncentivePrograms/30 Meaningful Use.asp](http://www.cms.gov/EHRIncentivePrograms/30%MeaningfulUse.asp)
- Federally-Certified EHRs : <http://www.cchit.org/>
- National Governors Association (NGA) – HITECH and ACA :
<http://www.nga.org/cms/center/health>
- National Conference for State Legislatures (NCSL) – HITECH and ACA :
<http://www.ncsl.org/IssuesResearch/Health/tabid/160/Default.aspx>



**Update on Industry Progress in Implementing
Electronic Prescribing for Controlled Substances**

To: State Boards of Pharmacy
State Controlled Substance Agencies
State and National Pharmacy Organizations

From: Ken Whittemore, Jr., RPh, MBA
Senior VP, Professional & Regulatory Affairs

Date: May 17, 2012 (Revised)

It has now been two years since the Drug Enforcement Administration (DEA) published its interim final rule (IFR) on electronic prescribing for controlled substances (EPCS). Surescripts, as the primary e-prescribing network in the U.S., has worked with the physician and pharmacy application vendors that connect to its network to ensure that EPCS is implemented in the ambulatory healthcare setting in a way that is fully compliant with the DEA's EPCS rules. The time is now approaching when EPCS will begin to be utilized by prescribers and pharmacies connected to the Surescripts network, so it seems like an appropriate occasion to provide an update on the network's EPCS progress to interested stakeholders. Given that Surescripts has started to receive questions from the field with respect to its EPCS plans and progress, a question and answer format has been chosen as a vehicle to share this information.

Question: What must be done in order for a physician electronic health record application vendor or pharmacy practice management application vendor to be able to connect its users to the Surescripts network for EPCS communications?

Answer: The first step is that the vendor must study the extensive technical requirements made by the DEA in its EPCS interim final rule and then work through the software development process necessary to meet said requirements. It is Surescripts' experience that this effort typically takes vendors several months to finish.

Once the development process is concluded, the vendor must:

- (1) Successfully complete the Surescripts EPCS certification process, which is in addition to the basic Surescripts certification process that is required in order for a vendor to connect to the network for general e-prescribing purposes,
- (2) Submit to Surescripts documentation satisfactory to Surescripts in form and substance confirming the successful completion of the vendor's third-party audit

or certification as required by the DEA in § CFR 1311.300 Application Provider Requirements–Third-party Audits or Certifications, and

(3) Fill out, sign, and submit to Surescripts a form attesting to the vendor's compliance with all EPCS aspects of 21 CFR § 1300, 1304, 1306, and 1311 in addition to a copy of the vendor's third-party audit or certification.

Upon complying with all of these requirements, a physician or pharmacy application vendor is permitted to connect its end users to the Surescripts network for EPCS purposes.

Question: What companies are available in the industry to conduct the Part 1311 third-party audits required by the DEA's EPCS IFR?

Answer: Surescripts does not recommend any companies to its network participants as being able to conduct Part 1311 EPCS audits. This said, Surescripts has been informed by some of its network participants that they are using the following companies for their EPCS audits:

- Assurance Concepts
- BDO
- Brightline
- Chief Security
- Deloitte
- KPMG
- NetSPI
- Price Waterhouse Coopers

These companies are understood to belong in one or more of the categories of entities recognized by the DEA in its EPCS IFR as being able to perform Part 1311 EPCS audits: SysTrust, WebTrust, SAS 70 and/or Certified Information System Auditors. In addition, it should be noted that in October 2011, the DEA specifically approved InfoGard Laboratories as another company capable of conducting Part 1311 EPCS audits.

Again, Surescripts has chosen to not recommend or endorse any of these specific companies over another, and this list should not be considered to be comprehensive. It is simply meant to share examples of the types of firms that are offering Part 1311 EPCS audit services in the industry.

Question: Have any physician or pharmacy application vendors completed the process of becoming certified and audited to connect to the Surescripts network for EPCS purposes?

Answer: Yes, as of the date of this memo, the following application vendors have completed the necessary development, certification, and audit processes and have been allowed to connect to the Surescripts network for EPCS purposes:

- Physician application vendors
 - DrFirst
 - NewCrop
 - NextGen
 - RxNT
- Pharmacy application vendors (or chains that have developed their own applications)
 - Cerner Etreby
 - Rite Aid
 - SUPERVALU
 - Walgreens

There are a number of additional vendors in the offing to be added to these lists in the near future.

Question: Does Surescripts plan to publish the names of vendors that have completed the necessary processes and have been allowed to connect to the Surescripts network for EPCS purposes?

Answer: Yes, it is Surescripts' intent to post the names of application vendors that have been approved for EPCS purposes on its web site in the future. In addition, if individual prescribers or pharmacists want to know if their own applications have been audited and found to be in compliance with the DEA's EPCS IFR, all they need do is ask their vendor for documentation of its audit. The DEA's EPCS IFR requires application vendors to give documentation of their Part 1311 EPCS audits to their current and potential customers upon request.

Question: Have any DEA-compliant electronic prescriptions for controlled substances been transmitted across the Surescripts network?

Answer: Yes, a modest number of EPCSs have been transmitted across the Surescripts network in states in which it is permitted.

Question: In which states is Surescripts allowing EPCS transactions to flow at this time?

Answer: As states align their rules with those of the DEA, Surescripts will allow prescriber vendors, prescribers, pharmacy vendors, and pharmacies to transmit and receive EPCSs in those locales. As of this date, prescribers registered in eight states have issued DEA-compliant EPCSs: California, District of Columbia, Massachusetts, Maryland, Michigan, Texas, Virginia, and Washington. Surescripts prescriber and pharmacy network participants provide services in all fifty states and DC, so Surescripts eventually will be deploying EPCS nationwide once permitted in all locales.

Question: Is Surescripts doing anything to facilitate the EPCS process that is not required of it by the DEA in its EPCS IFR?

Answer: Yes, Surescripts is offering the following value-added services and/or making the following additional requirements that are not required of intermediaries by the DEA's EPCS IFR:

- Surescripts requires all application vendors to prove that they have completed their Part 1311 EPCS audits as required by the DEA prior to being activated for EPCS transactions on the Surescripts network.
- Pharmacy directories in prescriber applications are required to indicate which pharmacies are enabled to receive EPCSs, and prescribers are only able to send EPCSs to those pharmacies.
- Physician directories in pharmacy applications are required to indicate which prescribers are using applications that have been certified and audited for EPCS purposes.
- Surescripts is digitally signing all EPCSs that have the "Signature Indicator" flag so as to augment transaction traceability, and it has encouraged all other intermediaries to do the same.
- Surescripts is monitoring compliance with EPCS rules, e.g., reminding network participants that EPCS procedures must be followed for state controlled drugs such as tramadol and that schedule II drugs should not be electronically prescribed in states in which it is not yet permitted.
- In instances in which an EPCS crosses a state line, Surescripts requires that both the transmitting prescriber and the receiving pharmacy be in compliance

with both the DEA's EPCS IFR and the controlled substance rules of the state in which the prescriber or pharmacy is located. For example, Surescripts does not allow a prescriber in a state in which EPCS is legal to transmit an EPCS to a pharmacy in a state in which EPCS is not yet permitted.

Question: If one has additional questions about the implementation of EPCS processes on the Surescripts network, to whom should they pose their questions?

Answer: Individuals who have additional questions about EPCS processes not answered in this memo can send an email to ken.whittemore@surescripts.com and said questions will be triaged and replied to in a timely fashion.

###



THE NATIONAL PROGRESS REPORT

ON E-PRESCRIBING AND INTEROPERABLE HEALTH CARE
YEAR 2011



surescripts



neutrality

transparency

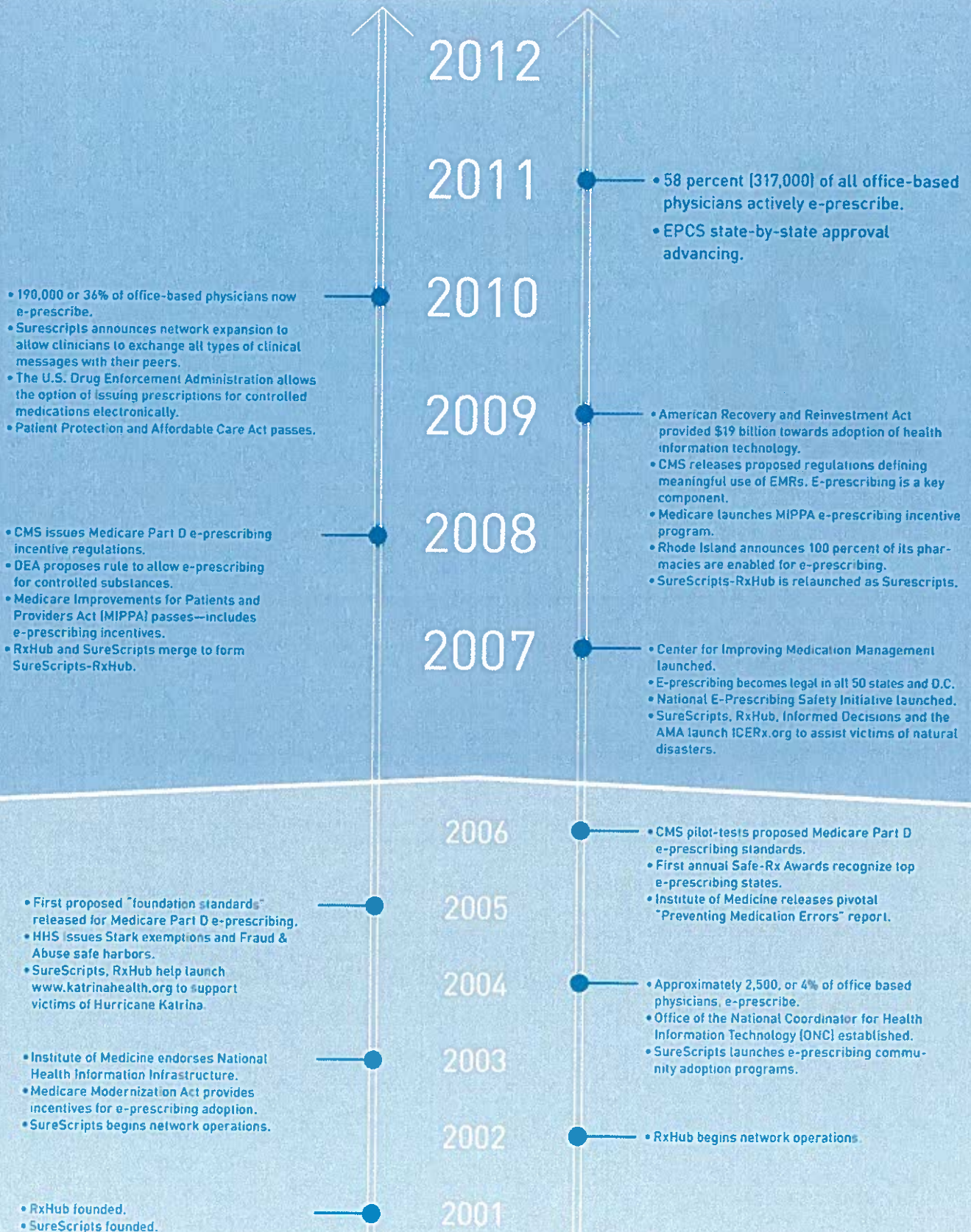
physician and patient choice

open standards

collaboration

privacy

THE EVOLUTION OF E-PRESCRIBING



INTRODUCTION



A Letter from the President and CEO

By the end of 2011, 58 percent of office-based physicians in the United States had adopted electronic prescribing on the Surescripts network. A little more than three years ago, this figure was less than 10 percent. This increase is a critical milestone in the nationwide effort to adopt e-prescribing and achieve meaningful use of health information technology.

This remarkable growth in adoption and use has transformed one of the most common transactions in health care into a mainstream electronic health care tool. Electronic routing of prescriptions on the Surescripts network accounted for more than one in three prescriptions that were picked up by patients at community pharmacies. As states implement e-prescribing for controlled substances (EPCS), these new types of transactions will drive additional use of e-prescribing.

This surge in adoption and use underscores the value of e-prescribing. In 2011, Surescripts collaborated with pharmacies and pharmacy benefit managers on a study to quantify the benefits of e-prescribing. We examined de-identified data sets representing over 40 million prescription records and compared electronic prescriptions with paper, phoned and faxed prescriptions to measure the impact on first fill medication adherence.

This first-of-its-kind data analysis consistently showed that when a physician adopts e-prescribing there is a 10 percent increase in her/his patients' first fill medication adherence. The study also demonstrated that the improvement in patient first fill medication adherence can produce an estimated savings, over 10 years, between \$140 billion to \$240 billion in health care cost savings and improved health outcomes.

Another Surescripts study shows that the majority of e-prescribing adopters from 2008 are already meeting the stage 1 meaningful use e-prescribing measure. Many are also positioned to meet the proposed stage 2 measure.

Surescripts is committed to facilitating the broader shift toward collaborative care and expanding our network to establish more efficient, meaningful and powerful ways to communicate and share clinical data electronically. We are leveraging our core capabilities, and our leadership and experience to promote electronic health information sharing among providers across the care continuum. We believe that doing so will promote additional meaningful use, while helping to lower costs and improve quality for physicians, pharmacies, patients and all health care constituencies.

Regards,

A handwritten signature in blue ink, appearing to read 'HT', with a stylized flourish at the end.

Harry Totonis
President and CEO, Surescripts



CONTENTS

Introduction

The Evolution of E-Prescribing	1
A Letter from the President and CEO	2
Executive Summary	4
E-Prescriber Growth in the U.S. 2008–2011	6

Part 1: Electronic Prescribing Use

The Three Components of E-Prescribing	8
Impact of E-Prescribing: Medication Adherence	9
Prescription Benefit Information	10
The Value of Prescription Benefit Information	11
Medication History	12
Prescription Routing	13
How to Improve Use of Prescription Renewals	14
EHR vs. Standalone E-Prescribing Software	15
Collaboration Drives Quality Improvements	16
Future of E-Prescribing	17

Part 2: Electronic Prescribing Adoption

The Class of 2008: Tracking the Growth of Meaningful Use	18
Prescribers	20
E-Prescribing Physicians by Specialty	21
E-Prescribing Physicians by Practice Size	22
Pharmacies—Community and Mail Order	23
Payers	24

Part 3: About Surescripts

About Surescripts	IBC
Acknowledgments	IBC

INTRODUCTION

Executive Summary

National Progress Report Year 2011 At-A-Glance

This report provides health care industry stakeholders with a unique view of e-prescribing in the United States. The report goes beyond the remarkable sustained growth seen in 2011 to tell a compelling story, through graphics and analytical data about the still great potential of e-prescribing and collaborative care for pharmacies, prescribers, pharmacy benefit managers (PBMs) and other health care stakeholders.

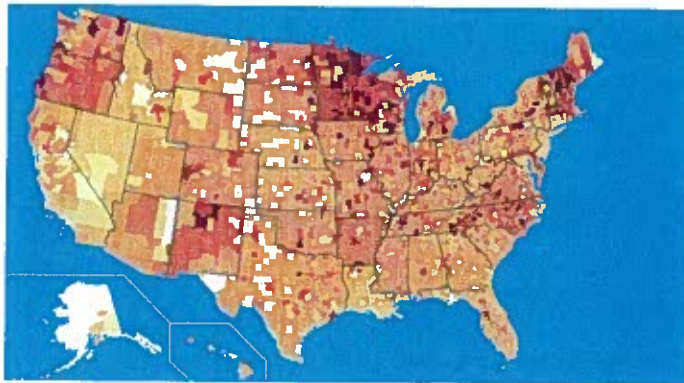


Figure 1: 2011 Office-based Physicians Who E-Prescribe
[The darker the area, the greater number of active e-prescribers]

More Than One in Two Office-based Physicians E-Prescribed in 2011, Up from One in Ten in 2008

E-Prescribing entered the mainstream of health care technology in the United States with 317,000 office-based physicians, or 58 percent, now actively e-prescribing (Figure 1). By the end of 2011, more than one in two office-based physicians used e-prescribing, versus one in ten three years ago.

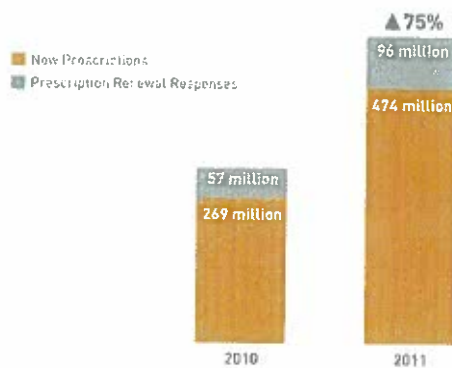


Figure 2: Prescription Routing Use 2010-2011

570 Million Prescriptions Were Routed Electronically

By the end of 2011, an estimated 36 percent of prescriptions dispensed were routed electronically, up from 22 percent at the end of 2010. More than 570 million were routed electronically in 2011, versus 326 million in 2010. This represents a 75 percent increase in just one year's time (Figure 2).

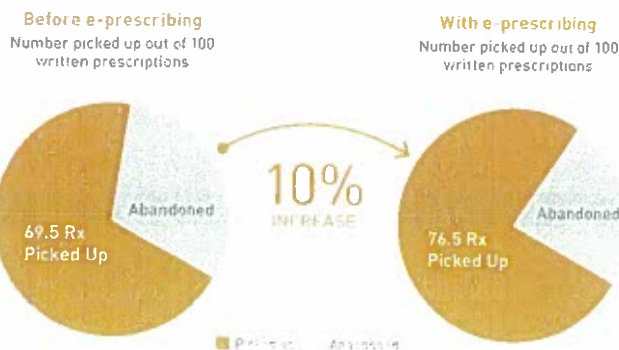


Figure 3: E-Prescribing Increases First Fill Medication Adherence

E-Prescribing Is Helping to Improve First Fill Medication Adherence. Savings Are Estimated Up to \$240 Billion over 10 Years

Surescripts collaborated with pharmacies and pharmacy benefit managers on a study comparing electronic prescriptions with paper, phoned and faxed prescriptions. The data showed a consistent 10 percent increase in patient first fill medication adherence among physicians who adopted e-prescribing technology (Figure 3). One finding was that the improved medication adherence from e-prescriptions can lead to 10-year estimated savings of between \$140 billion to \$240 billion, measured in health care cost savings and improved health outcomes.

ESTIMATED MEANINGFUL USE ACHIEVEMENT AS OF Q4 2011

	Number of Prescribers in 2008	Percent of Prescribers Meeting Meaningful Use for E-Prescribing Measure (Stage 1)*
Total	39,893	54 to 60%
High and Lowest Meaningful Use Estimates by Specialty		
(Highest) Family Practitioner	12,416	69% to 74%
(Lowest) Ophthalmologist	1,082	27% to 27%
EHR vs. Standalone E-Prescribing		
EHR	31,902	60% to 67%
Standalone E-Prescribing	6,976	44% to 50%

Figure 4: Meaningful Use by Specialty, Class of 2008

Close to 60 Percent of Physicians Who Started E-Prescribing in 2008 Meet the Stage 1 Meaningful Use E-Prescribing Measure. 38 Percent Would Meet the Proposed Stage 2 E-Prescribing Measure

Surescripts' analysis of 39,893 prescribers who began e-prescribing in 2008 shows an estimated 54 to 60 percent of active early e-prescribers would have satisfied the stage 1 meaningful use measure for e-prescribing by the end of 2011. The second finding from this data set indicates that 38 percent of these early users would meet the proposed stage 2 meaningful use e-prescribing measure.* This analysis also showed that physicians' use of e-prescribing increases over time.

Eighty percent of physicians who adopted e-prescribing in 2008 used an integrated electronic health record (EHR). The data showed that prescribers using EHRs had significantly higher utilization levels (+53 percent) than prescribers using standalone e-prescribing systems.

*References to meeting the stage 1 meaningful use e-prescribing measure or the stage 2 meaningful use e-prescribing measure, as proposed but not currently in effect, also assume that the user met the requirement for participating as an eligible provider.

E-Prescribing Adoption Rates Register Significant Growth by Physician Specialty and Practice Size

In 2011, Approximately Two-Thirds of Internists, Family Practice Physicians and Cardiovascular Disease Physicians Were E-Prescribers

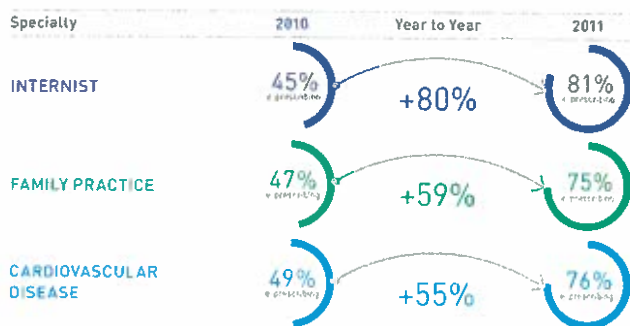


Figure 5: E-Prescribing Adoption by Specialty*

The Three Smallest Practice Sizes Led E-Prescribing Adoption in 2011

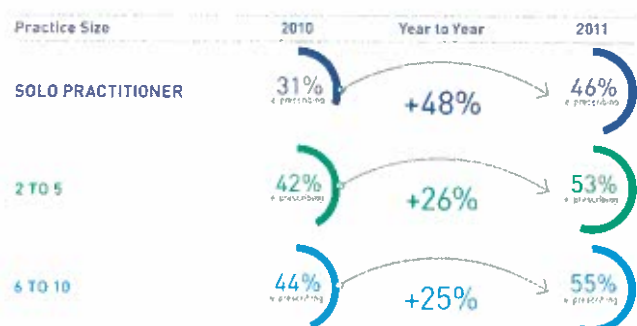


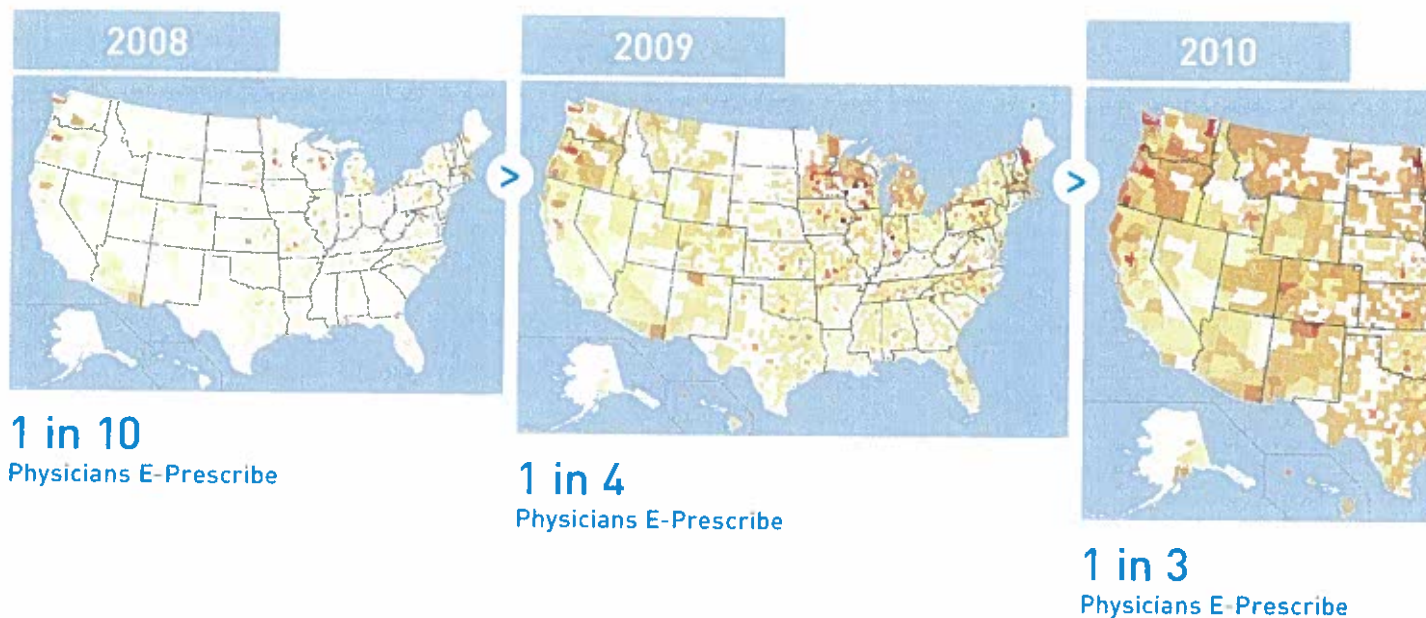
Figure 6: 2011 E-Prescribing Adoption by Practice Group Size**

*Sample size is 314,616, which represents 99% of all active office-based physicians.

**Estimated based on sample analysis of 292,653 or 92% of all active office-based physicians over the Surescripts network as of December 2011.

INTRODUCTION

E-Prescriber Growth in the U.S. 2008–2011



2008

- The Centers for Medicare and Medicaid Services (CMS) issues Medicare Part D e-prescribing incentive regulations.
- The Drug Enforcement Administration (DEA) proposes rule allowing e-prescribing for controlled substances.
- Medicare Improvements for Patients and Providers Act (MIPPA) passes; includes e-prescribing incentives.
- RxHub and Surescripts merge to form Surescripts-RxHub.

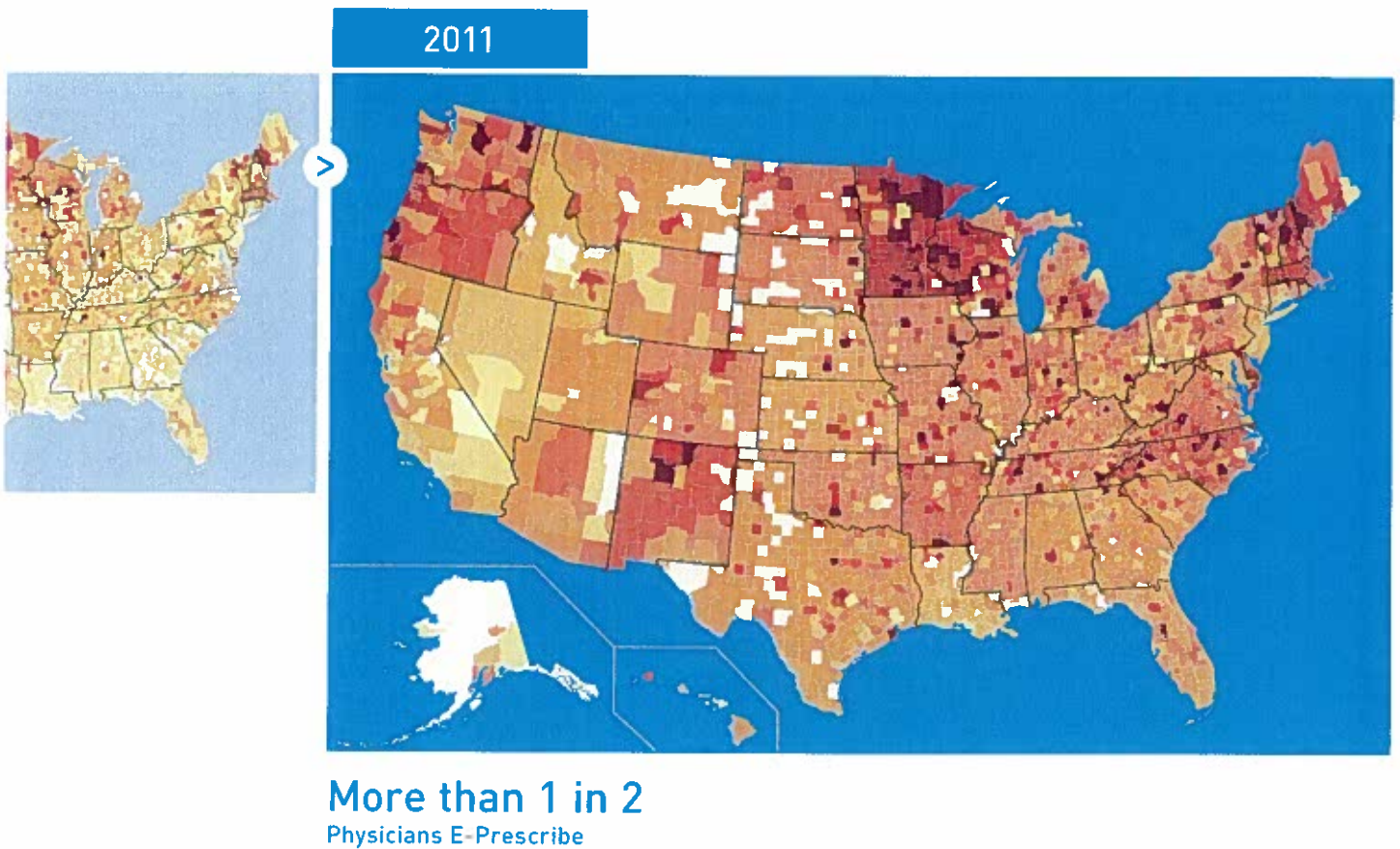
2009

- American Recovery and Reinvestment Act provides \$19 billion to promote the adoption of health information technology.
- CMS releases proposed regulations defining meaningful use of electronic health records (EHRs). E-prescribing is a key component.
- Medicare launches MIPPA e-prescribing incentive program.
- Rhode Island announces 100 percent of its pharmacies are enabled for e-prescribing.
- Surescripts-RxHub is re-launched as Surescripts.

2010

- 190,000—or 36%—of office-based physicians e-prescribe.
- Surescripts announces network expansion to allow clinicians to exchange all types of clinical messages with their peers.
- The DEA allows the option of issuing prescriptions for controlled medications electronically.
- Patient Protection and Affordable Care Act passes.

In 2011, 58 Percent of Office-Based Physicians Used E-Prescribing



2011

- Surescripts announces 58% of all office-based physicians e-prescribe.
- 56,900+ pharmacies now connected to the Surescripts network.
- Office of the National Coordinator (ONC) announces proposed criteria for Meaningful Use Stage 2.
- ONC announces 123,921 Eligible Professionals have registered for EHR incentives.

PART 1: ELECTRONIC PRESCRIBING USE

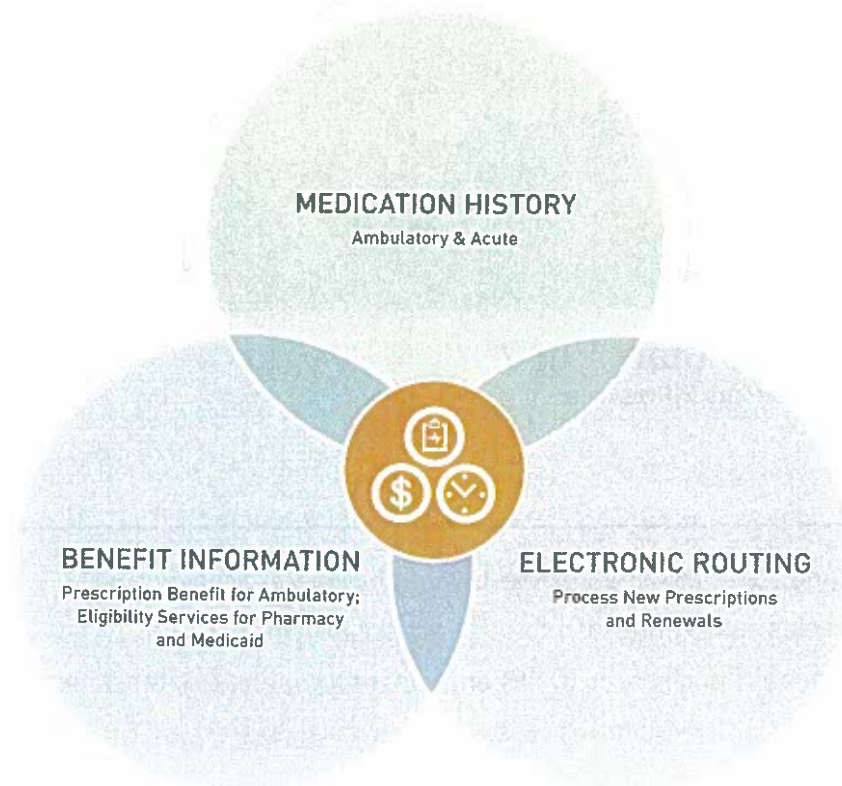
The Three Components of E-Prescribing

Prescription benefit information, medication history and electronic routing reduce costs, add efficiency, and provide continuity of care.

E-prescribing is built around three key components that allow pharmacists, prescribers and pharmacy benefit managers (PBMs) to obtain maximum efficiency, significant cost savings and value:

1. **Prescription benefit and formulary information** increases compliance and provides lower-cost choices.
2. **Medication history** utilization leads to a more clinically appropriate prescription.
3. **Electronic routing** means all prescriptions are sent to and received by a pharmacy, encouraging more first fill adherence.

Part One of the 2011 National Progress report examines the growing evidence supporting the advantages of e-prescribing, beginning with Surescripts' Medication Adherence Study and followed by key insights pertaining to benefit information, medication history, and electronic routing. It ends with a review of current trends and future developments.



Healthcare providers and prescribers can access all three components of e-prescribing through vendor certified software on the Surescripts network.

The Impact of E-Prescribing on Medication Adherence

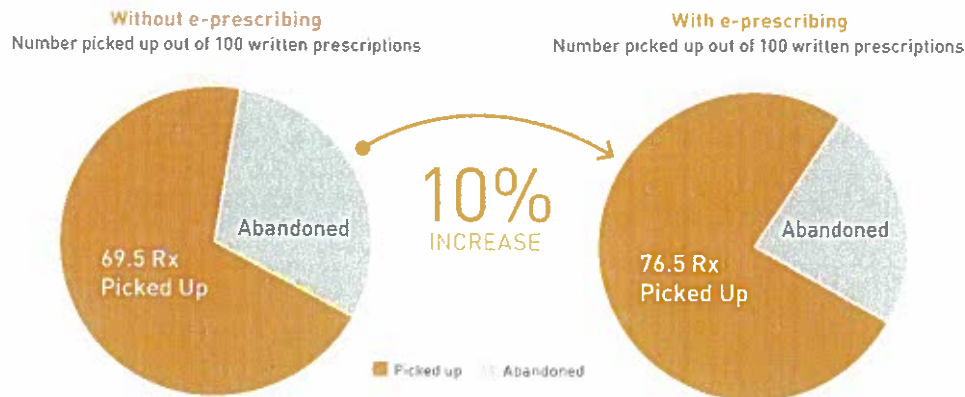
In 2011, Surescripts partnered with PBMs and retail pharmacies to compare the effectiveness of e-prescriptions and paper prescriptions on first fill medication adherence. As part of the study, we analyzed de-identified data sets representing over 40 million prescription records.

E-Prescribing Improves First Fill Adherence 10 Percent When Compared to Paper Prescriptions

The data showed a consistent 10 percent increase in patient first fill medication adherence (i.e., new prescriptions that were picked up by the patient) among physicians who adopted e-prescribing technology.

E-Prescribing Can Produce Significant Health Care Savings

The analysis suggests that the increase in first fill medication adherence combined with other e-prescribing benefits could, over the next 10 years, lead to between \$140 billion and \$240 billion in health care cost savings and improved health outcomes.*



"E-Prescribing should be considered a powerful tool in the health care system's efforts to address medication adherence and improve patient outcomes."

Ken Majkowski, PharmD,
Vice President of Strategy and Innovation
Surescripts

\$140-\$240B → In health care savings over the next 10 years due to e-prescribing

"The Surescripts research is an important contribution...In a huge study, they have shown a clear link between e-prescribing and first fill medication adherence."

William H. Shrank, MD, MSHS
Specialist in Medication Adherence
Harvard Medical School

*A 2011 study found that every dollar spent on improving patient adherence to medication can result in three to ten dollars of savings from reduced downstream medical costs for certain diseases.

PART 1: ELECTRONIC PRESCRIBING USE

PRESCRIPTION BENEFIT INFORMATION

E-prescribing is realizing its potential to empower prescribers and pharmacists to deliver higher quality care, better medication therapy management and improved workflow efficiencies.

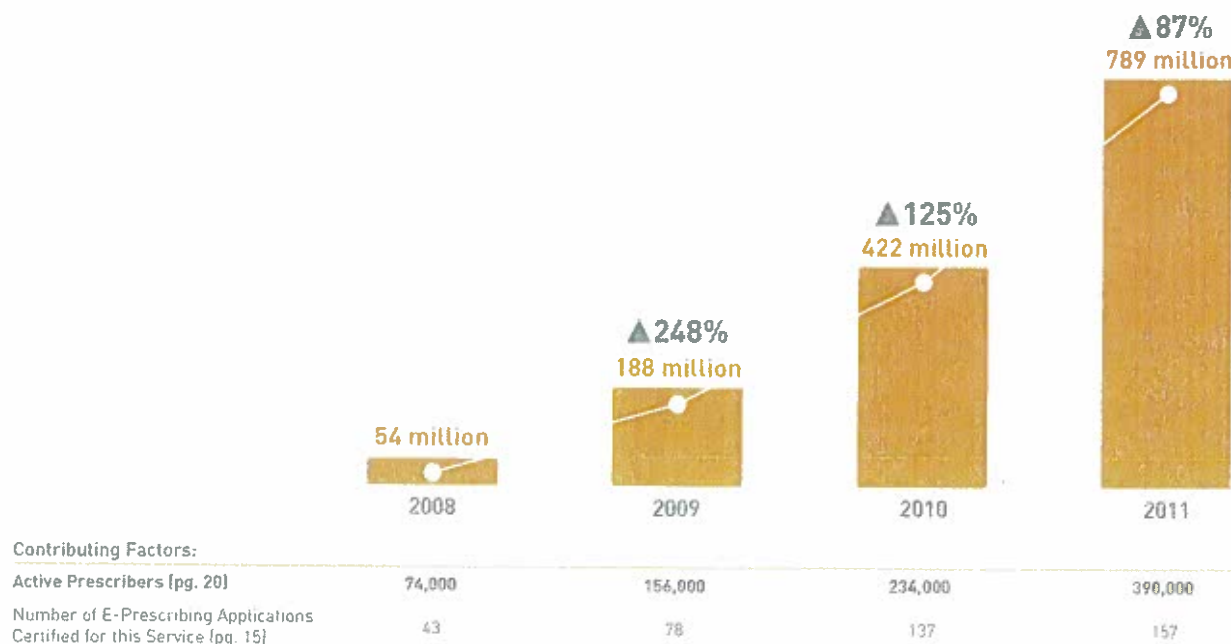
At the same time, it is enabling them to significantly reduce prescription costs. Eligibility can be quickly checked electronically at the time of prescribing to help prescribers choose medications that are on formulary and covered by a patient's drug benefit.

OPPORTUNITY FOR
PRESCRIBERS TO USE
BENEFIT INFORMATION
INCREASED 87 PERCENT

KEY STATISTICS

- Electronic responses for prescription benefit information grew 87 percent in 2011.
- Approximately 62 percent* of patient visits involved one or more of these responses in 2011.
- On average, the response rate to requests for prescription benefit (the rate at which information for the patient can be returned to the prescriber) was approximately 80 percent in 2011, up from 69 percent in 2010.

Prescription Benefit Responses



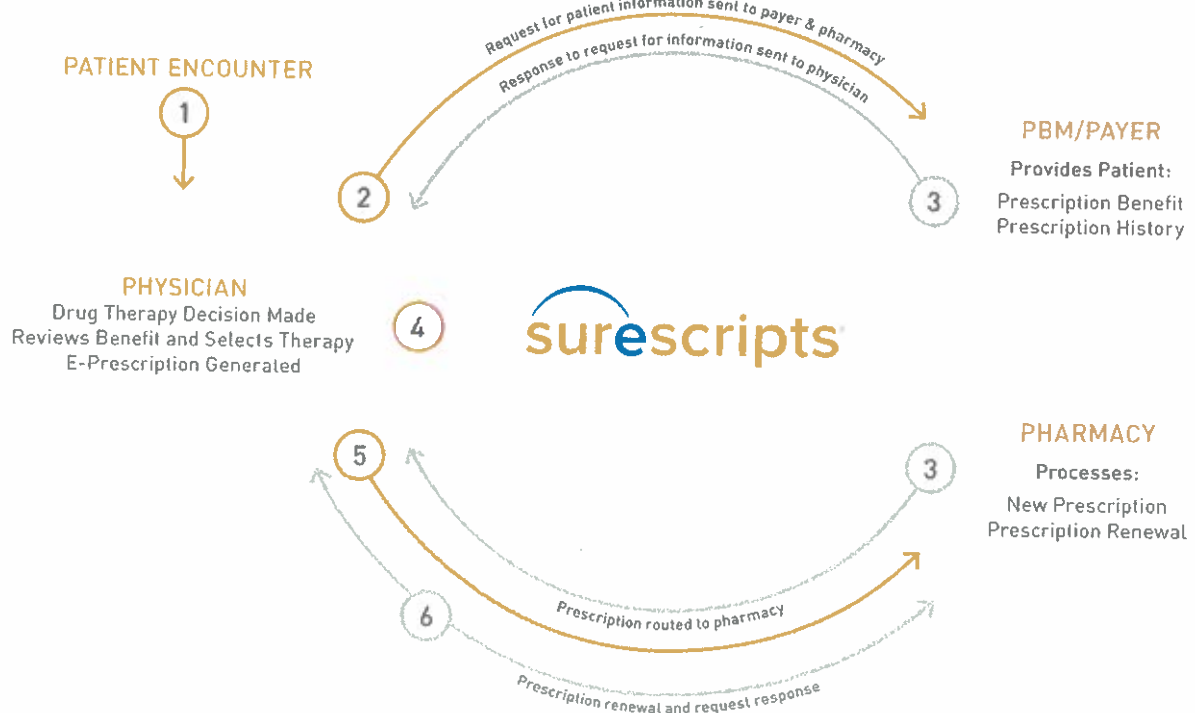
*According to the August 2010 National Ambulatory Medical Care Summary, an estimated 1.037 billion visits were made to office-based physicians in 2010 (data related 2011).

The Value of Prescription Benefit Information

Prescription benefit information is an important component of e-prescribing. Surescripts works with the nation's pharmacy benefit managers (PBMs) and payers to offer prescribers access to their patient's prescription benefit information in real time during an office visit. The Prescription Benefit service puts eligibility, benefits and formulary information at a prescriber's fingertips at the time of prescribing. This enables prescribers to select medications that are on formulary and are covered by the patient's drug benefit. It also informs them of lower-cost alternatives such as generic drugs.

Pharmacies save time and resources when they receive an appropriate electronic prescription that eliminates unnecessary phone calls from pharmacy staff to physician practices related to drug coverage.

Benefit information is broken into two components: eligibility and formulary. Eligibility determines what insurance coverage for prescriptions is available for a specific patient. A formulary list is a pre-approved list of preferred generic or brand name prescriptions that is covered under a health care plan. The list is determined by the insurance company and changes frequently.



Benefit Information Enables:

- Accurate prescriptions for eligible drug therapies
- Improved patient safety
- Potentially lower co-pays for patients resulting in improved adherence
- Increased efficiencies for PBMs, pharmacies and prescribers
- Improved drug spend management for payers

Nearly 253 million covered-lives are connected through PBMs, payers and state Medicaid agencies on the Surescripts network which is open to all pharmacies, payers and health care participants. Patients can have multiple prescription coverage.

There were 789 million eligibility responses in 2011 on the Surescripts network. These behind the scenes electronic connections to prescription benefit information add up to a more comprehensive level of care from prescriber to pharmacy. PBMs and payers gain from the strong compliance generated when benefit information is used. Benefit information also helps create positive outcomes and decrease health care costs. That's how e-prescribing can drive down the cost curve.

PART 1: ELECTRONIC PRESCRIBING USE

MEDICATION HISTORY

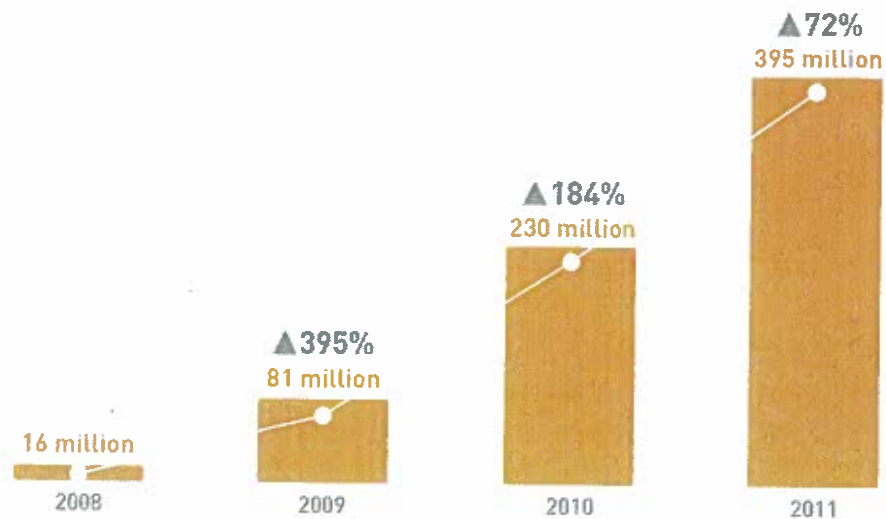
When a patient consents to share their medication history, prescribers can securely request and receive this information, which allows them to better treat the patient. Medication histories are generated securely using certified vendor software under all applicable laws pertaining to security and privacy.*

MEDICATION HISTORY
WAS AVAILABLE FOR ONE
IN THREE OFFICE VISITS
IN 2011

KEY STATISTICS

- Electronic medication history deliveries increased 72 percent in 2011.
- Approximately 31 percent of patient visits generated an electronically delivered medication history in 2011.
- In 2011, more than 15 million medication histories were delivered to clinicians working in acute care environments to support transitions in care.

Medication Histories Delivered



Contributing Factors:

Active Prescribers (pg. 20)	74,000	156,000	234,000	390,000
Number of E-Prescribing Applications Certified for this Service (pg. 15)	42	76	133	154

*For information on Sunscript's handling of personal health information, please review our Privacy Policy on <http://www.sunscript.com/about-us/commitment-to-privacy.aspx>.

PRESCRIPTION ROUTING

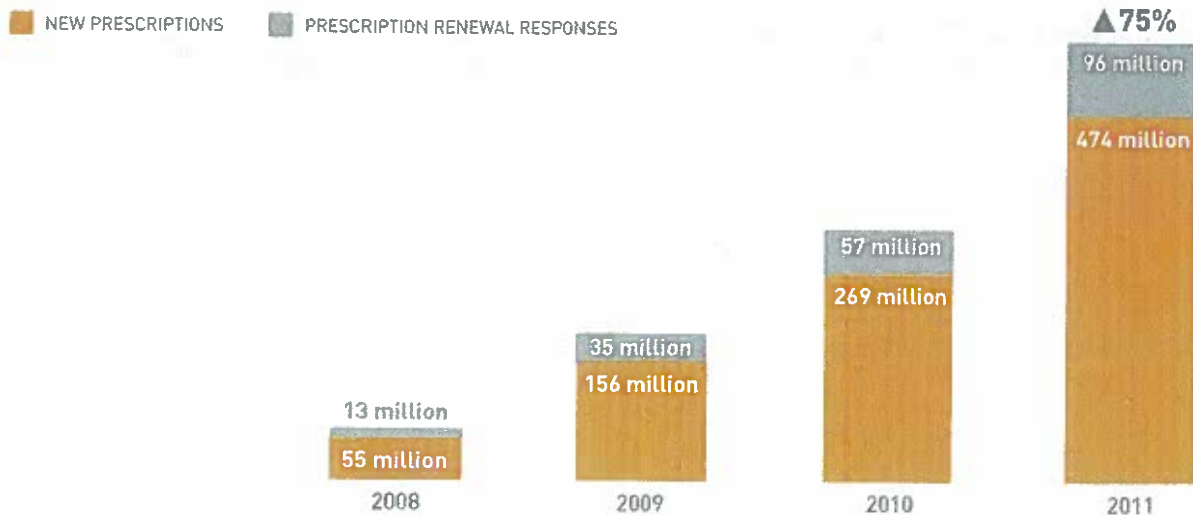
Prescribers are e-prescribing in record numbers. In 2011, e-prescription routing on the Surescripts network increased 75 percent to 570 million. More physicians are exchanging prescription information electronically and bi-directionally with pharmacies using vendor software certified by Surescripts.

MORE THAN 570 MILLION PRESCRIPTIONS WERE ELECTRONICALLY ROUTED IN 2011, A 75 PERCENT INCREASE OVER 2010

KEY STATISTICS

- By the end of 2011, an estimated 36 percent* of prescriptions dispensed were routed electronically, up from 22 percent at the end of 2010.
- More than 570 million prescriptions were routed electronically in 2011 versus 326 million in 2010, a 75 percent increase.**
- Of these, approximately 24 million electronic prescriptions were routed to mail order pharmacies in 2011, a three-fold increase over 2010.

Prescription Routing Transactions



Contributing Factors:

Active Prescribers (pg. 20)	74,000	156,000	234,000	390,000
Number of E-Prescribing Applications Certified for this Service (pg. 15)	80	134	196	304
Connected Community Pharmacies (pg. 23)	76%	85%	91%	91%

* Calculation based on 52 million e-prescriptions dispensed as a percentage of 144 million total prescriptions dispensed. Total prescriptions is based on new and renewal prescriptions dispensed in December 2011. These figures exclude prescriptions for controlled substances.

** Requests for prescription renewals are not represented in this section, as prescription renewal requests do not lead directly to the issuing of prescription orders.

PART 1: ELECTRONIC PRESCRIBING USE

How to Improve the Use of Prescription Renewals

As e-prescribing routing statistics demonstrate, electronic routing of prescriptions is currently the most used component of e-prescribing compared to medication history and prescription benefit information. Electronic renewals alone accounted for 95 million responses on the Surescripts network in 2011.

Prescribers and pharmacies can help increase efficiency and reduce interruptions to prescriber and pharmacy workflows.

PRESCRIBERS

Take advantage of the efficiency of electronic prescription renewal requests.

Efficiency is a key benefit of e-prescribing connectivity, which significantly reduces the number of faxes and phone calls pharmacies need to make.

Respond to electronic renewal authorization requests promptly.

Prescribers should respond to renewal requests within 24 hours. In an emergency, a follow-up call in the event of a delayed response is appropriate.

PHARMACIES

Report issues with electronic renewals or e-prescriptions to your pharmacy software vendor.

Provide the following details when reporting errors: transaction date, name of prescriber, message ID, prescriber SPI, pharmacy NCPDP ID.

Ensure that information in your pharmacy system about local prescribers is up-to-date.

Pharmacy software vendor should keep prescriber files up-to-date as new prescribers become activated for e-prescribing. Store-by-store data updates in each store should be consistent.

EHR VS. STANDALONE E-PRESCRIBING SOFTWARE

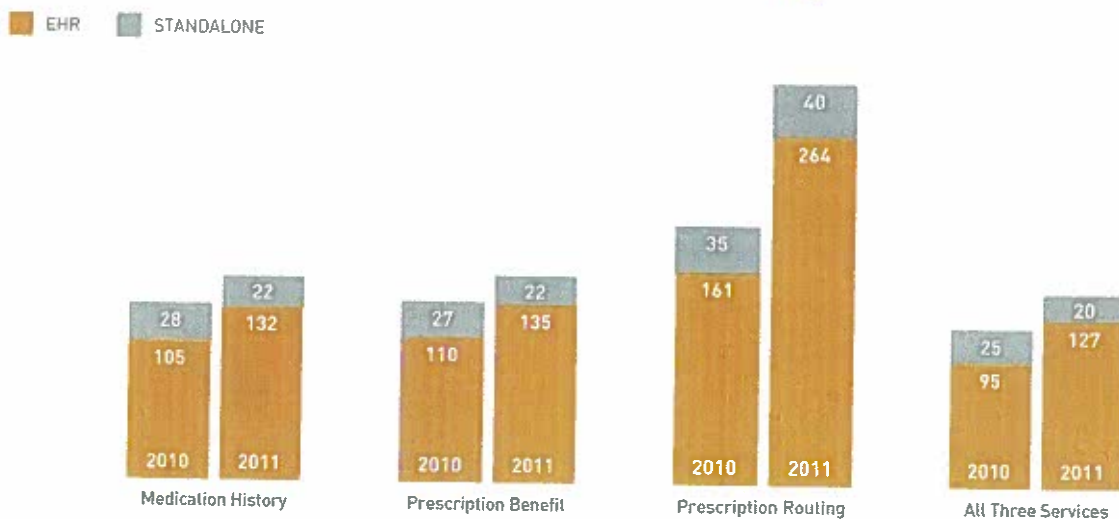
Prescribers e-prescribe using either electronic health record (EHR) software or standalone e-prescribing software. Standalone e-prescribing software performs only the e-prescribing function. By comparison, e-prescribing is one of many functions such as documentation and charge capture that are integrated in EHR software.

EIGHTY-TWO PERCENT OF ACTIVE PRESCRIBERS USE EHR TO E-PRESCRIBE

KEY STATISTICS

- Eighty-two percent of active prescribers used EHRs for e-prescribing in 2011, compared to 79 percent in 2010.
- Forty-seven percent of certified and deployed EHR software was used for all three ambulatory e-prescribing services—prescription benefit information, medication history and electronic routing—at the end of 2011.*
- Some standalone e-prescribing software vendors license the use of their products to companies that provide EHRs. At the end of 2011, 228 EHRs used embedded standalone e-prescribing software that was certified for connection to the Surescripts network, compared to 148 EHRs in 2010.

Vendor Software Certified and Deployed for E-Prescribing



Percentage of Active Prescribers Using EHR vs. Standalone E-Prescribing Software



*Certification for all three e-prescribing services is comprehensive of certification for prescription benefit information, medication history and electronic routing services. Routing services include connectivity to retail and mail order pharmacies and the ability to manage prescription renewals electronically.

PART 1: ELECTRONIC PRESCRIBING USE

Industry Collaboration Drives Continuous Improvement in Electronic Prescription Quality

Surescripts is focused on continuous improvements in the quality of the millions of e-prescriptions and health information transactions that are transmitted daily over its network and on utilizing industry standards that emphasize the need for all health care technology providers and users to be part of the quality effort. As the industry leader in e-prescribing, our goal has been ambitious from the start: to achieve 100 percent reliability of e-prescribing transactions from the time a prescription is prepared by a prescriber to the time the medication is dispensed by the pharmacy.

By actively managing quality through collaboration and communication with prescriber technology vendors, pharmacies, pharmacy benefit managers (PBMs) and regulators; and by creating, implementing and enforcing quality improvements, the end-to-end quality of e-prescribing is realizing continuous improvements.

Constant monitoring of transactions helps to define and measure the safety, accuracy and completeness of the e-prescriptions that flow through the Surescripts network. Continuous improvement is achieved by working with participants, identifying the root causes, and putting permanent and meaningful changes in place that reduce any incidents of non-conformance with our guidelines. Clinical improvements resulting from this systemic approach to quality have produced up to a 25 percent reduction in the number of issues identified via the network.

Progress is being made through education, training and recommended improvements to prescriber software. Below are three examples of how Surescripts is collaborating with the industry to continuously improve quality and the e-prescribing experience for prescribers, pharmacists and patients.

QUALITY TIP 1: To avoid confusion and reduce pharmacy call backs for clarification, prescribers should not split directions between Sig and Notes Fields.

Issue: Splitting directions between the SIG and Notes fields can cause uncertainty or lead to errors at the pharmacy. Supplementary or conflicting Sig information often results in workflow disruption at the pharmacy and by extension at the prescriber's. A pharmacy call back for clarification purposes could, in a worse-case scenario, result in a potential patient safety incident.

Examples of improper use:

Sig field— **1 PO DAILY,** Notes field—**"Take one tablet twice a day."**

QUALITY TIP 2: Most drug descriptions should typically include the complete drug name, strength, strength units and dosage form (if applicable).

In the United States, Lovastatin is commercially available in three strengths. Prescribers should identify the proper strength. e.g.: "Lovastatin 40mg tablet"



QUALITY TIP 3: Quantity qualifiers must be correctly associated with drug descriptions. Where possible, quantity along with the quantity qualifier should reflect the actual metric quantity.

Example of Improper Use: "Amoxicillin 250mg/5ml, 1 EA". In this case, the pharmacist does not know whether prescriber meant 1 fluid ounce or 1 bottle. Even if the prescriber meant a bottle, sending a nonmetric qualifier might still result in confusion because Amoxicillin 250mg/5ml oral suspension comes in three bottle sizes: 80, 100 and 150 ml. Use instead "Amoxicillin 250mg/5ml, 150 ml".

The correct Quantity Qualifier makes it clear that the prescriber wants the pharmacy to dispense 150 ml bottle:

Use **"Amoxicillin 250mg/5ml, 150 ml"**

Surescripts' clinical quality program team of pharmacists, pharmacy technicians, prescribers, technologists, and Six Sigma Black Belts (Trained Quality Leaders) are fully engaged in quality improvements that include increasing efficiency, value and the user experience.

For more information about Surescripts efforts to raise industry quality, contact the Surescripts Quality Office (quality@surescripts.com) and visit our blog at www.surescripts.com/eprescribingquality.

Future of E-Prescribing

E-Prescribing Growth Drives Industry Collaboration on New Standards and Capabilities

Surescripts has been collaborating with the nation's pharmacies, PBMs, prescriber and pharmacy technology vendors, and groups involved in creating industry standards on improvements and innovations that will drive the future of e-prescribing. We are committed to expanding support for and enabling electronic exchange of all types of clinical information.

EPCS: Electronic Prescriptions for Controlled Substances

In September 2011, Surescripts began the initial deployment of EPCS in states where EPCS is legal. Progress will be driven by an industry-wide collaboration between pharmacies, technology vendors, pharmacy benefit managers, Surescripts and other networks to plan and implement support for U.S. Drug Enforcement Administration and state pharmacy board rules.

To support the deployment of EPCS, network participants must adhere to major DEA requirements:

Prescribers must:

- Use an e-prescribing application that is audited and certified for this purpose.
- Complete a compliant identity-proofing process.
- Use a secure, two-factor authentication process to sign e-prescriptions for controlled substances.

Software vendors and pharmacies that have developed their own software systems must:

- Complete Surescripts certification and DEA-required third-party audits before connecting to the Surescripts network for EPCS.

Pharmacies must:

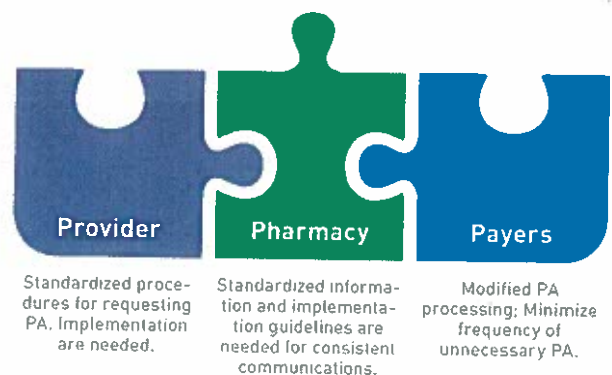
- Apply updates to their software systems to ensure DEA and Surescripts NCPDP SCRIPT adherence for EPCS.

Electronic Prior Authorization for Prescription Drugs

Electronic prior authorization (ePA) is viewed as a way to address the need for prescribers to obtain approval for prescriptions that are subject to closed formulary, step-therapy regimen, off-label use or other plan benefit parameters and eliminate the inefficiencies of paper-based prior authorization processes (PA) that create significant administrative burdens for prescribers and pharmacies.

In October 2011 the National Council for Prescription Drug Programs (NCPDP) reactivated its Prior Authorization Workflow-to-Transactions Task Group. In addition, industry pilots were initiated and collaboration through NCPDP continues to date. Humana, Agadia, CVS/Caremark, Surescripts, CoverMyMeds, McKesson and Ibeza are reviewing draft standards, collaborating on enhancements, and should soon produce an ePA standard that will be useful to all.

Collaboration on Standardized Procedures and Proper Use of ePA Needed for all Stakeholders



Alignment on Standards Will Help Move Clinical Interoperability Forward

The ability to communicate electronically to other health care providers between (or without) EHRs, and across regional networks and health systems means that health care providers can exchange clinical information more quickly and efficiently while improving patient care. Clinical interoperability solutions help by allowing physicians and other health care providers to securely send and receive clinical information electronically with peers locally, regionally and nationally. Surescripts and many other organizations have collaborated with the federal government to create the standard protocols needed to make this type of electronic clinical communication possible. The Surescripts network supports all federal and state policies and standards for health information exchange, including privacy and security standards (such as HIPAA and state law), technology interoperability standards (such as Direct) and message types (such as HL7).

PART 2: E-PRESCRIBING ADOPTION

The Class of 2008: Tracking the Growth of Meaningful Use

As much as 60 Percent of Physicians Who Started E-Prescribing in 2008 Meet Stage 1 Meaningful Use E-Prescribing Measure; 38 Percent of This Group Would Meet the Proposed Stage 2 E-Prescribing Measure*

2008 E-PRESCRIBING ADOPTION BY QUARTER

Q1 2008	5,626
Q2 2008	7,074
Q3 2008	10,092
Q4 2008	17,006
Total	39,798

Figure 1: Adoption and Use of E-Prescribing by Quarter Q1 thru Q4 2008

E-PRESCRIPTIONS PER ACTIVE E-PRESCRIBER (AVERAGE PER MONTH)

Q1 2008	49
Q2 2008	78
Q3 2008	82
Q4 2008	94
Q1 2009	125
Q2 2009	132
Q3 2009	139
Q4 2009	153
Q1 2010	160
Q2 2010	160
Q3 2010	163
Q4 2010	178
Q1 2011	198
Q2 2011	197
Q3 2011	200
Q4 2011	213

Figure 2: Use of E-Prescribing per Active E-Prescriber per Quarter 2008-2011

SUMMARY

A recent analysis of a cohort of physicians who adopted and began using e-prescribing in 2008 produced four findings. Summary of findings: 1) Estimates show that the majority, as much as 60%, of those prescribers have successfully met the stage 1 meaningful use e-prescribing measure*; 2) 38 percent of these early users would meet the proposed stage 2 meaningful use e-prescribing measure* if it were now in effect; 3) physicians' use of e-prescribing increases over time (see Figure 2) 4) that e-prescribing was utilized at a higher rate by prescribers who used EHR software compared to standalone software users.

BACKGROUND

In order to spur widespread adoption of certified electronic health record (EHR) technology, the federal government—through the Health Information Technology for Economic and Clinical Health Act (HITECH)—is providing up to \$30 billion in incentives for prescriber adoption and meaningful use of certified EHR technology. The Centers for Medicare and Medicaid Services (CMS) is responsible for administering the EHR incentive program and developing objectives and measurement criteria that eligible providers must meet in order to qualify for an EHR incentive payment(s).

E-Prescribing is one of the core objectives for stage 1 of meaningful use, which requires more than 40 percent of an eligible provider's prescriptions to be routed electronically.

To date, CMS has made close to \$4 billion in payments to eligible providers and hospitals that have met the meaningful use measure of certified EHR technology. CMS is providing reporting in a transparent manner on payments made, to whom, and which EHR vendors they use.

METHODS

Surescripts analyzed prescriber adoption and utilization data from the Surescripts network. Prescriber demographic data was matched to SK&A prescriber data in order to segment by specialty and practice size. We used aggregate IMS Health data about prescriber volume to create models of estimated average total prescription volume per prescriber by specialty and matched that to our list of prescribers. The data showed a count of 48,993 prescribers who adopted and began using e-prescribing between January 1, 2008 and December 31, 2008. The data was further segmented by e-prescribing system (EHR versus standalone) and specialty type for 39,798 active e-prescribers (Figure 1). Prescribers practiced in 50 states and nine districts and U.S. territories. Models were developed to analyze active e-prescribers' use and the number of early e-prescribers who would have met the stage 1 meaningful use e-prescribing measure and proposed stage 2 measure (not in effect) by fourth quarter 2011.

RESULTS

By December 2008, Surescripts estimates that between 6,927 and 8,129 prescribers (17.4 percent to 20.4 percent of active e-prescribers) met the more than 40

ESTIMATED PERCENT OF EARLY USERS OF E-PRESCRIBING BY PHYSICIAN SPECIALTY WHO HAVE SUCCESSFULLY MET THE STAGE 1 MEANINGFUL USE E-PRESCRIBING MEASURE

Specialty	Number of Prescribers	Average Utilization (Monthly)	Percent of Prescribers Meeting Meaningful Use (Stage 1)
Family Practitioner	12,416	316	69% to 74%
Internist	6,474	303	67% to 72%
Pediatrician	2,627	157	55% to 67%
General Practitioner	2,293	139	33% to 43%
Cardiovascular Disease	1,994	135	58% to 70%
Obstetrician/Gynecologist	1,453	91	59% to 70%
Ophthalmologist	1,082	62	27% to 27%
Psychiatrist	822	114	38% to 45%
Gastroenterologist	771	88	38% to 54%
Obstetrician/Gynecologist	762	83	51% to 59%
Other	9,104	95	33% to 36%
EHR vs. Standalone E-Prescribing			
EHR	31,902	222	60% to 67%
Standalone E-Prescribing	6,976	144	44% to 50%

Figure 3: Estimated Stage 1 Meaningful Use E-Prescribing Measure Met by Early Users from 2008*

percent stage 1 meaningful use program measure. By December 2011, these numbers increased to 21,392 to 23,877 prescribers (53.8 percent to 60.0 percent of active e-prescribers), Figure 3. The models also suggest that 15,146 prescribers (38.1 percent) would have already met the proposed 65 percent threshold in the proposed stage 2 meaningful use measure (not currently in effect).

The results also found that e-prescriptions per active e-prescriber increased over time. In first quarter 2008, they were an average of 49 per month. By fourth quarter 2011, they had reached an average of 213 per month.

Family practitioners demonstrated the highest individual utilization levels with 316 e-prescriptions per month. They also appeared to have the highest level of successfully meeting the stage 1 meaningful use e-prescribing measure of any specialty with an estimated specialty utilization rate of 69 percent to 74 percent. They were followed by internists at 303 e-prescriptions per month and a specialty utilization rate of 67 percent to 72 percent (Figure 3).

The majority of prescribers (80.2 percent) who adopted and began using e-prescribing in 2008 did so using an integrated EHR software system. The data indicates that physicians using EHR software had significantly higher e-prescription utilization levels (+53 percent) than prescribers using standalone e-prescribing systems. Up to 67 percent of the e-prescribing physicians using an EHR were more likely to meet the stage 1 meaningful use e-prescribing measure versus an estimated 44 percent to 50 percent of e-prescribers using standalone e-prescribing systems.

DISCUSSION

The requirements for stage 1 meaningful use e-prescribing measure have been widely commented on and debated by healthcare stakeholders, as they have significant implications in terms of provider adoption, use, and reimbursement. The EHR incentive program is a primary mechanism the government is using to influence the use of health information technology to improve health care outcomes and lower costs.

This analysis of adoption and use data suggests that a majority of providers* who began e-prescribing in 2008 (54 percent to 60 percent) are in a position to meet the stage 1 meaningful use e-prescribing measure while 38 percent of this group would meet proposed stage 2 meaningful use e-prescribing measure.

*References to meeting stage 1 meaningful use e-prescribing measure or stage 2 meaningful use e-prescribing measure, as proposed but not currently in effect, also assume that the user met the requirement for participating as an eligible provider.

PART 2: E-PRESCRIBING ADOPTION

PRESCRIBERS

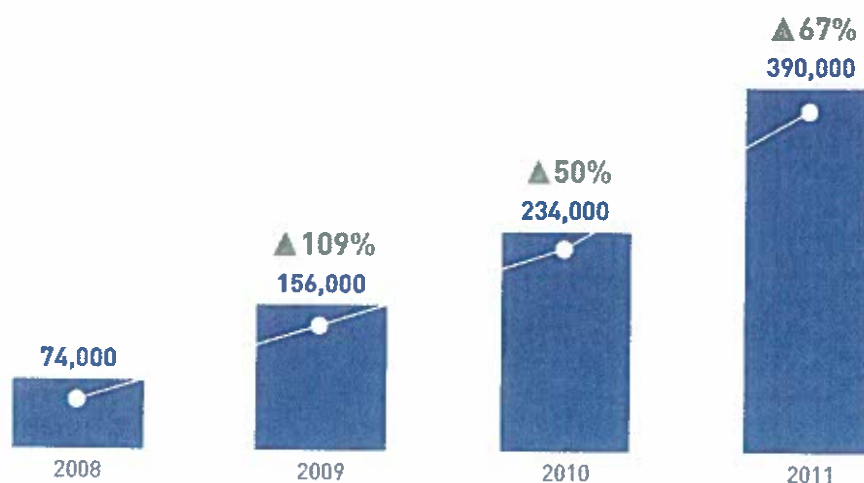
In 2011, 390,000 physicians, nurse practitioners and physician assistants—the majority of prescribers—made e-prescribing a mainstream health care information technology in the United States. Prescribers use either standalone e-prescribing software or an electronic health record (EHR) to e-prescribe. All prescribers described in this section of the Report used prescription routing services. A portion of these prescribers also used prescription benefit information and medication history services.

FIFTY-EIGHT PERCENT
OF OFFICE-BASED
PHYSICIANS
E-PRESCRIBE

KEY STATISTICS

- By the end of 2011, 390,000 prescribers routed prescriptions electronically, up from 234,000 at the end of 2010. This represents about 54 percent of all office-based prescribers.*
- Of these 390,000 prescribers, 317,000 were physicians.
- Surescripts estimates that approximately 58 percent of active office-based doctors nationwide are e-prescribing.

Prescribers Routing Prescriptions



Contributing Factors:

% of Active Prescribers Using EHR (pg. 15)	63%	70%	79%	82%
--	-----	-----	-----	-----

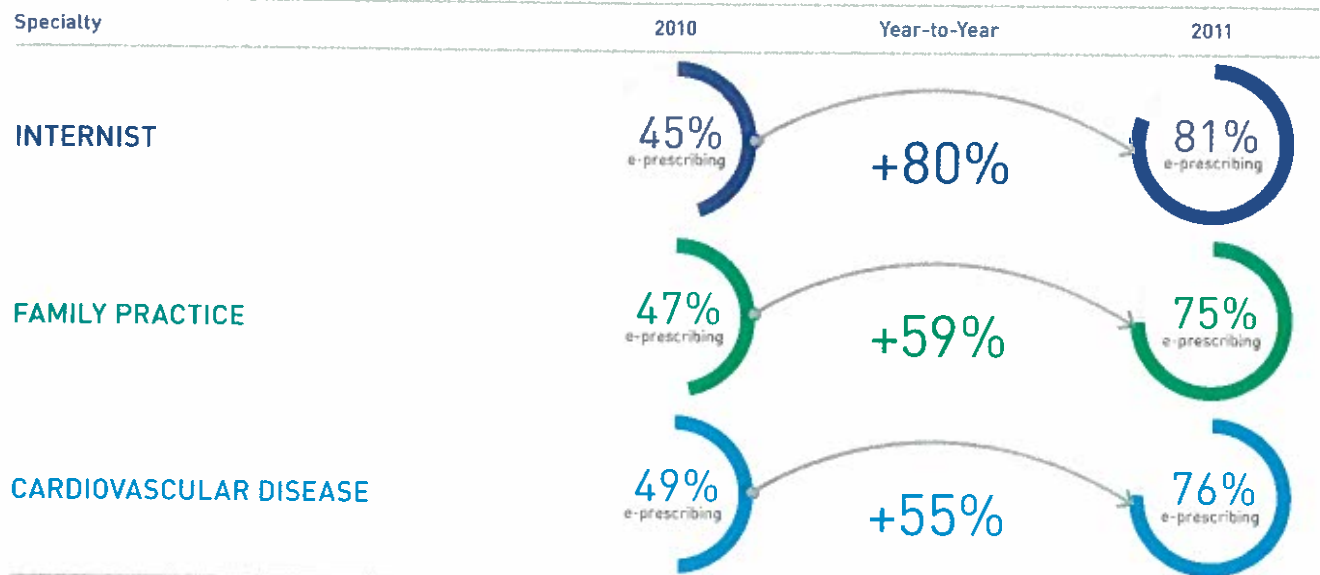
*Based on total count of 712,193 office-based prescribers, per SK&A data. Surescripts counts of active e-prescribers represent those that used ambulatory prescription routing services within the last 90 days of 2011. A small proportion of these prescribers have been registered by hospitals and other organizations that do both ambulatory and acute care.

E-PRESCRIBING PHYSICIANS BY SPECIALTY*

Top three specialty groups have e-prescribing adoption and use rates at or above 75 percent.

Internists, family practitioners and cardiovascular disease specialists have adopted e-prescribing at the highest rates in 2011. Eleven different specialties have achieved adoption rates of 60 percent or more.

Specialties with Highest Rates of E-Prescribing Adoption



Specialty Group	% E-Prescribing in 2011
Dentist/Oral Surgeon	44
Dermatologist	62
Endocrinology & Metabolism	78
Gastroenterology	69
General Practitioner	43
General Surgeon	36
Nephrologist	67
Neurologist	57
Non-Alleo/Osteopaths	39
Obstetrician/Gynecologist	52
Oncologist/Hematologist	58
Optometrist/Ophthalmologist	67
Orthopedic Surgeon	43
Other Pediatrics	43
Other Specialty	34
Other Surgery	31
Otolaryngologist	61
Pediatrician	59
Podiatrist	55
Psychiatrist	35
Psychologist	68
Urologist	68

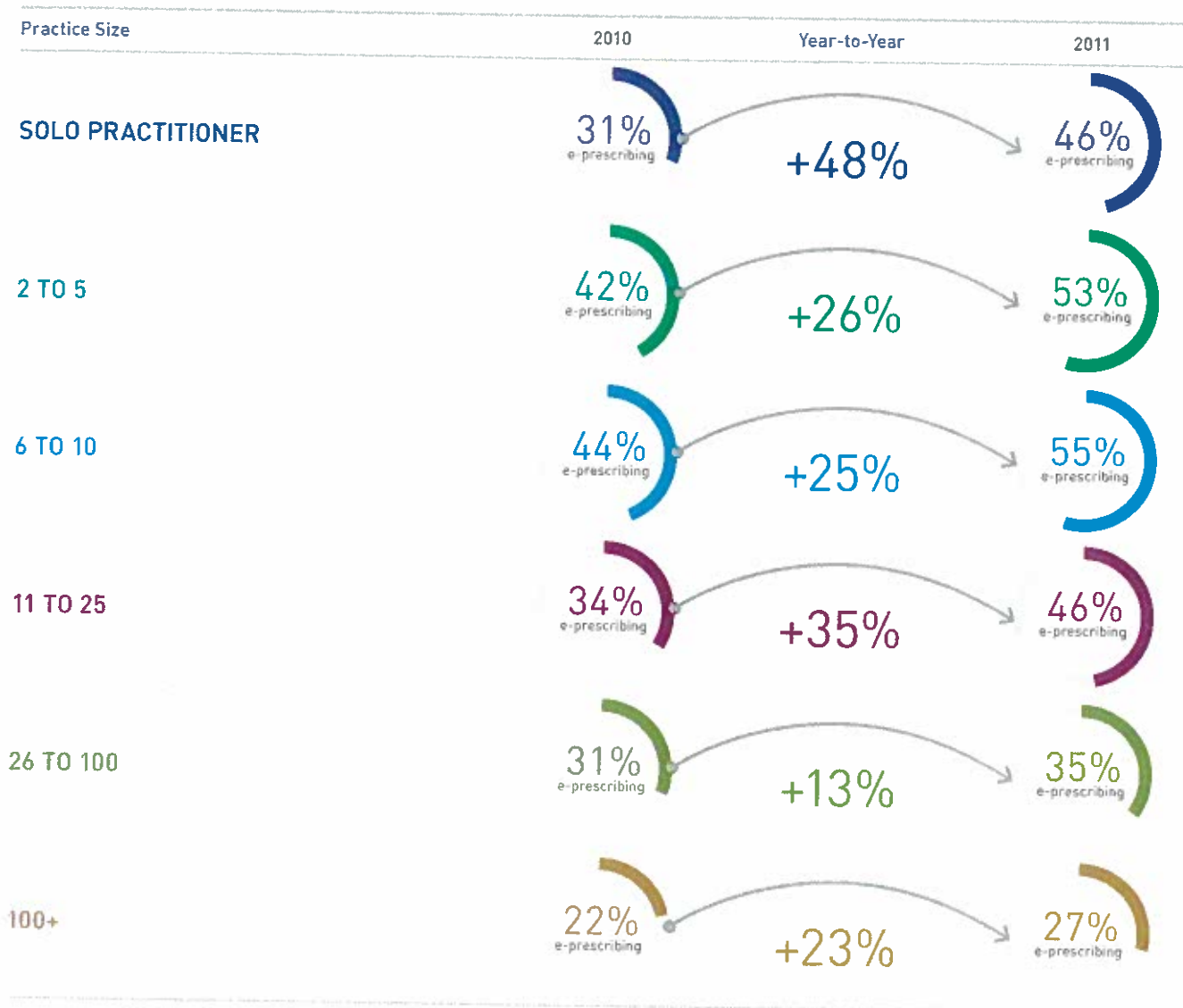
*If rounded based on sample analysis of 75, 75, or 99% of all active, self-reported physicians.

PART 2: E-PRESCRIBING ADOPTION

E-PRESCRIBING PHYSICIANS BY PRACTICE SIZE*

Three smallest practice sizes lead e-prescribing adoption in 2011.

Physician practice groups that range from solo practitioners up to offices with 11 to 25 physicians are the leaders in the adoption and use of e-prescribing. Solo practitioners increased their adoption by 48 percent in 2011. Practices with 26 to 100 physicians increased adoption by 13 percent in 2011.



*Estimated based on sample analysis of 292,658 prescribers for 92% of all active e-prescribers over the eScripTos network as of December 31, 2011.

PHARMACIES—COMMUNITY AND MAIL ORDER

Surescripts works with community pharmacies in the United States. Community pharmacies include chain pharmacies and independently owned pharmacies. In addition, PBMs and some chain pharmacies operate mail order pharmacies.

Prescription routing connectivity gives prescribers the ability to send new prescriptions electronically to the computer system at the pharmacy of the patient's choice. Pharmacies gain the ability to send prescription renewal requests to the practices' e-prescribing software for review and an electronic renewal response, which provides efficiency to the prescriber and pharmacy, and convenience to the patient.

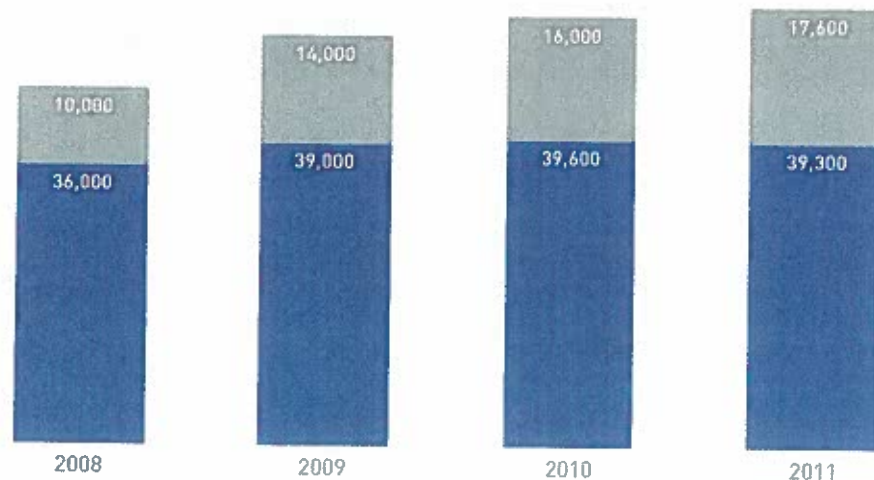
NINETY-ONE PERCENT OF THE NATION'S COMMUNITY PHARMACIES ACCEPT E-PRESCRIPTIONS

KEY STATISTICS

- Ninety-one percent of community pharmacies in the United States were connected for prescription routing in 2011.*
- More than 98 percent of chain pharmacies and 79 percent of independent pharmacies were connected to the Surescripts network for prescription routing in 2011.
- There are 62,461 community pharmacies in the United States represented by both chain and independently owned pharmacies.** Of these, about 64 percent are chain pharmacies and 36 percent are independently owned (including those that are part of buying groups). Six of the largest mail order pharmacies were able to receive prescriptions electronically.***

Community Pharmacies Connected for Prescription Routing

■ CHAINS ■ INDEPENDENTS



Contributing Factors:

Community Pharmacies Connected	76%	85%	91%	91%
Independent Pharmacies Connected	46%	62%	73%	79%

*In addition to retail and mail order pharmacies, Surescripts also connects some pharmacies associated with federal and state governments and with medical device manufacturers. For a list of e-prescribing pharmacies, go to www.Surescripts.com/connected-pharmacies.html.

**Based on NCPDP data analysis.

***CVS Caremark, Express Scripts, Walgreens, NextGen, Medco Health Services, Prescription Solutions, Prime Therapeutics (Prime Mail) and Watgreens Mail Service.

PART 2: E-PRESCRIBING ADOPTION

PAYERS

Private payers and their associated pharmacy benefit managers (PBMs) provide important prescription benefit and medication history information to prescribers through vendor software connected to the Surescripts network.

The availability of prescription benefit information and medical history allow prescribers to treat patients more effectively.

As more prescribers enable medication history and prescription benefit information, drug formulary compliance and patient safety will improve on a state-by-state as well as a national basis.

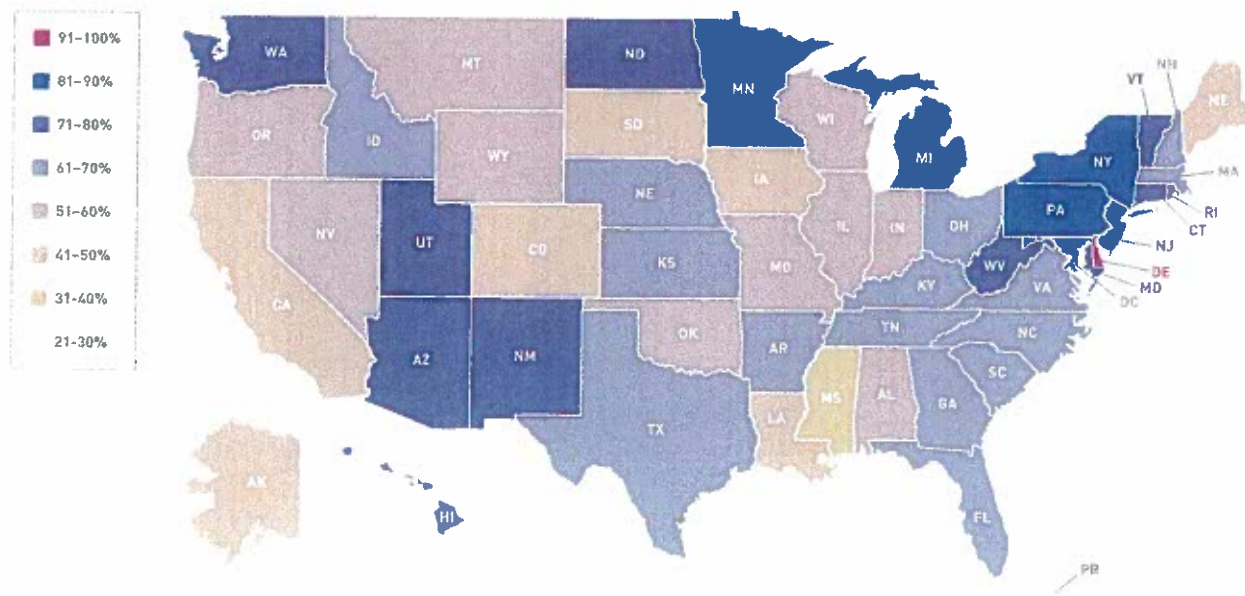
For a list of payers and PBMs that are connected to Surescripts, please visit <http://www.Surescripts.com/about-us/connected-payers.aspx>.

TWENTY-FOUR STATES SHOWED INCREASES IN ACCESS TO PRESCRIPTION INFORMATION IN 2011 WHEN SELECTING MEDICATION THERAPY

KEY STATISTICS

- More than 66 percent of patients in the United States at the end of 2011 were provided access to prescription benefit and medication history information (on behalf of payers and pharmacies).*
- By the end of 2011, participation by payers in e-prescribing allowed prescribers to locate and access nearly 253 million member records (patient-lives) from participating health plans.**
- In 2011, Surescripts provided access to more than 30,000 formulary files, including formulary status, coverage, co-pay and alternative medication lists maintained by participating health plans.

PERCENTAGE OF PATIENTS FOR WHOM PAYERS CAN PROVIDE PRESCRIPTION BENEFIT AND MEDICATION HISTORY INFORMATION



* Calculated by taking the number of records, less 15 percent for patients who have more than one source of prescription benefit coverage, and dividing it by the U.S. population of 305 million. Figures include the District of Columbia, Puerto Rico, and U.S. territories. U.S. population figures are from Annual Estimates of the Resident Population for the United States and Puerto Rico, Population Division, U.S. Census Bureau Release, July 1, 2010. Surescripts suggests that payers can provide a medication history for an estimated 66 percent of the patients for whom it can provide prescription benefit information. This is because some pharmacy benefits, when offered as a carve-out, are not associated with a claims-based medication history.

** This figure is inclusive of records from all 50 U.S. states and the District of Columbia.

PART 3: ABOUT SURESCRIPTS

About Surescripts

The Surescripts network supports the most comprehensive network of health care organizations in the United States. Pharmacies, payers, pharmacy benefit managers (PBMs), physicians, hospitals, health information exchanges and health technology firms rely on Surescripts to securely share health information across the health care continuum.

Guided by the principles of privacy, security, neutrality, choice, transparency, collaboration and quality, Surescripts operates the nation's largest health information network. By providing patient medication information for routine, recurring and emergency care, Surescripts is committed to saving lives, improving efficiency and reducing the cost of health care.

For more information, go to www.Surescripts.com and follow us at twitter.com/Surescripts.

The Surescripts Electronic Prescribing Network

Surescripts connects prescribers in all 50 states—through their choice of certified e-prescribing software—to the nation's leading payers, chain pharmacies and independent pharmacies.

Any e-prescribing software provider—including those offering standalone e-prescribing solutions and those that integrate e-prescribing capabilities into electronic health record systems—may connect their customers to Surescripts' secure nationwide e-prescription network, as long as they have successfully completed Surescripts' implementation and certification process. This process validates that the certified software is able to send and receive electronic messages in accordance with industry standards.

Surescripts certifies software used by prescribers, pharmacies, and payers/PBMs for three main service capabilities: prescription benefit information, medication history and prescription routing.

Acknowledgements

Surescripts would like to thank Circle Square Inc., the National Association of Chain Drug Stores' Economics Department and SK&A for their expertise and significant contributions to the 2011 Progress Report on E-Prescribing.

For more information about Surescripts, visit www.Surescripts.com and follow us at twitter.com/Surescripts.



2800 CRYSTAL DRIVE
ARLINGTON, VIRGINIA 22202
T: 866.797.3239 | F: 703.921.2191

920 2ND AVENUE SOUTH
MINNEAPOLIS, MN 55402
T: 866.797.3239 | F: 651.855.3001

WWW.SURESCRIPTS.COM

FOLLOW US ON TWITTER AT [TWITTER.COM/SURESCRIPTS](https://twitter.com/surescripts)

To whom it may concern:

APR - 5 2012

My name is Rutasha Godetta Moore , I am writing to you on my behalf in regards to my Pharmacy Technician License. I have been a licensed Pharmacy Technician since September of 1993. I have worked in a Pharmacy setting since October of 1989, when a co-worker became ill in the Pharmacy and they needed someone who was bilingual to work in the department. I did so well and was so helpful that they kept me in the department and showed me the ropes of the trade. I worked for Thrifty's Pharmacy from October of 1989 to July 1995. I then went to Sav-On Pharmacy in October of 1995 until it was bought out and converted over to CVS Pharmacy. I was included in the work crew that helped convert the Pharmacy over into a 24hr store as well as help with the reconstruction. I stayed with CVS in California up until July 22, 2008. I made my move to Las Vegas Nevada in July 2008. I started my first week at the CVS on Tropicana on August 3rd 2008.

The reason for me writing to you this day, is to request that my Tech license be renewed. I have been without a job since I was terminated back on April 21, 2009. After being terminated from my work, I discovered that I was pregnant. I started receiving assistance in the middle of May because I was not eligible for un-employment. I felt that I was wrongfully terminated. I was arrested at my place of work on April 21, 2009. I went into the manager's office on that day to discuss why my health plan, that I was waiting for , only covered my eldest child that lived in La Verne California. I was questioned about handing out someone's medication to a person that the meds did not belong to. I had admitted to accidentally handing out the medication, due to the person picking up, telling me that she worked for a hospice facility. Our laws and regulations in Upland California are different from those in Las Vegas Nevada. I made the mistake of not requesting the Nevada ID of the person picking up the medication. It was a very busy and hectic day. Not to mention I was not myself because I was feeling drained and experiencing some anxiety.

I mistakenly gave out the medication to another patient. How it came to as being a discovery was, that the patient, came to pick up their medication two days later, I had realized what had happened and told my Pharmacy manager. I made the call to the insurance and got the override to satisfy the customer. I apologized to the customer and felt very bad about the situation which had occurred on March 18, 2009. I did not get confronted about what had occurred from management until April 21, 2009. I was stunned because they thought that I was in on some type of illegal ring. I unknowingly knew what was going on. I have worked in one Pharmacy for over 14 years and never had a problem with my work or any type of by-laws that we have or even violate HIPPA. I never had to take anyone's ID or driver's license in order to dispense medication, unless it was a Class II scheduled drug, this was something that I had to be reminded of from time to time. I tried to explain myself to management. After being arrested and being placed in jail for 3 days, I was let go and never tried in court, due to lack of evidence.

Since I have terminated I have turned in over 350 applications everywhere and anywhere for work. Due to pregnancy issues, no one wanted to hire me, after giving birth to my child on December 28, 2009 , I still pursued jobs and turned in job applications. There was none available. I moved back to California with my mother on September 26, 2009. Because of the allowable income on the county in Clark County, it was not enough to raise three children and one adult with an infant on the way. Once I delivered my child, I started back to filling out job applications everywhere even going to Temp agencies. I had no luck, not even with the minimum wage jobs. They told me that I was over qualified or have too much experience, for the job, requirements. So, now I would like to go back to doing what I know best

To whom it may concern:

and to what I was amazing at doing, which is working in a Pharmacy. I am most happy at doing y job and satisfying customers. Whenever there was a problem in the Pharmacy, I, Rutasha was the go to girl. I knew how to bill insurances, co-pay bill insurance, or enter special coupon offers. If that did not work I would take the necessary steps to hand bill the info or pick up the telephone and make the call to get the patient their medication. I would take that extra step to show how sincere I was about my job. When people come to your pharmacy they are sick or in pain, I made sure that every trip was a success, so that they would always come back. I have exceptional customer service skills, I never had a complaint at either work place. Matter of fact, I had customers requesting my service whenever they came in to the pharmacy or they would leave a note for me to look after their prescription personally. Those type of things made my day, it made me feel as if I were on cloud nine.

I miss my job very much, and if I were giving the chance to work in a pharmacy setting once again, I will do any and everything possible to prove to the board of pharmacy and my peers, that I am a person of my word. I will make sure to be strict on policy of the state of Nevada as well as pay any type of restitution required of me. I will attend any pharmacy training course, or class in order to be retrained in this field of work. I am seeking a once in a life-time reprieve of graciousness in order to get back something that I love so dearly. I am full of determination and willing to go with any course of action to become a Pharmacy Technician. At this time, I would like to thank you very much for this opportunity to be heard.

Sincerely,

Rutasha Godetta Moore

A handwritten signature in black ink, appearing to read 'Rutasha Godetta Moore', written in a cursive style.

1. On or about June 3, 2009, Board staff was notified that Respondent had been terminated from employment as a pharmaceutical technician at CVS #08798. An investigation by CVS #08798 found that Respondent had created fraudulent prescriptions to be picked up by an unknown person. Respondent was contacted by someone from a doctor's office to add refills for a female patient of CVS #08798. Respondent admitted in her written statement that she would call the doctor's office to verify the prescription and the refill would be verified. Respondent would then get a text to see if the prescription was ready and then an unknown person would go through the drive-through and pick up the prescription. When Respondent went home she found an envelope on the floor with \$300.00 in it. Respondent indicated that later she got a text

to see if she had received the money and she confirmed that she had and was texted that there was more money where that came from.

2. Respondent filled fraudulent prescriptions for hydrocodone 10/500 for a total quantity for 380 tablets and Alprazolam 2 mg. for a total quantity of 220 tablets. Resulting in a total loss of \$311.00 to CVS #08798. Loss prevention personnel terminated Respondent's employment and filed a complaint with the police.

CONCLUSIONS OF LAW

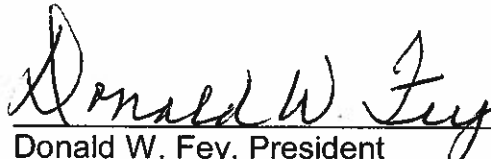
1. The Board has jurisdiction over this matter because Ms. Moore is registered as a pharmaceutical technician with the Board.
2. In creating false refills for controlled substances, namely hydrocodone/APAP 10/500 tablets and Alprazolam 2 mg. tablets, for unknowing patients and dispensing them to persons other than they were originally prescribed for, Ms. Moore violated NRS 453.331(1)(d) and/or 639.210(1),(4) and/or (12) and NAC 639.945(1)(h) and (i).

ORDER

Based upon the foregoing, the Board imposes the following discipline:

1. Ms. Moore's registration (PT10024) is revoked. Ms. Moore may not be employed in any business registered by the Board in any capacity.

Signed and effective this 27th day of October, 2009.


Donald W. Fey, President
Nevada State Board of Pharmacy

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

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

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

Application must be printed legibly or typed

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

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

<input checked="" type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7,8a,8b	<input type="checkbox"/> Partnership - Pages 1,2,5,7,8a,8b
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Seven Hills Behavioral Institute
Physical Address: 3021 W. Horizon Ridge Parkway, Henderson, NV 89052
Mailing Address: 3021 W. Horizon Ridge Parkway,
City: Henderson State: Nevada Zip Code: 89052
Telephone: 702 646-5000 Fax: 702-646-5553
Toll Free Number: 877-774-4557
E-mail: sleibold@sevenhillsbi.com Website: www.sevenhillsbi.com
Managing Pharmacist: Robert Cross License Number: 10142

Hours of Operation:

Monday thru Friday 9 am 2 pm Saturday on-call am _____ pm
Sunday on-call am _____ pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

<input type="checkbox"/> Retail <input checked="" type="checkbox"/> Hospital (# beds <u>58</u>) <input type="checkbox"/> Internet <input type="checkbox"/> Nuclear <input 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 type="checkbox"/> Outpatient/Discharge <input type="checkbox"/> Mail Service <input type="checkbox"/> Long Term Care
Note: <u>Inpatient services</u>	

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

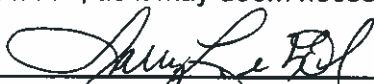
Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to questions 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Sally Leibold

Print Name of Authorized Person

5/10/2012

Date

Board Use Only

Received: MAY 14 2012 Amount: 500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware
Parent Company if any: _____
Corporation Name: Acadia Healthcare
Mailing Address: 830 Crescent Centre DR. #610
City: Franklin State: TN Zip: 37067
Telephone: 615-861-6000 Fax: 615-261-9685
Contact Person: Scott Schwieger

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

Date of Incorporation: 10/31/2011
Registration number issued: 001-35331
Stock Exchange: Nasdaq

Include with the application for a publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors.

Joey A. Jacobs - Chief Executive Officer & Chairman of the Board
Ronald M. Fincher - Chief Operating Officer
Brent Turner - Co-President
Christopher L. Howard - Executive Vice President, General Counsel
Secretary
Jack E. Polson - Executive Vice President, Chief Financial
Officer & Treasurer

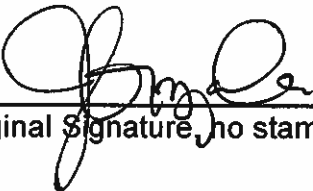
STATEMENT OF RESPONSIBILITY - Pharmacy
For Corporations, Partnership or Sole Owners

I, Jennifer Gonzales
Responsible Person of Seven Hills Behavioral Institute
hereby acknowledge and understand that in addition to the corporation's, any owner(s),
shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy
law that may occur in a pharmacy owned or operated by said company.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s)
or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a
pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s)
or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision
of any local, state or federal laws or regulations pertaining to the practice of pharmacy or
operation of a pharmacy in Nevada.

I further acknowledge and understand that upon the change of managing pharmacist in the
pharmacy, the owners must assure that an accountability audit of all controlled substances shall
be performed jointly by the departing managing pharmacist and the new managing pharmacist.


Original Signature, no stamps or copies

5/10/12
Date

Statement of Responsibility

Managing Pharmacist

Pharmacist Name: ROBERT CROSS License #: 10142

Pharmacy Name: SEVEN HILLS BEHAVIORAL INSTITUTE

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	<input type="checkbox"/>	<input type="checkbox"/>
2. been the subject of an administrative action whether completed or pending in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If you marked YES to any of the numbered questions above, please include the following information		
Board Administrative Action:	State: _____	Date: _____ Case #: _____
And/or Criminal Action:	State: _____	Date: _____ Case #: _____
	County: _____	Court: _____

Blank

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

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

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

Application must be printed legibly or typed

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

<input type="checkbox"/> New Pharmacy	<input checked="" type="checkbox"/> Ownership Change (Please provide current license number if making changes: <u>PH1A00717</u>)	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
---------------------------------------	--	--------------------------------------	--

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: St. Mary's Regional Medical Center

Physical Address: 235 West 6th Street, Reno, NV 89503

Mailing Address: 235 West 6th Street, Reno, NV 89503

City: Reno State: NV Zip Code: 89503

Telephone: (775) 770-3220 Fax: (775) 770-3640

Toll Free Number: (800) 855-2884

E-mail: Paul.Vitkus@DignityHealth.org Website: www.saintmarysreno.org

Managing Pharmacist: Paul E. Vitkus License Number: 8563

Hours of Operation:

Monday thru Friday _____ am _____ pm

Saturday _____ am _____ pm

Sunday _____ am _____ pm

24 Hours X

TYPE OF PHARMACY

SERVICES PROVIDED

<input type="checkbox"/> Retail	<input type="checkbox"/> Off-site Cognitive Services
<input checked="" type="checkbox"/> Hospital (# beds <u>380</u>)	<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

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to questions 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.


Original Signature of Person Authorized to Submit Application, no copies or stamps

Michael J Sarrao, Vice-President

Print Name of Authorized Person

5/9/12

Date

Board Use Only

Received: MAY 15 2012 Amount: 500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware
Parent Company if any: Prime Healthcare Services, Inc.
Corporation Name: Prime Healthcare Services - Reno, LLC
Mailing Address: 3300 East Guasti Road, 3rd Floor
City: Ontario State: CA Zip: 91761
Telephone: (909) 235-4400 Fax: (909) 235-4419
Contact Person: Michael J. Sacrao

For any corporation non publicly traded, disclose the following:

- 1) List top 4 persons to whom the shares were issued by the corporation?
The sole owner of the LLC is Prime Healthcare Service, Inc., and its address is
3300 East Guasti Road, 3rd Floor, Ontario CA 91761

a)	_____	_____
	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. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

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

List any physician shareholders and percentage of ownership.

Name: None %: _____
Name: None %: _____

STATEMENT OF RESPONSIBILITY - Pharmacy
For Corporations, Partnership or Sole Owners

I, Michael J Sarrao

Responsible Person of Prime Healthcare Services- Reno, LLC

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said company.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy or operation of a pharmacy in Nevada.

I further acknowledge and understand that upon the change of managing pharmacist in the pharmacy, the owners must assure that an accountability audit of all controlled substances shall be performed jointly by the departing managing pharmacist and the new managing pharmacist.



Original Signature, no stamps or copies

5/9/12

Date

Statement of Responsibility

Managing Pharmacist

Pharmacist Name: PAUL E VITKUS License #: 8563

Pharmacy Name: St. Mary's Regional Medical Center

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	<input checked="" type="checkbox"/> NO	
2. been the subject of an administrative action whether completed or pending in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If you marked YES to any of the numbered questions above, please include the following information		
Board Administrative Action:	State: _____	Date: _____ Case #: _____
And/or Criminal Action:	State: _____	Date: _____ Case #: _____
	County: _____	Court: _____

Blank

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

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

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

Application must be printed legibly or typed

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

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

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7,8a,8b	<input type="checkbox"/> Partnership – Pages 1,2,5,7,8a,8b
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: VIP . PHARMACY

Physical Address: 6875 RUSSELL RD STE. A, LAS VEGAS NV 89118

Mailing Address: 7469 MEZZANINE VIEW AVE

City: LAS VEGAS State: NV Zip Code: 89178

Telephone: 702-944-7446 Fax: _____

Toll Free Number: _____

E-mail: _____ Website: _____

Managing Pharmacist: ROGER LY License Number: 15333

Hours of Operation:

Monday thru Friday 9 am 5 pm Saturday Closed am _____ pm
Sunday Closed 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

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to questions 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.


Original Signature of Person Authorized to Submit Application, no copies or stamps

ROGER LY
Print Name of Authorized Person

5/9/2012
Date

Board Use Only

Received: MAY 14 2012 Amount: 500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: NEVADA

Parent Company if any: _____

Corporation Name: DOCTOR'S CHOICE LLC

Mailing Address: 7469 MEZZANINE VIEW AVE

City: LAS VEGAS State: NV Zip: 89178

Telephone: 702-944-7446 Fax: _____

Contact Person: ROGER LY

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) HANH LY 7469 MEZZANINE VIEW AVE LV NV 89
Name Address

b) ROGER LY 7469 MEZZANINE VIEW AVE LV NV 89171
Name Address

c) _____
Name Address

d) _____
Name Address

NOTE: All persons who are stockholders must accurately complete a personal history record form. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

2) Provide the number of shares issued by the corporation. _____

3) What was the price paid per share? _____

4) What date did the corporation actually receive the cash assets? _____

5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

STATEMENT OF RESPONSIBILITY - Pharmacy
For Corporations, Partnership or Sole Owners

I, ROGER LY
Responsible Person of DOCTOR'S CHOICE, LLC
hereby acknowledge and understand that in addition to the corporation's, any owner(s),
shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy
law that may occur in a pharmacy owned or operated by said company.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s)
or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a
pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s)
or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision
of any local, state or federal laws or regulations pertaining to the practice of pharmacy or
operation of a pharmacy in Nevada.

I further acknowledge and understand that upon the change of managing pharmacist in the
pharmacy, the owners must assure that an accountability audit of all controlled substances shall
be performed jointly by the departing managing pharmacist and the new managing pharmacist.


Original Signature, no stamps or copies

5/9/2012
Date

Statement of Responsibility

Managing Pharmacist

Pharmacist Name: ROGER LY

License #: 15333

Pharmacy Name: VIP PHARMACY

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. been the subject of an administrative action whether completed or pending in any state?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If you marked YES to any of the numbered questions above, please include the following information		
Board Administrative Action:	State: <u>NV</u>	Date: <u>2005</u> Case #: _____
And/or Criminal Action:	State: <u>NV</u>	Date: <u>2007</u> Case #: <u>2:07-CR-0029-SCM-R</u>
	County: <u>COUNTY</u>	Court: <u>FEDERAL</u>

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 5/9/2012

GENERAL INSTRUCTIONS

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

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

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

Application for NEW RETH L PHARMACY
Nature of License
VIP PHARMACY 6875 W. RUSSELL RD. LAS VEGAS NV 89118
Name and Address of Establishment for Which License Is Requested
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

LY HANH NGO
Last Name First Name Middle Name
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)
7464 MEZZANINE VIEW AVE LAS VEGAS NV 89178
Present Residence Address-Street or RFD City State/Zip
Dates
Present Business Address City State/Zip
COCKTAIL WAITRESS Dates
Occupation Phone: Residence 7
Business
SAIGON, VIETNAM
Date of Birth Place of Birth (City, County, State)
39 FEMALE
Age Social Security Number Sex
BRWN BLK FAIR 100 SLIM 5'0"
Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics

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

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

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

Applicant's initial HL

A. Current Marriage

FAMILY INFORMATION-Continued

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

Name.....

Address..... N/A

Contact person.....

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

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

Name (Maiden)	Birth Date	Address	Occupation
Father <u>VUONG NGO</u>		<u>8883 KINGSWOOD DR LV, NV 89147</u>	<u>RETIRED / DECEASED</u>
Mother <u>HOA HUYNH</u>		<u>8883 KINGWOOD DR LV NV 89147</u>	<u>SAM'S TOWN COOK - AIDE</u>
Father-in-Law <u>DAVID LY</u>		<u>2993 MILLICENT WAY PASADENA, CA 91107</u>	<u>RETIRED / CIVIL ENGINEER</u>
Mother-in-Law <u>VAN LY</u>		<u>2993 MILLICENT WAY PASADENA, CA 91107</u>	<u>RETIRED / TEACHER'S AID</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>HA NGO</u>		<u>8883 KINGSWOOD DR. LAS VEGAS, NV 89147</u>	<u>CASINO DETAILER</u>
Spouse <u>LAM TRAN</u>		<u>8883 KINGSWOOD DR. LAS VEGAS NV 89147</u>	<u>MECHANIC</u>
<u>HUNG NGO</u>		<u>6111 NGUYEN BICH HUONG DAKAO, QUAN1 VIETNAM</u>	<u>BUSINESS MAN</u>
Spouse <u>TRAY VO</u>		<u>5111 NGUYEN BICH HUONG DAKAO, QUAN1 VIETNAM</u>	<u>HOTEL HOST</u>
<u>HANG NGO</u>		<u>10 CHI MINH VIETNAM</u>	<u>BUSINESS WOMAN</u>
Spouse <u>KHUONG NGUYEN</u>		<u>10 CHI MINH VIETNAM</u>	<u>CONTRACTOR</u>
<u>HIEP NGO</u>		<u>1 ROOM 205, 1A-1B NGUYEN BICH HO CHI MINH VIETNAM</u>	<u>MECHANIC</u>
Spouse <u>THAO NGUYEN</u>		<u>01 ROOM 205, 1A-1B NGUYEN BICH HO CHI MINH VIETNAM</u>	<u>HOTEL HOST</u>

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School	<u>SAIGON, VIETNAM</u>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	<u>SAIGON, VIETNAM</u>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	<u>CSN</u>	<u>LAS VEGAS, NV 2002 - 2006</u>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any..... N/ACollege or university where obtained..... N/AApplicant's initial..... ML

5 MILITARY INFORMATION:

- A. Have you ever served in any armed forces? Yes ☐ No ☒

Branch _____ Date of entry-active service _____

Date of separation _____ Type of discharge _____

Rating at separation _____ Serial number _____

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

- B. Have you registered for the draft? Yes ☐ No ☒

County _____ State _____ Date registered _____

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

- A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency

- B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.
- C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒
- D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒
- E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒
- F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒
If yes, when? _____ city, county and state _____
- G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒
If yes when? _____ city, county and state _____
- H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
N/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 a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
 Yes ☐ No ☒ (Other than divorces)
 If yes, give details below. List all cases without exception, including bankruptcies:

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

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

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

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
2010 - PRESENT	746 A MEZZANINE VIEW AVE	LAS VEGAS	NV 89178
2007 - 2010	8883 KINGSWOOD DR.	LAS VEGAS	NV 89147
2005 - 2007	7665 GOLDEN LANTERN CRT	LAS VEGAS	NN 89139
2003 - 2005	4582 VERNEDA CRT	LAS VEGAS	NV 89147
1994 - 2003	8908 KENTSHIRE DR.	LAS VEGAS	NV 89148
1991 - 1994	3004 HAZY MEADOW LANE	LAS VEGAS	NV 89108

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
1997 - PRESENT	MGM CASINO 3799 LAS VEGAS BLVD. LAS VEGAS, NV 89109	HOTEL / CASINO still employed
Title	Description of Duties	Name of Supervisor
Cocktail waitress	Serve drinks,	GREG
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1994 - 1997	MAXIM CASINO / HOTEL 160 E. FLAMINGO RD. LAS VEGAS NV 89109	BETTER OPPORTUNITY
Title	Description of Duties	Name of Supervisor
Cocktail waitress	serve drinks	JIM
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1992 - 1994	ALADIN CASINO / HOTEL 3667 LAS VEGAS BLVD. LAS VEGAS NV 89109	BETTER OPPORTUNITY
Title	Description of Duties	Name of Supervisor
BUFFET WAITRESS	serve drinks + food	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial HL 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 FRED CONN	Home	2245 N. GREEN VALLEY PKWY #555 HENDERSON, NV 89014			---	15 years
Employer RETIRED	Business					
Name GODFREY BALA	Home	470 DELAMERE WAY HENDERSON, NV 89123			---	8 years
Employer	Business					
Name KERI BALA	Home	470 DELAMERE WAY HENDERSON, NV 89123			---	8 years
Employer VONS	Business	PHARMACY				
Name JULIE PHAM	Home	5341 SHARON MARIE CT LAS VEGAS NV 89118			---	16 years
Employer NAILS BY JULIE	Business					
Name JYY VO	Home	8464 BENIDORN AVE LAS VEGAS NV 89178			---	10 years
Employer REALTY ONE GROUP	Business	6475 S. RAINBOW BLVD #102 LAS VEGAS, NV 89118			---	

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 HL

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

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

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes ☐ No ☒

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒



Date of photograph 4/26/2012

Applicant's initial HL

STATE OF Nevada

SS.

COUNTY OF Clark

I, Hanh Ly, 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,

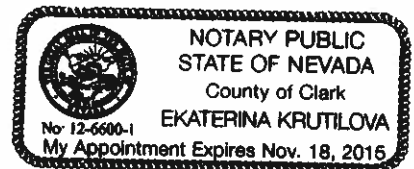
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their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

[Signature] 5/9/12
Original Signature of Applicant

Subscribed and Sworn to before me this 9th day of

May, 2012, by Ly, Hanh Ngo xxx

[Signature]
Notary Public



(seal)

Applicant's initial HL

[illegible]

Page 10

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 5/9/2012

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 NEW RETAIL PHARMACY
Nature of License
VIP PHARMACY 6875 RUSSELL RD STE A, LAS VEGAS NV 89118
Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

LY ROGER THI
Last Name First Name Middle Name

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

7469 MEZZANINE VIEW AVE LAS VEGAS NV 89178
Present Residence Address-Street or RFD City State/Zip

Pharmacist 2000 - PRESENT
Occupation Dates

Pharmacist 2000 - PRESENT
Occupation Dates

Phone:
Residence

Business

HUE, VIET NAM
Date of Birth Place of Birth (City, County, State)

40 MALE
Age Social Security Number Sex

BRWN BLK FAIR 140 SLIM 5'6"
Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics Chinese writing on right tricept.
lion on left shoulder blade

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

If naturalized, certificate No. Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

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

Applicant's initial RL

MARITAL INFORMATION-Continued

A. **Current Marriage** LAS VEGAS, CLARK, NV
 Date _____
 Spouse's full name (Maiden) HANH NGO City, County and State S.S. N
 Date of Birth 02-03-1973 Place of Birth SAIGON, VIETNAM
 Resident address 7469 MEZZANINE VIEW AVE LV NV 89178
 Street City State Zip
 Telephone: Residence _____ Business _____
 Spouse's employer MGM GRAND CASINO Occupation COCKTAIL WAITRESS
 Address of employer 3799 LAS VEGAS BLVD LAS VEGAS NV 89109
 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 PL

FAMILY INFORMATION-Continued

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

Name NA

Address _____

Contact person _____

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

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

Name (Maiden)	Birth Date	Address	Occupation
Father			
DAVID LY		2993 MILLICENT WAY PASADENA, CA 91107	CIVIL ENGINEER / RETIR
Mother			
VAN LY		2993 MILLICENT WAY PASADENA CA 91107	TEACHER'S AID / RETIRE
Father-in-Law			
VUONG NGO		8883 KINGSWOOD DR. LAS VEGAS, NV 89147	ELECTRICIAN / DECEASED
Mother-in-Law			
KOA HUYNH		8883 KINGSWOOD DR. LAS VEGAS, NV 89147	COOK AIDE

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
MICKI LY		461 KULAIWI DR. WAILUKU, HI 96793	PHYSICIAN
Spouse			
DOUG MEGLA		461 KULAIWI DR. WAILUKU, HI 96793	CPA
DAI LY		501 SPENCER CREST CT. CARY, NC 27513	ELECTRICAL ENGINEER
Spouse			
PHUONG LY		501 SPENCER CREST CT. CARY, NC 27513	CHEMICAL ENGINEER
KEITH LY		117 223 rd ST SE BOTHELL, WA 98021	PHYSICIAN
Spouse			
JACKE LY		6090 LA COSTA PL FONTANA CA 92336	PHARMACIST
Spouse			
JAMES STOVER		6090 LA COSTA PL FONTANA CA 92336	NETWORKER

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate	
Grammar School	WILSON	PASADENA, CA	1982-1985	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	JOHN MARSHALL FUND	PASADENA, CA	1985-1990	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College	UCI	IRVINE CA	1990-1995	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
University	UNM	ALB, NM	1996-2000	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any BS PharmD.College or university where obtained UCI UNMApplicant's initial KL

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
2006	37	HEALTH CARE FRAUD	LAS VEGAS, NV		FBI
1994	23	DROPPED	ORANGE, CA		PD
1992	21	DOMESTIC VIOLENCE	DOWNEY, CA		PD

- B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☐ If yes, furnish details on page 10.
- C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☒ No ☐
- D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☒ No ☐
- E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☒ No ☐
- F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒
If yes, when?.....city, county and state.....
- G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒
If yes when?.....city, county and state.....
- H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

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

N/A

Applicant's initial PL

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?

Yes ☒ No ☐ (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
PLAINTIFF	2008	DISTRICT COURT A534359	LAS VEGAS, CLARK, NV	2011

- 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
2010 - PRESENT	7469 MEZZANINE VIEW AVE,	LAS VEGAS	NV 89178
2007 - 2010	8883 KINGSWOOD DR.,	LAS VEGAS	NV 89147
2005 - 2007	7665 GOLDEN LANTERN CRT,	LAS VEGAS	NV 89159
2003 - 2005	9582 VERNEDA CRT,	LAS VEGAS	NV 89147
2000 - 2003	VIA SAN RAFAEL,	LAS VEGAS	NV
06/2000 - 09/2000	2993 MILLCENT WAY,	PASADENA	CA 91107
1996 - 2000	ALBUQUERQUE,	NEW MEXICO	
1985 - 1996	2993 MILLCENT WAY,	PASADENA	CA 91107

Applicant's initial h

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 6/09 - PRESENT	Name/Mailing Address of Employer/Business EVERGREENS DRUGS / PHARMACY 10000 S. EASTERN AVE HENDERSON NV 89052	Reason for Leaving Still employed
Title Pharmacist	Description of Duties Filled Rx, DUR, Counseled pt.	Name of Supervisor SEAN TRAN
Month and Year 1/10 - 3/11	Name/Mailing Address of Employer/Business KRI SOLUTION / JOB PLACEMENT 5785 CASTLE CREEK PKWY, INDIANAPOLIS IN 46250	Reason for Leaving NO ASSIGNMENTS
Title Temp Pharmacist	Description of Duties Filled Rx, DUR, Counseled Pt.	Name of Supervisor MEAGAN
Month and Year 6/08 - 12/09	Name/Mailing Address of Employer/Business Pharmacy Studios Solution PO BOX 370694, LV NV 89137	Reason for Leaving NO ASSIGNMENTS
Title Temp Pharmacist	Description of Duties DUR, Filled Rx, Counseled Pt.	Name of Supervisor LAWRENCE COLEMAN
Month and Year 04 - 08	Name/Mailing Address of Employer/Business NATIONAL ELITE ADVERTISING 1665 GOLDEN LANTERN CRT, LV NV 89139	Reason for Leaving SOLD BUSINESS
Title MANAGER	Description of Duties DESIGN AND PROMOTE DIGITAL ADVERTISING	Name of Supervisor ROGER LY
Month and Year 04 - 05	Name/Mailing Address of Employer/Business K-MART PHARMACY VARIOUS LOCATION LV, NV	Reason for Leaving Rx LICENSING ISSUES
Title Floating Rph	Description of Duties DUR, Filled + checked Rx, Counseled Pt	Name of Supervisor JOE HAND
Month and Year 01 - 04	Name/Mailing Address of Employer/Business VONS PHARMACY HENDERSON, NV	Reason for Leaving QUIT
Title Pharmacist	Description of Duties DUR, Filled + checked Rx, Counseled Pt	Name of Supervisor ROY SAKO
Month and Year 98 - 00	Name/Mailing Address of Employer/Business UNIVERSITY HOSPITAL PHARMACY ABQ, NM	Reason for Leaving GRADUATED
Title Pharmacy Intern	Description of Duties Filled Rx, Counseled Pt	Name of Supervisor Abby
Month and Year 97 - 99	Name/Mailing Address of Employer/Business Victor's Pharmacy ABQ, NM	Reason for Leaving GRADUATED
Title Pharmacy Intern	Description of Duties Filled Rx, Counseled Pt	Name of Supervisor VICTOR

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial RL 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>FRED CONN</u>	<u>2245 N. GREEN VALLEY AVE</u>	<u>HENDERSON</u>	<u>NV</u>	<u>89014</u>		<u>8 years</u>
Employer <u>RETIRED</u>	Business					
Name <u>GODFREY BALA</u>	<u>470 DELAMERE WAY</u>	<u>HENDERSON</u>	<u>NV</u>	<u>89123</u>		<u>10 years</u>
Employer	Business					
Name <u>KERI BALA</u>	<u>470 DELAMERE WAY</u>	<u>HENDERSON</u>	<u>NV</u>	<u>89123</u>		<u>10 yrs</u>
Employer <u>VONS</u>	Business					
Name <u>BERNAN NGUYEN-SWAN</u>	<u>13561 MONTAGUE ST</u>	<u>ARTESIA</u>	<u>CA</u>	<u>91331</u>		<u>22 years</u>
Employer <u>WARNER BROS.</u>	Business					
Name <u>LARRY ESPADERO</u>	<u>5900 W. ROCHELLE AVE</u>	<u>LV</u>	<u>NV</u>	<u>89103</u>		<u>6 years</u>
Employer <u>MONTE VISTA HOSPITAL</u>	Business					

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☒
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users

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

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

Yes ☒ No ☐

If yes, state type, where and years held

NEW MEXICO BOP 2000 - 2006

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 KE

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:

NEW MEXICO, ALBUQUERQUE 2006 DID NOT PASS MPJE
IN ALLOTTED TIME FRAME

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☒ No ☐

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes ☐ No ☒

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒



Date of photograph 4/21/2012

Applicant's initial M

STATE OF Nevada

ss.

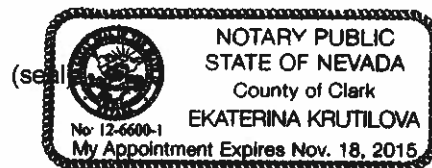
COUNTY OF Clark

I, ROGER LY, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

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

[Signature]
Original Signature of Applicant

Subscribed and Sworn to before me this 9th day of May 2012, by Roger Thi
[Signature]
Notary Public



Applicant's initial RL

ADDITIONAL INFORMATION

2006: I DIVERTED OXYCONTIN + LORTAB FOR MY PERSONAL ADDICTION. SINCE THEN, I HAVE BEEN DISCIPLINED BY THE BOARD, RECOVERED THROUGH PNW WITH LARRY ESPADERO, TAKEN RESPONSIBILITY FOR MY ACTIONS. I HAVE GROWN AND MATURE SPIRITUALLY AND MENTALLY FROM MY ACTIONS. I NOW HAVE MY PHARMACIST LICENSE BACK AND WILL NOT DO ANYTHING TO JEOPARDIZE A SECOND CHANCE THE BOARD HAS GIVEN ME.

1994: CITY OF ORANGE PD DROPPED THE CHARGE AGAINST ME IN REGARD TO POLICE BATTERY. THE OFFICER WAS FOUND AT FAULT FOR ATTACKING ME DUE TO RACIAL TARGETING. ALL CHARGE WAS DROPPED.

1992: CITY OF DOWNNEY, CA. I WAS CHARGED WITH DOMESTIC VIOLENCE FOR GETTING INTO A PHYSICAL CONFRONTATION WITH THE SECURITY OFFICER. I WAS YOUNG AND CHILDISH. I WENT TO DOMESTIC VIOLENT COUNSELING FOR 1 YEAR AS A RESULT OF MY FOOLISH ACTION.

Blank

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

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

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

Application must be printed legibly or typed

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Auro Pharmacies, Inc. DBA Central Drugs
Physical Address: 520 W. La Habra Blvd.
Mailing Address: Same as above
City: La Habra State: CA Zip Code: 90631
Telephone: 562. 691-6754 Fax: 562. 694-3869
Toll Free Number: 877-447-7077 (Required per NAC 639.708)
E-mail: nayan@centraldrugsrx.com Website: www.centraldrugsrx.com
Managing Pharmacist: Nayan Patel License Number: 48867

Hours of Operation:

Monday thru Friday 9 am 6 pm Saturday 9 am 2 pm
Sunday Closed am _____ pm 24 Hours N/A

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 checked="" type="checkbox"/> Parenteral (outpatient) <input type="checkbox"/> Outpatient/Discharge <input type="checkbox"/> Mail Service <input type="checkbox"/> Long Term Care
---	---

APPLICATION FOR OUT-OFSTATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Print Name of Authorized Person

Date

Board Use Only

Received:

MAY 10 2012

Amount:

500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: CA
Parent Company if any: NTA
Corporation Name: Auro Pharmacies, Inc. DBA Central Drugs
Mailing Address: 520 W. La Habra Blvd.
City: La Habra State: CA Zip: 90631
Telephone: 562-691-6754 Fax: 562-694-3869
Contact Person: Nayan Patel

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a)	<u>Nayan Patel</u>	<u>18939 Bechard Place, Cerritos, CA 90703</u>
	Name	Address
b)	<u>Yogesh Patel</u>	<u>16607 Dimin Ave., Cerritos, CA 90703</u>
	Name	Address
c)	<u>Asimvin Patel</u>	<u>11017 Brigantine St., Cerritos, CA 90703</u>
	Name	Address
d)		
	Name	Address

2) Provide the number of shares issued by the corporation. 10,000
3) What was the price paid per share? \$1.00
4) What date did the corporation actually receive the cash assets? 8/7/99
5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: N/A %: _____
Name: _____ %: _____

Include with the application for a non publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months. (SEE ATTACHED)

List of officers and directors (SEE ATTACHED)

CORPORATE STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Nayan Patel
Responsible Person of Auro Pharmacies, Inc. DBA Central Drugs
hereby acknowledge and understand that in addition to the corporation's, any owner(s),
shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy
law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s)
or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a
pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s)
or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision
of any local, state or federal laws or regulations pertaining to the practice of pharmacy.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Nayan Patel
Print Name of Authorized Person

04/30/12
Date



California State Board of Pharmacy
1625 N. Market Blvd, N219, Sacramento, CA 95834
Phone: (916) 574-7900
Fax: (916) 574-8618
www.pharmacy.ca.gov

STATE AND CONSUMER SERVICES AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GOVERNOR EDMUND G. BROWN JR.

April 9, 2012

CENTRAL DRUGS
520 W. LA HABRA BLVD
LA HABLA, CA 90631

California State Board of Pharmacy License Verification

This document reflects the license status of the person or entity identified below on this date with the California State Board of Pharmacy. It may be used as prima facie evidence of the facts recited below pursuant to California Business and Professions Code section 162.

Licensee Name: CENTRAL DRUGS

License Type: PHARMACY

License Number: PHY 49146

Status: ACTIVE

Issue Date: 08/21/08

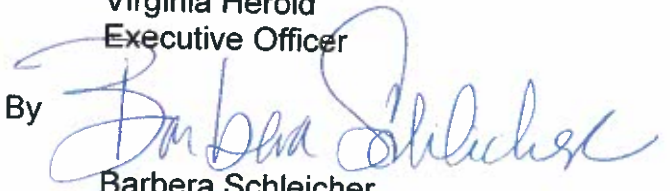
Expiration Date: 08/01/12

Address of Record: 520 W. LA HABRA BLVD LA HABLA, CA 90631

Disciplinary Action: NO RECORD OF DISCIPLINARY ACTION

Virginia Herold
Executive Officer

By


Barbera Schleicher
Public Inquiry Analyst
(916) 574-7922

Barbera.Schleicher@dca.ca.gov

Blank

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

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

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

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

GENERAL INFORMATION

Pharmacy Name: Pallimed Solutions, Inc.

Physical Address: 400 West Cummings Park Suite 1050

Mailing Address: same as above

City: Woburn State: MA Zip Code: 01801

Telephone Number: 781-937-3344 Fax Number: 781-937-3388

Toll Free Number: 877-592-5051 (Required per NAC 639.708)

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

Managing Pharmacist: James E. Nahill License Number: PH21521

Hours of Operation:

Monday thru Friday 8 am 7 pm Saturday by appt. only am pm
Sunday n/a am n/a 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: FEB 28 2012 Amount: 500.00 Entity: 59353 1

APPLICATION FOR OUT-OFSTATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.



Original Signature of Person Authorized to Submit Application, no copies or stamps

JAMES NAKHLE

Print Name of Authorized Person

2/22/2012

Date

Board Use Only

Received: _____

Amount: _____

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.


Original Signature of owner or executive officer, no stamps or copies


Date

James E. Nahill president
Print or Type name and title

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: Massachusetts

Parent Company if any: _____

Corporation Name: Pallimed Solutions, Inc.

Mailing Address: 400 West Cummings Park suite 1050

City: Woburn State: MA Zip: 01801

Telephone: 781-937-3344 Fax: 781-937-3388

Contact Person: James F. Nahill

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

Date of Incorporation: 11/28/2006

Registration number issued: 000938282

Stock Exchange: _____

Include with the application for a publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors.

James Nahill - President

James Nahill - Treasurer

James Nahill - Secretary

CORPORATE STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, James E. Nahill

Corporate Officer of Pallimed Solutions, 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.


Original Signature

2/22/2012
Date

CORPORATE STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, James E. Nahill

Responsible Person of Pallimed Solutions, Inc.

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.


Original Signature of Person Authorized to Submit Application, no copies or stamps

JAMES E. NAHILL
Print Name of Authorized Person

2/22/2012
Date

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR AUTHORITY TO DISPENSE DRUGS

Registration Fee: \$300.00 (non-refundable money order or cashier's check only)

New Dispensing Location ☒

Address Change ☐ (Requires Fee and New Application)

Do you, as a dispensing practitioner or in conjunction only with other practitioners, wholly own your practice? ☐ Yes ☐ No

I will be dispensing ☐ controlled substances ☒ dangerous drugs or ☐ both. Must check a box.

If you dispense controlled substances, a controlled substance registration and DEA is required for the address listed on this application.

First: Jason Middle: Russell Last: Burke Degree: MD

Practice Name (if any): Hangover Heaven, LLC

Nevada Address: 3281 S. Highland Dr. Suite 806 Suite #: 806
(This must be a practicing Nevada address, we will not issue a license to a home address or to a PO Box only)

PO Box: _____ SS#: _____ Sex: ☒ M or ☐ F

E-mail address: _____ Date of Birth: _____

City: Las Vegas State: NV Zip Code: 89109

Nevada Work Telephone: 702-808-5983 Nevada Fax: 702-541-9944

Practitioner License Number: 9779 Specialty: Anesthesiology

You must be licensed with your respective BOARD before we will process this application.

Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	Yes	No
1. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Been the subject of an administrative action whether completed or pending in <u>any</u> state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If you marked YES to any of the numbered questions (1-3) above, include the following information & provide documentation:

Board Administrative Action:	State	Date:	Case #:
		/ /	

Criminal Action:	State	Date:	Case #:	County	Court
		/ /			

The undersigned practitioner, licensed to practice his or her profession in the State of Nevada, applies to the Board of Pharmacy for authorization to dispense, for profit, controlled substances or dangerous drugs or both, to his or her own patients, in the manner allowed and as required by Nevada and Federal law.

I hereby certify that the answers given in this application are true and correct to the best of my knowledge. I understand that the approval of this application provides me alone with the authority to dispense controlled substance or dangerous drugs or both to my own patients at the address stated on the application. I further understand that I may not delegate this authority to any other person. I further agree to abide by all statutes, rules or regulations governing practitioner dispensing and understand that a violation of any such statute, rules or regulations may be grounds for suspension or revocation of this permit of authorization.

Original Signature, no copies or stamps accepted.

Date

Board Use Only

Received:

MAR 26 2012

Amount:

300.00

Entity#

59605

TEMPORARY LICENSES
(Issued since last board meeting)

Walgreens

Sandra Le
Bang Le

Blank

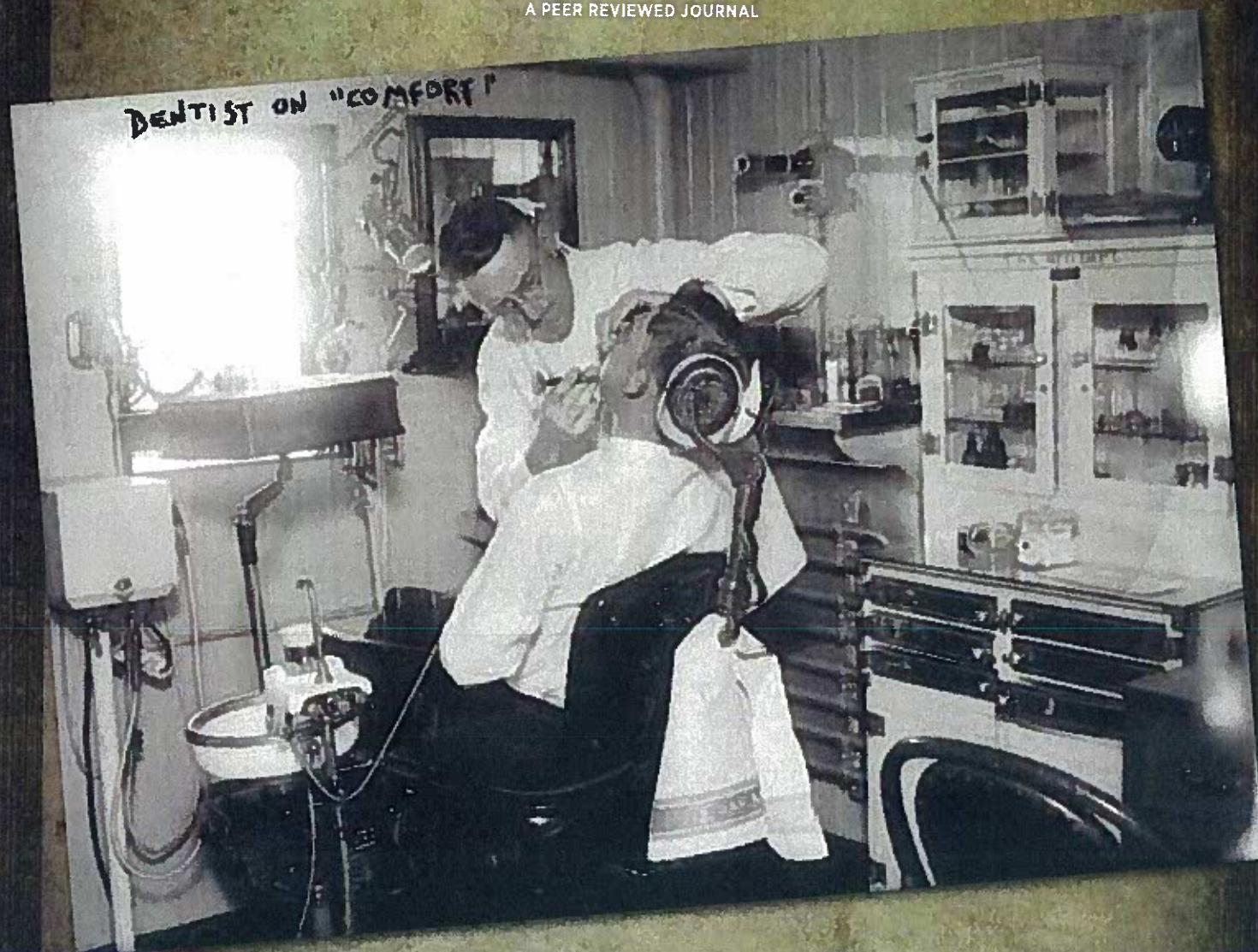
SPRING 2012

VOLUME 14, ISSUE 1

NDA JOURNAL

OFFICIAL MAGAZINE OF THE NEVADA DENTAL ASSOCIATION AND COMPONENT SOCIETIES

A PEER REVIEWED JOURNAL



"Dentist on 'Comfort'" New York City, mid-1920s, Bain News Service, publisher

“Administer” or “Dispense” a Medication— *What’s the Difference?*

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

The Nevada State Board of Pharmacy is often queried by practitioners about the “dispensing” of medication to their patients. The ensuing discussions frequently often reveal confusion as to just what “dispensing” actually means, as practitioners may interchange “administering” and “dispensing.” In actuality, the two acts are completely different, one (dispensing) requiring a license from the Board of Pharmacy. To clarify:

1. The act of “administering” a medication to a patient in your office is perfectly legal; within your scope of practice; and requires no special licensure.
2. The act of “dispensing” a medication from your office to a patient for his or her self-administration away from your office requires registration with the Board of Pharmacy because you are now acting as a pharmacy by dispensing, not prescribing for a pharmacy to dispense, and must abide by rules that mimic requirements for a Nevada pharmacy:
 - a. You must hold a “dispensing practitioner” license.
 - b. Your dispensing site needs a pre-opening inspection by a Pharmacy Board Inspector and will be inspected annually thereafter.
 - c. You must properly store and secure your stock.
 - d. You must properly label anything dispensed as does a pharmacy.
 - e. You must dispense in a “child proof container” as does a pharmacy (the “little brown envelope” of the past is unacceptable!).
 - f. You must personally counsel the patient as to the use of the medication, side effects, warnings, etc. as does a pharmacist.

- g. You must keep records as does a pharmacy.
- h. You must report your dispensing of any controlled substances to the Controlled Substance Prescription Abuse Prevention Task Force by computer.

The bottom line is that anything that walks out of your office that requires a prescription, which is indicated by an “Rx Only” on the label, is considered “dispensing” and would include such things as prescription toothpaste, chlorhexidine, and many fluoride preparations. OTC products, such as ibuprofen, are no problem. Whether you charge or not for a dispensed medication has no bearing. ♦

Any questions regarding the dispensing of prescription medications can be directed to Larry Pinson, Executive Secretary of the Board of Pharmacy, or to Carolyn Cramer, General Counsel, at 775-850-1440.

Editor’s Note: The NDAJ thanks Drs. Dwyte Brooks and John DiGrazia for bringing this issue to our attention.



Larry L. Pinson, Pharm. D., is the Executive Secretary to the Nevada State Board of Pharmacy. He can be reached at 775-850-1440.





NRS 639.23507—Rx Check...

NRS 639.23507

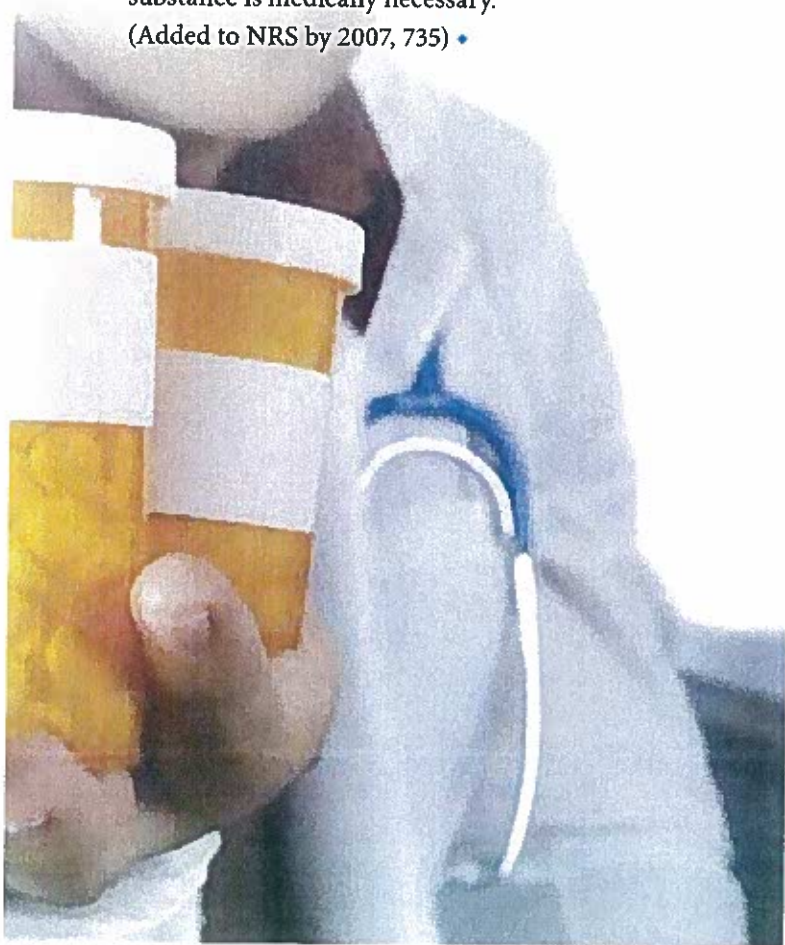
Patient utilization report required before writing prescription for controlled substance.

A practitioner shall, before writing a prescription for a controlled substance listed in schedule II, III or IV for a patient, obtain a patient utilization report regarding the patient for the preceding 12 months from the computerized program established by the Board and the Investigation Division of the Department of Public Safety pursuant to NRS 453.1545 if the practitioner has a reasonable belief that the patient may be seeking the controlled substance, in whole or in part, for any reason other than the treatment of an existing medical condition and:

1. The patient is a new patient of the practitioner; or
2. The patient has not received any prescription for a controlled substance from the practitioner in the preceding 12 months.

The practitioner shall review the patient utilization report to assess whether the prescription for the controlled substance is medically necessary.

(Added to NRS by 2007, 735) •



Editor's Note: The NDAJ took advantage of Pharmacy Issue I in this issue to query Dr. Pinson about NRS 639.23507, thus generating the following e-mail correspondence. Also, the NDAJ is on record supporting Dr. Pinson's feeling that dentists would be well-served by accessing the PMP databank.¹

In addition, as noted in the Editor's e-mail below, and in "A Good Rx," there are frequently errors in government databases and doctors are likely not indemnified when relying on such faulty data.

February 3, 2012

Dear Dr. Pinson,

How would you interpret NRS 639.23507? For instance, if a dentist performs surgery that will predictably result in post-operative pain, is he/she mandated to access the databank, or does the treatment legitimize the Rx? No matter what the databank says (which may or may not be accurate), is it appropriate to deny a patient an Rx for a painful procedure because the patient may coincidentally be listed in the databank?

Thank you,
Dan Orr

February 3, 2012

Dear Dr. Orr,

In response to your question, I am no attorney, however my take is one of common sense (whatever that is) which would absolutely allow a dentist to treat the pain post painful procedure, regardless of what the PMP reports. Note the verbiage states "a reasonable belief that the patient may be seeking the controlled substance...for any reason other than the treatment of an existing medical condition." It then goes on to talk about "medical necessity." The procedure just completed would be the "existing medical condition" and the treatment of pain certainly a "medical necessity," so I am not feeling that accessing the database would be mandated. Having said that, I do feel that having the PMP data would be helpful to the practitioner regardless; knowing the "narcotic naivety" of your patient often dictates how you will deal with that patient's pain.

Larry L. Pinson, Pharm. D.

Endnotes

¹. Orr, DL, "A Good Rx," NV Dent Assn J, 12:2, Summer 2010, pp 4-5.

Blank

FW: Thank you!

Pharmacy Board

Sent: Wednesday, April 25, 2012 4:25 PM

To: LARRY L. PINSON

Nice to hear.

Candy Nally
Licensing Specialist
Nevada State Board of Pharmacy

From: Adam J. Frerichs [adam.frerichs@gomedsupply.net]
Sent: Wednesday, April 25, 2012 3:43 PM
To: Pharmacy Board
Subject: Thank you!

Dear Nevada State Board of Pharmacy,

After dealing with the California bureaucratic system for the last 10 years, it is very refreshing to work with a system that is fast, easy to access and uses common sense in handling customer requests. It almost makes me want to move to Las Vegas!

Thank you to the people in the Nevada State Board of Pharmacy for all your help and getting MedSupply through your system as an out-of-state medical device company!

Sincerely,

Adam

Adam J. Frerichs
Chief Executive Officer
MedSupply
5850 E. Shields Avenue, Suite 105
Fresno, CA 93727-8072

tel: 559.292.1540
fax: 559.292.1539
toll-free: 1.800.889.9081
cell: 559.696.9356
adam.frerichs@gomedsupply.net

Blank



Nevada State Board of Pharmacy

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

NEVADA STATE BOARD OF PHARMACY

ACTIVITIES REPORT

APRIL 18 & 19, 2012 BOARD MEETING HELD IN LAS VEGAS, NEVADA

This report is prepared and presented to keep interested legislators and others abreast of the activities of the Nevada State Board of Pharmacy. Following is a summary of the April, 2012 Board meeting.

Licensing Activity:

- 70 licenses were granted for Out-of-State MDEG (Medical Devices, Equipment and Gases) companies.
- 21 licenses were granted for Out-of-State pharmacies.
- 16 licenses were granted for Out-of-State wholesalers.
- 2 licenses were granted for Nevada wholesalers
- 6 licenses were granted for a Nevada pharmacy (pending inspection).
- 2 licenses were granted for a Nevada MDEG company (pending inspection).
- 1 pharmacist registration by examination was denied due to issues leading to revocation in California.
- 2 pharmaceutical technician registration reinstatements were denied due to the failure of the applicants to appear.
- 1 registration for a controlled substance license for a PA was granted after appearance and assurance of knowledge of the law.

Disciplinary Action:

- Three pharmaceutical technicians were revoked for diversion of controlled substances.
- Pharmacist MB and pharmacy PC & managing pharmacist TB were ordered into "Your Success Rx"; put on probation; ordered into sterile technique training & fined due to the dispensing of non-sterile calcium gluconate injectable injuring 9 patients. Pharmacist KC was revoked for his part in the case.
- Pharmacist JW was ordered a letter of reprimand for dispensing a medication from an incorrectly filled Baker Cell.

Other Activity:

- The usual Board business reports were given, including recent and future speaking engagements.
- A discussion was held on the counseling on OTC medications by pharmacy technicians and clerks.
- A discussion was held on the seemingly endless diversion of controlled substances by pharmacy technicians resulting in the formation of a working group comprised of representatives from industry, the Board, loss prevention personnel, law enforcement, and wholesalers to address this problem.

Workshop:

- A. **Amendment of Nevada Administrative Code 639.753**
Declination of pharmacist to fill prescription.
- B. **Amendment of Nevada Administrative Code 639.7105**
Electronic transmission of prescriptions listed in schedule II.

Public Hearing:

Amendment of Nevada Administrative Code 453.510 Schedule I. Because of abuse of un-regulated products containing synthetic cannabinoids being sold in head shops, law enforcement has requested that the Board of Pharmacy to schedule AM-2201, JWH-081, JWH-122, JWH-250, JWH-210 and AM-694 to Schedule 1.