

January 3, 2013

AGENDA

◆ PUBLIC NOTICE ◆

NEVADA STATE BOARD OF PHARMACY

BOARD MEETING

at the

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

Wednesday, January 16, 2013 – 9:00 am

Thursday, January 17, 2013 – 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 December 5-6, 2012, Minutes for Possible Action
3. Applications for Out-of-State Pharmacy – Non Appearance for Possible Action:
 - A. Advantage Pharmacy LLC – Hattiesburg, MS
 - B. Bluegrass Pharmacy of Lexington – Lexington, KY
 - C. Brighton Pharmacy – Tempe, AZ
 - D. Eagle Pharmacy – Lakeland, FL
 - E. Longhorn Health Solutions – Austin, TX
 - F. Neighborhood Pharmacy – Woburn, MA
 - G. Northern New England Compounding Pharmacy – Littleton, NH
 - H. Plaza Pharmacy Inc. – Coral Springs, FL
 - I. Rx Pro Pharmacy & Compounding, Inc. – Hallandale, FL
 - J. Solara Medical Supplies – Imperial Beach, CA
 - K. World Health Industries, Inc. – Jackson, MS

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

- L. Aberdeen Medical Services, Inc. – Mt. Laurel, NJ
- M. Advanced Bionics, LLC – Valenica, CA
- N. AllParts Medical, LLC – Nashville, TN
- O. Baxter Healthcare Corporation – Earth City, MO
- P. Baxter Healthcare Corporation – Englewood, CO
- Q. Baxter Healthcare Corporation – Englewood, CO
- R. Baxter Healthcare Corporation – Ontario, CA
- S. Baxter Healthcare Corporation – Medina, NY
- T. Blackstone Medical Services, LLC – Tampa, FL
- U. CPAP Supply USA LLC – Clearwater, FL
- V. EZ Mobility Durable Medical Equipment & Supplies – Riverside, CA
- W. Fresenius Medical Care North America – Walnut Creek, CA
- X. MRB Acquisition Corp. – Ft Lauderdale, FL
- Y. National Seating & Mobility, Inc. – Murray, UT

- Z. National Seating & Mobility, Inc. – Sacramento, CA
- AA. Phillips Healthcare – Andover, MA
- BB. Phillips Healthcare – San Diego, CA
- CC. Philips Ultrasound, Inc. – Bothell, WA
- DD. Praxair Distribution Inc. – Phoenix, AZ
- EE. Praxair Distribution Inc. – Salt Lake City, UT
- FF. Respironics California Inc. – Carlsbad, CA
- GG. Respironics Novamatrix, LLC – Wallingford, CT
- HH. Spectrum Diabetic Services LLC – Jackson, MI
- II. THI Advantage DME, LLC – Sparks, MD
- JJ. Visicu, Inc. – Baltimore, MD

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

- KK. Aegerion Pharmaceuticals – Cambridge, MA
- LL. Amneal Agila, LLC – Glasgow, KY
- MM. Amylin Ohio, LLC – Hamilton, OH
- NN. AndersonBrecon Inc. – Rockford, IL
- OO. Baxter Healthcare Corporation – Hayward, CA
- PP. Cardinal Health 200, LLC – Buford, GA
- QQ. Cardinal Health 200, LLC – Grand Prairie, TX
- RR. Cardinal Health 200, LLC – Montgomery, NY
- SS. Cardinal Health 200, LLC – Olive Branch, MS
- TT. Cardinal Health 200, LLC – Waukegan, IL
- UU. Medical Action Industries, Inc. – Arden, NC
- VV. Medline Industries, Inc. – Tolleson, AZ
- WW. Patterson Logistics Services, Inc. – South Bend, IN
- XX. Sage Products, LLC – Cary, IL
- YY. SkinMedica, Inc. – Carlsbad, CA
- ZZ. Tech-Med Services, Inc. – Smithtown, NY
- AAA. Western Stockmens – Caldwell, ID

Application for Nevada MDEG – Non Appearance for Possible Action:

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

Application for Nevada Pharmacy – Non Appearance for Possible Action:

- CCC. Spring Valley Surgery Center – 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. Jaime Cordoba Hernandez, R.Ph (12-056-RPH-S)
- B. Chanice Newcomer, R.Ph (11-113-RPH-S)
- C. Walgreens Pharmacy #04197 (11-113-PH-S)

- D. Gerry W. Johnson Jr, PT (12-041-PT-S)
E. Cindy Orwick, PT (12-047-PTS)
5. Progress Report for Pharmaceutical Technician in Training License – Appearance for Possible Action:
Shari A. Challis
6. Approval Request – Appearance for Possible Action:
Dynamex
7. Applications for Nevada Pharmacy – Appearance for Possible Action:
A. Advanced Home Infusion – Las Vegas
B. The Desert Hope Center – Las Vegas
C. Total Infusion Care – Henderson
8. Applications for Nevada MDEG – Appearance for Possible Action:
A. Prosthetic Consulting Technologies – Washoe Valley
B. Sleep Medicine Associates – Sparks
9. Approval Request for Removal of Probation Status – Appearance for Possible Action:
Hale’s Pharmacy – Reno
10. Application for Practitioner Dispensing Registration – Appearance for Possible Action:
Sean Su, MD
11. Presentation of the Bowl of Hygeia Award for Possible Action:
Joseph R. Kellogg, R.Ph
12. Approval Request for Automated Dispensing Machine – Appearance for Possible Action:
Talyst – Mark Sneller
13. Applications for Out-of-State Pharmacy – Appearance for Possible Action:
A. American Specialty Pharmacy – Plano, TX
B. Infusion Innovations – Salt Lake City, UT
C. Kabafusion – Norwalk, CA
D. TriadRx Inc. – Daphne, AL
E. University Compounding Pharmacy – San Diego, CA

14. Discussion and Determinations for Possible Action:
 - A. Delivery of Prescriptions
 - B. Compounding Pharmacies
15. Election of Officers for Possible Action
16. General Counsel Report for Possible Action
17. Executive Secretary Report for Possible Action:
 - A. Financial Report
 - B. Temporary Licenses
 - C. Staff Activities
 1. Presentations: NVSHP, Dental Board, Drug Summit
 - D. Reports to Board
 1. NRS 233B.050
 2. FDA Meeting
 - E. Board Related News
 1. Canadian Pharmacies
 - F. Activities Report

PUBLIC HEARING for Possible Action

Thursday, January 17, 2013 – 9:00 am

18. Notice of Intent to Act Upon a Regulation for Possible Action:
 - A. **Amendment of Nevada Administrative Code 453.510 Schedule I**
Because of abuse or un-regulated products containing synthetic cannabinoids, law enforcement has requested that the Board of Pharmacy add additional compounds to Schedule I.
 - B. **Amendment of Nevada Administrative Code Use of mechanical counting device for dispensing medications to be taken orally.** This amendment will require a pharmacist to fill mechanical dispensing devices and maintain records for two years to ensure the correct medication is in the appropriate section of the dispensing device.
19. Next Board Meeting:

March 6-7, 2013 – Reno
20. 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 Shirley Hunting 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	Nevada Board of Pharmacy – Reno & Las Vegas
Washoe County Courthouse – Reno	Mineral County Courthouse – Hawthorne

BOARD MEETING

at the

Hyatt Place
1790 E Plumb Lane
Reno

December 5 & 6, 2012

CONSENT AGENDA

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 Shirley Hunting Carolyn Cramer Keith Marcher

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)

December 5, 2012

There was no public comment.

2. Approval of October 17-18, 2012, Minutes for Possible Action

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

- A. Arrow Pharmacy & Nutrition Center – Farmington, CT
- B. Express Plus Pharmacy, Inc. – Davie, FL
- C. Harbor Compounding Pharmacy – Costa Mesa, CA
- D. HZRX – Beaver, UT
- E. IHC Health Services, Inc. – Salt Lake City, UT
- F. Infinity Compounding Solutions, LLC – Fayetteville, AR
- G. Lifecheck Drug #19 – Houston, TX
- H. Manifest Pharmacy – Greenville, SC
- I. Physician Choice Pharmacy – Sunrise, FL
- J. P.J.'s Prescription Shoppe – San Diego, CA
- K. Restore Rx, Inc. – Brunswick, TN
- L. River Crossing Pharmacy – New Port Richey, FL
- M. Sinus Dynamics Pharmacy – Westlake Village, CA
- N. St. Louis Hills Pharmacy LLC – St Louis, MO
- O. University Compounding Pharmacy – San Diego, CA

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

- P. 180 Medical Inc. – Oklahoma City, OK
- Q. Allstate Medical Equipment Inc. – Simi Valley, CA
- R. American Medical Co-op, LLC – Franklin, TN
- S. Apria Healthcare Inc. – Tooele, UT
- T. Cameron Health, Inc. – San Clemente, CA
- U. Fiber-Tech Manufacturing, Inc. – San Diego, CA
- V. Innovative Medical Solutions Experts, LLC – Mansfield, TX
- W. Invivo Corporation – Gainesville, FL
- X. Invivo Corporation – Gainesville, FL
- Y. LogiMedix – Davie, FL
- Z. MedBridge Home Medical – Greenville, SC
- AA. Medtronic Inc. – Minneapolis, MN
- BB. National Durable Medical Equipment – Midvale, UT
- CC. Outpatient Infusion Systems, Inc. – Alpharetta, GA

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

- DD. AbbVie US LLC – North Chicago, IL
- EE. APL Logistics Warehouse Mgt Services Inc. – Grand Prairie, TX
- FF. Cardinal Health 200, LLC – Chandler, AZ
- GG. Hercon Pharmaceuticals, LLC – Emigsville, PA
- HH. Medical Purchasing Solutions LLC – Scottsdale, AZ
- II. OHL – Joliet, IL
- JJ. PharmaLink, Inc. – Largo, FL
- KK. Respironics, Inc. – Youngblood, PA
- LL. Rising Pharmaceuticals, Inc. – Allendale, NJ

- MM. Selix Pharmaceuticals, Inc. – Raleigh, NC
- NN. Southern Anesthesia & Surgical, Inc. – West Columbia, SC
- OO. UPS Supply Chain Solutions, Inc. – Louisville, KY
- PP. Valley Wholesale Drug Co. – Stockton, CA

Applications for Nevada Pharmacy – Non Appearance for Possible Action:

- QQ. CBAS Pharmacy – Las Vegas
- RR. Pahrump Valley Pharmacy LLC – Pahrump
- SS. Wal-Mart Pharmacy 10-5864 – Gardnerville

Discussion:

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

Second: Jack Dalton

Action: Passed Unanimously.

Discussion:

President Foster noted that items 3 O and 3 Z of the Consent Agenda have been pulled from the agenda and continued to the January meeting.

The consent agenda applications and supporting documents were reviewed.

Jack Dalton recused from participation of item 3 SS of the Consent Agenda due to his employment with Walmart.

Board Action:

Motion: Jody Lewis found the consent agenda application information to be accurate and complete and moved for approval excluding items 3 O, 3 Z and 3 SS.

Second: Kirk Wentworth

Action: Passed Unanimously.

Motion: Russ Smith moved to approve item 3 SS.

Second: Kam Gandhi

Action: Passed Unanimously

REGULAR AGENDA

4. Discipline for Possible Actions.

- A. Sieu Long, R.Ph (12-050-RPH-N)
- B. Scolari's Pharmacy #26 (12-050-PH-N)

President Foster recused from participation in this matter due to her prior knowledge of this case. Kirk Wentworth presided over this case in her place.

Kam Gandhi recused from participation in this matter due to his friendship with David Chan.

Sieu Long and David Chan appeared and were sworn by Kirk Wentworth prior to answering questions or offering testimony.

Carolyn Cramer presented a Stipulated Agreement regarding Ms. Long and Scolari's Pharmacy #26 for the Board's consideration. Ms. Long admits to the First Cause of Action regarding incorrect dosing instructions for a prescription written for levofloxacin 500 mg. tablets to take one tablet daily but was mislabeled to take two tablets daily. Scolari's Pharmacy admits to the allegations in the Second Cause of Action that the pharmacy's data entry policy needed to be amended requiring all data entry staff (pharmacist or pharmacy technician) be responsible for all tasks completed with his or her biometric identity. Scolari's Pharmacy admits to the allegations in the Third Cause of Action in owning and operating the pharmacy in which the mislabeled prescription occurred. Ms. Long's pharmacist license shall be placed on probation for one year. Ms. Long will enroll and participate in the pharmacist remediation program, Your Success Rx, at her own expense. Ms Long will pay a fine of \$250 within 90 days. Scolari's will pay a fine of \$500 within 90 days.

Ms. Cramer informed the Board that the pharmacist intern and pharmaceutical technician involved with the processing of the mislabeled prescription were both subpoenaed to appear before the Board. She noted that the pharmaceutical technician was in attendance and that the pharmacist intern was not present.

Board Action:

Motion: Russ Smith moved to accept the Stipulated Agreement as presented.

Second: Cheryl Blomstrom

Action: Passed Unanimously

- C. Elbion Estrin, R.Ph (12-015-RPH-N)

Carolyn Cramer noted that Mr. Estrin was not present.

Board Action:

Motion: Russ Smith moved to continue this matter to the March meeting.

Second: Kam Gandhi

Action: Passed Unanimously

D. Anteneh Woldetsadik, R.Ph (11-042-RPH-S)

Anteneh Woldetsadik appeared and was sworn by President Foster prior to answering questions or offering testimony.

Jody Lewis recused from participation in this matter due to her employment with CVS.

Carolyn Cramer presented a Stipulated Agreement regarding Mr. Woldetsadik for the Board's consideration. She reminded the Board that Mr. Woldetsadik accepted full responsibility for the violation and Staff dismissed the charges against CVS #8780 in the Second and Third Causes of Action at the July meeting. Mr. Woldetsadik admits to the allegations in the First Cause of Action that he verified and dispensed a prescription written for Xanax 1 mg. tablets with directions to take one 0.5 mg. tablet twice a day with incorrect dosing instructions to take one tablet twice a day. Mr. Woldetsadik will pay a fine of \$1,000 within 90 days and be required to take a continuing education class on error prevention. The Second Cause of Action is dismissed in exchange for the plea.

Board Action:

Motion: Cheryl Blomstrom moved to accept the Stipulated Agreement as presented.

Second: Russ Smith

Action: Passed Unanimously

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

Superior Biologics NV, Inc. – Las Vegas

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

Ms. Dumais explained that Superior Biologics specializes in IVIG and factor products and will not be doing any type of compounding. They have partnered with a home health care facility and will coordinate services with the physician through the facility. Products will be ordered as prescribed by a physician for a specific patient.

Board Action:

Motion: Kam Gandhi moved to approve the application for Superior Biologics.

Second: Russ Smith

Action: Passed Unanimously

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

A. Advanced Pharma Incorporated – Houston, TX

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

Mr. Bourjois explained that Advanced Pharma is an outsourcing partner offering parenteral products to hospital pharmacies. Products are shipped based on a hospital order. Each dose is assigned a unique identifier and the hospital is responsible for assignment to the patient. Advanced Pharma is licensed in Texas with the Board of Pharmacy and FDA as a manufacturer.

Ms. Cramer noted that manufacturing and selling products in bulk requires an out-of-state pharmacy to apply as a wholesaler. The application submitted by Advanced Pharma indicated out-of-state pharmacy providing parenteral services and she recommended they amend the application and resubmit as a wholesaler.

Board Action:

Motion: Russ Smith moved to continue this matter until an updated application has been submitted.

Second: Kam Gandhi

Action: Passed Unanimously

B. Crescent Healthcare – Riverside, CA

Crescent Healthcare did not appear.

Russ Smith recused from participation in this matter due to his employment with Walgreen's.

Board Action:

Motion: Cheryl Blomstrom moved to continue this matter to the January meeting.

Second: Kirk Wentworth

Action: Passed Unanimously

C. Kabafusion – Norwalk, CA

Due to flight issues, Kabafusion was not able to appear. This matter will be continued to the next meeting.

D. My Weight Doctor Pharmacy, LLC – Rockville, MD

Continued to the March meeting.

E. Wells Pharmacy Network, LLC – Dyersburg, TN

Darian Chandler, Vice President of Operations and Business Development, appeared and was sworn by President Foster prior to answering questions or offering testimony.

Mr. Chandler explained that Wells Pharmacy Network is a sterile compounding pharmacy specializing in testosterone pellets and pain creams. Simplified 797 requirements are embedded in their preparation software. There is both on-site and outsourced testing of products.

After discussion regarding the many past issues with this pharmacy, the Board wanted verification of 797 compliance before approving the application.

Board Action:

Motion: Cheryl Blomstrom moved to continue this matter to the January meeting.

Second: Kirk Wentworth

Action: Passed Unanimously

7. Application for Nevada MDEG – Appearance for Possible Action:

Hangar Prosthetics & Orthotics West, Inc. – Carson City

Charlotte Sturgess, office administrator, and Kelly Alltucker, Administrator, appeared and were sworn by President Foster prior to answering questions or offering testimony.

Ms. Sturgess explained that their business provides prosthetic and orthotic products to patients referred to them by physicians and hospitals in the Carson City area including Lake Tahoe and Yerington. In May, 2011, the company relocated to a new location;

however, the Board was not notified of their change of address. The renewal application submitted for the 2012 renewal period was submitted with their former address. Ms. Sturgess said that the corporate office handles all business applications, notifications, etc., and she assumed that the Board had been notified of the change. They have been operating at the new location which has not been licensed since the move in May 2011.

After discussion, the Board determined that there was no patient harm involved and to approve the application subject to conditions.

Board Action:

Motion: Cheryl Blomstrom moved to approve the application for Hangar Prosthetics & Orthotics West subject to an attestation by each of the corporate officers and facility administrative staff that they fully understand Nevada law as it pertains to MDEGs.

Second: Jody Lewis

Action: Passed Unanimously

8. Presentation of 50 Year Pharmacist Certification for Possible Action:

Albin Kaiser, R.Ph.

Al Kaiser was honored with the presentation of a commemorative certificate for his 50 years as a Nevada pharmacist.

9. Discussion and Determination for Possible Action:

- Pharmacy Technician Diversion
- A. Restrooms
- B. Mandatory Reporting to Police

Mr. Pinson provided the Board with a report indicating the number of pharmaceutical technician thefts which occurred during the period January, 2011 through October, 2012. There was discussion regarding the development of a regulation in which the pharmacy restroom be off limits to pharmacy technicians and clerks in pharmacies that have public restrooms and/or make it illegal for any pharmacy employee to take a drug into the restroom. The Board also discussed regulating mandatory filing of a police report for diversion of drugs from a pharmacy. After consideration, the Board felt that these issues should be addressed within pharmacy policy versus regulation. The Board directed Staff to compose an article for the newsletter as well as a letter to pharmacy district and corporate managers addressing best pharmacy practices and include a reminder to report terminations for cause to the Board. Pharmaceutical technician diversion will continue to be tracked.

10. Audit Report for Possible Action

Mr. Pinson provided a copy of the annual audit for the year ending June 30, 2012, to the Board. He reviewed it to the Board's satisfaction and asked for a motion to approve.

Board Action:

Motion: Kirk Wentworth moved to approve the annual audit report as presented.

Second: Jack Dalton

Action: Passed Unanimously

11. Executive Secretary Report for Possible Action:

A. Financial Report

The monthly report will be presented in January.

B. Temporary Licenses

There were two temporary licenses issued since the last Board meeting.

C. Staff Activities

1. CSHP/NVSHP Meeting

Mr. Pinson noted that he recently spoke at the CSHP/NVSHP meeting in Las Vegas.

2. NABP – Chicago

Mr. Pinson reported on the NECC compounding issue. Letters from the U.S. Senate and House of Representatives were sent to all state pharmacy boards requesting information and data on how boards of pharmacies manage the oversight of compounding pharmacies and what actions have been taken to address the meningitis outbreak. Nevada began addressing compounding regulations in 2003 and the updated regulations became effective in 2008. He noted that Nevada inspectors and investigators have received training at the Star Center in Colorado and completed the Critical Point online program for sterile compounding. Actions taken with the recent outbreak included sequestering NECC products that were shipped to Nevada; fax blast notifications were sent to compounding pharmacies, hospitals and surgery centers concerning compounding pharmacies as well as a 2011 regulatory opinion; reinspection of all compounding pharmacies to ensure compliance.

Mr. Pinson spoke on this subject at the NABP 2012 Interactive Executive Officer Forum in November. NABP has developed an inspection program and is currently contracted by the state of Iowa to be their agent to inspect compounding pharmacies. The program is available to other states who wish to contract with NABP.

Ray Seidlinger gave an overview of the process and findings of the current reinspection of compounding pharmacies in Nevada. Inspectors are providing documentation and guidance to pharmacies to ensure compliance with compounding regulations. He reported that overall, inspection results have been positive.

The Board directed Staff to bring back for further discussion, the topic of making the application process for compounding pharmacies more stringent.

3. ASPL – Tucson

Mr. Pinson noted that he spoke at the ASPL meeting in November.

4. NASCSA – Scottsdale

Lisa Adams attended the NASCSA conference in October.

5. NABP District Meeting – Little Rock

President Foster and Mr. Pinson attended the NABP District Meeting in October. The meeting provided attendees with the chance to network with their peers to discuss issues facing today's pharmacy practice including pharmaceutical technician diversion. Mr. Pinson noted that the issue is widespread across the country and background checks, fingerprinting and drug tests are becoming the norm to identify potential problems.

Mr. Pinson was invited to visit the Walmart Corporation in Bentonville. He was given a tour of the distribution facility and met with many different levels of corporate management.

D. Reports to Board

1. Your Success Report:

Smith's – Elko

Katie Johnson evaluated Smith's Pharmacy and assisted with identifying an area for patient counseling. Smith's has updated their policies and procedures and implemented the changes recommended by Ms. Johnson.

2. MDEG Advisory Committee

The committee met in November and discussed licensing requirements for suppliers with storage facilities that do not dispense from those facilities.

3. TECH Advisory Committee

The committee met in November and discussed the NECC compounding issue, technician diversion, and reviewed the amended ASHP standards.

4. Inspector Position

Mr. Pinson advised the Board that he is adding another inspector position in the north. The new position will serve a dual role as inspector and be trained to assist Mr. Pinson with the increased demands on his workload. He would like the position titled Inspector/Deputy Secretary. The Board supported the addition of the new position with the requirement that it be filled with a pharmacist.

Board Action:

Motion: Russ Smith moved to approve the Inspector/Deputy Secretary position.

Second: Kirk Wentworth

Action: Passed Unanimously

E. Board Related News

Mr. Pinson noted that he spoke at the Nevada Statewide Coalition Partnership Drug Summit and received feedback that the presentation was well received and invaluable to those attending.

F. Activities Report

12. General Counsel Report for Possible Action:

Michele Calebaugh Case

Carolyn Cramer advised the Board that the Board of Pharmacy has been served with a complaint from the Washoe District Court. The complaint alleges that the Douglas County District Attorney's office accessed the PMP portal and used the information inappropriately. The complainant is suing for defamation. Ms. Cramer has filed for a motion to dismiss.

PUBLIC HEARING for Possible Action

Thursday, December 6, 2012 – 9:00 am

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

- A. **Amendment of Nevada Administrative Code 639.240 Requirements for registration of pharmaceutical technicians.** This amendment will ensure that a pharmaceutical technician that has attended a school out of state that does not do an externship has at least 240 verifiable hours of employment in a pharmacy. In addition, the Indian Health Service of the United States Department of Human Services and the United States Department of Veterans Affairs will qualify as appropriate pharmaceutical technician training.

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 language as presented.

Second: Kam Gandhi

Action: Passed Unanimously

- B. **Amendment of Nevada Administrative Code 639.254 Initial and biennial in-service training of pharmaceutical technicians working in or for pharmacy; substitution of continuing education for in-service training.** The Legislative Counsel Bureau updated this regulation to remove the Institute for the Certification of Pharmacy Technicians (ICPT)

and include the National Healthcareer Association as a recognized certification agent.

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: Russ Smith moved to adopt the language as presented.

Second: Cheryl Blomstrom

Action: Passed Unanimously

C. Amendment of Nevada Administrative Code 639.7102 Use of computer system for issuance and transmission of prescription. The Legislative Counsel Bureau updated this regulation to remove the language that would prohibit a CII prescription from being transmitted electronically to parallel the proposed language in NAC 639.7105.

President Foster opened the Public Hearing.

Amber Joiner, Nevada State Medical Association, appeared and was sworn by President Foster prior to answering questions or offering testimony.

Ms. Joiner offered her and Larry Matheis' support of this amendment.

Liz Macmenamin, RAN, appeared and was sworn by President Foster prior to answering questions or offering testimony.

Ms. Macmenamin thanked the Board and offered her support of this amendment.

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

After discussion, the Board decided not to specify the version of the ICD code set, and change ICD-9 in 8 (a) to read ICD code.

Board Action:

Motion: Russ Smith moved to adopt the amendment as presented with the modification of section 8 (a) to read ICD code.

Second: Cheryl Blomstrom

Action: Passed Unanimously

- C. **Amendment of Nevada Administrative Code 639.7105 Electronic transmission of a prescription.** This amendment will allow transmission of a CII prescription electronically with specific requirements.

President Foster opened the Public Hearing.

There was no public comment.

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

After discussion, the Board added to section 4 (b)(1) "The Nevada controlled substance registration number..." and to section 4 (b), change the word "transmit" to "require".

Board Action:

Motion: Cheryl Blomstrom moved to adopt the amendment with the referenced minor changes.

Second: Jody Lewis.

Action: Passed Unanimously

14. Next Board Meeting:

January 16-17, 2013 – Las Vegas

15. 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)

Liz Macmenamin asked the Board about the status of the decline to fill regulation. Ms. Cramer advised Ms. Macmenamin that it was submitted to LCB on April 25, 2012, and the language has yet to be returned. Inquiries have gone unanswered.

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	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: PH _____)	
<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: Bluegrass Pharmacy of Lexington

Physical Address: 395 Elaine Dr. Ste 110

Mailing Address: (Same)

City: Lexington State: KY Zip Code: 40504

Telephone: 859-233-0131 Fax: 859-233-0739

Toll Free Number: 855-492-0817 (Required per NAC 639.708)

E-mail: contact@bluegrass-pharmacy.com Website: www.bluegrass-pharmacy.com

Managing Pharmacist: Matthew Harney License Number: 012555

Hours of Operation:

Monday thru Friday	<u>9</u> am	<u>5</u> pm	Saturday	<u>X</u> am	<u>X</u> pm
Sunday	<u>X</u> am	<u>X</u> pm	24 Hours	<u>X</u>	

TYPE OF PHARMACY

SERVICES PROVIDED

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

62095

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	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: PH _____)	
<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: Brighton Pharmacy
 Physical Address: 1403 W. 10th place st. 119
 Mailing Address: 1403 W. 10th Place St. 119
 City: Tempe State: AZ Zip Code: 85281
 Telephone: 866-226-0057 Fax: 888-789-4573
 Toll Free Number: 866-226-0057 (Required per NAC 639.708)
 E-mail: pharmacist@brightondiabetic.com Website: N/A
 Managing Pharmacist: Thomas Coppola License Number: 301761

Hours of Operation:

Monday thru Friday 7 am 4 pm Saturday 0n am ca 1 pm
 Sunday 0n am ca 1 pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

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

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: Eagle Pharmacy

Physical Address: 500 Eagle Landing Drive, Suite C

Mailing Address: 500 Eagle Landing Drive, Suite C

City: Lakeland State: FL Zip Code: 33810

Telephone: 855-748-2663 Fax: 877-283-9171

Toll Free Number: 855-748-2663 (Required per NAC 639.708)

E-mail: administration@eaglepharmacy.com Website: _____

Managing Pharmacist: Robert Evan McKean License Number: PS42069

Hours of Operation:

Monday thru Friday <u>8:00</u> am <u>5:00</u> pm	Saturday <u>On call</u> am <u>On Call</u> pm
Sunday <u>Closed</u> am <u>Closed</u> pm	24 Hours <u>N/A</u>

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
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62098

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	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: PH _____)	
<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: Longhorn Health Solutions

Physical Address: 11310 W. Highway 290 Austin, Texas 78737

Mailing Address: 11310 W. Highway 290 Austin, Texas 78737

City: Austin State: Texas Zip Code: 78737

Telephone: (877) 394-1860 Fax: (855) 845-9447

Toll Free Number: (877) 394-1860 (Required per NAC 639.708)

E-mail: britt@longhornhealth.com Website: www.longhornhealth.com / www.LHSRx.com

Managing Pharmacist: Travis Ray License Number: TX: 47243
KY: 012967

Hours of Operation:

Monday thru Friday 8 am 5 pm Saturday am pm

Sunday am pm 24 Hours

TYPE OF PHARMACY

SERVICES PROVIDED

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

62096

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.

2 <input checked="" type="checkbox"/> New Pharmacy 2 Publicly Traded Corporation – Pages 1,2,3,7 2 <input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	2 Ownership Change 2 Partnership - Pages 1,2,5,7 2 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: Neighborhood Pharmacy
 Physical Address: 15 Commonwealth Avenue, Woburn, MA 01801
 Mailing Address: 15 Commonwealth Avenue
 City: Woburn State: MA Zip Code: 01801
 Telephone: 888-637-4276 Fax: 866-587-4276
 Toll Free Number: 888-637-4276 (Required per NAC 639.708)
 E-mail: hpereira@sugartest.com Website: http://www.sugartest.com
 Managing Pharmacist: Helena Pereira License Number: PH22867 (MA)

Hours of Operation:

Monday thru Friday 8:30 am 5:30 pm Saturday 8 am 10 ~~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 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
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61751

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	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: PH _____)	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7	<input type="checkbox"/> Partnership - Pages 1,2,5,7
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input checked="" 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: Northern New England Compounding Pharmacy
 Physical Address: 262 Cottage St; Suite 116
 Mailing Address: 262 Cottage St; Suite 114
 City: Littleton State: NH Zip Code: 03561
 Telephone: (603)444-0094 Fax: (603)444-0095
 Toll Free Number: 800-964-0094 (Required per NAC 639.708)
 E-mail: david@necp.com Website: www.compoundingpharmacynh.com
 Managing Pharmacist: David Rochefort, Rph License Number: 3111

Hours of Operation:

Monday thru Friday 830 am 5 pm Saturday 9 am 12 pm
 Sunday X am X pm 24 Hours X

TYPE OF PHARMACY

SERVICES PROVIDED

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

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 <input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7 <input checked="" 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 type="checkbox"/> Ownership Change (Please provide current license number if making changes: PH _____) <input type="checkbox"/> Partnership - Pages 1,2,5,7 <input type="checkbox"/> Sole Owner – Pages 1,2,6,7
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GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: PLAZA PHARMACY INC

Physical Address: 4399 NW 124TH AVE CORAL SPRINGS, FL 33065-7634

Mailing Address: 4399 NW 124TH AVE

City: CORAL SPRINGS State: FL Zip Code: 33065-7634

Telephone: 954-509-7275 Fax: 866-817-9335

Toll Free Number: 877-606-3443 (Required per NAC 639.708)

E-mail: monica.abdou@plazahs.com Website: plazahealthcaresolutions.com

Managing Pharmacist: MONICA MIKHAIL ABDOU License Number: PS 49652

Hours of Operation: SEE ATTACHED

Monday thru Friday _____am _____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 checked="" type="checkbox"/> Mail Service <input type="checkbox"/> Long Term Care
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61994

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	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: PH _____)	
<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 Pro Pharmacy + Compounding, Inc. 33009
 Physical Address: 936 W. Hallandale Beach Blvd, Hallandale Beach FL
 Mailing Address: 1485 Livingston Lane
 City: Jackson State: MS Zip Code: 39213
 Telephone: 954-455-0004 Fax: 888-562-0493
 Toll Free Number: 855-237-9776 (Required per NAC 639.708)
 E-mail: rxpropharmacy@gmail.com Website: painsolutionhow.com
 Managing Pharmacist: Runglak Kitiyasavathi License Number: PS48499

Hours of Operation:

Monday thru Friday 9 am 6 pm Saturday 9 am 2 pm
 Sunday Closed pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

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

62099

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	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: PH _____)	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7	<input type="checkbox"/> Partnership - Pages 1,2,5,7
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input checked="" 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: Solara Medical Supplies
 Physical Address: 720 Highway 75
 Mailing Address: 720 Highway 75
 City: Imperial Beach State: CA Zip Code: 91932
 Telephone: 800-999-7516 Fax: 800-999-7021
 Toll Free Number: 800-999-7516 (Required per NAC 639.708)
 E-mail: admin@solaramedical.com Website: www.solaramedicalsupplies.com
 Managing Pharmacist: John Perry License Number: RPH 24814

Hours of Operation:

Monday thru Friday 9:00am 6:00pm Saturday —am —pm
 Sunday —am —pm 24 Hours —

TYPE OF PHARMACY

SERVICES PROVIDED

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

61752

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	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: PH _____)	
<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: World Health Industries, Inc.
 Physical Address: 1485 Livingston Lane, Jackson, MS 39213
 Mailing Address: same
 City: same State: same Zip Code: same
 Telephone: 601-982-1137 Fax: 601-982-1235
 Toll Free Number: 877-551-2377 (Required per NAC 639.708)
 E-mail: rxpsrwhi@gmail.com Website: N/A
 Managing Pharmacist: Mitchell Chad Barrett License Number: 07970

Hours of Operation:

Monday thru Friday 9.00am 6.00pm Saturday 9.00am 2.00pm
 Sunday closedam _____pm 24 Hours N/A

TYPE OF PHARMACY

SERVICES PROVIDED

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

62097

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: ABERDEEN MEDICAL SERVICES, INC.

Physical Address: 528 A Fellowship Road
(This must be a business address, we can not issue a license to a home address)

Mailing Address: slala

City: Mt. Laurel State: NJ Zip Code: 08054 - 3405

Telephone: 856-722-9339 Fax: 856-722-9692

E-mail: litqhe@aberdeenmedserv.com Website: www.aberdeenmed.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8³⁰ to 5 Tue: 8³⁰ to 5 Wed: 8³⁰ to 5 Thu: 8³⁰ to 5

Fri: 8³⁰ to 5 Sat: to Sun: to Holidays: to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Jennifer Denison

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 Prosthethics |
| <input type="checkbox"/> Diabetic Supplies | Other: <u>pneumatic compression device</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: _____

62000

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 checked="" type="checkbox"/> Partnership - Pages 1,2,3,6 (LLC)	
<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: Advanced Bionics, LLC

Physical Address: 28515 Westinghouse Place Valencia, CA 91355
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 28515 Westinghouse Place

City: Valencia State: CA Zip Code: 91355

Telephone: 661-362-1400 Fax: 661-362-1503

E-mail: james.robinson@advancedbionics.com Website: www.advancedbionics.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING (*PST)

Mon: <u>5am</u> to <u>5pm</u>	Tue: <u>5am</u> to <u>5pm</u>	Wed: <u>5am</u> to <u>5pm</u>	Thu: <u>5am</u> to <u>5pm</u>
Fri: <u>5am</u> to <u>5pm</u>	Sat: <u>closed</u> to <u>closed</u>	Sun: <u>closed</u> to <u>closed</u>	Holidays: <u>closed</u> to <u>closed</u>

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: James Robinson

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 Prosthethics |
| <input type="checkbox"/> Diabetic Supplies | Other: <u>Cochlear Implant Devices</u> |

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

Name: _____ Telephone: _____

62040

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: AllParts Medical, LLC

Physical Address: 400 Brick Church Park Drive, Nashville, TN 37207
(This must be a business address, we can not issue a license to a home address)

Mailing Address: Philips Healthcare, Attn: Peggy Erb, 3000 Minuteman Road

City: Andover State: MA Zip Code: 01810

Telephone: (615) 690-5050 Fax: (615) 829-5690

E-mail: steven.cannon@philips.com Website: http://www.healthcare.philips.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

Fri: 7 am to 7 pm Sat: on call Sun: on call Holidays: on call

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Steven P. Cannon

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 Prosethics
- Other: Prescription and Non-Prescription 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: _____

101767

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: Baxter Healthcare Corporation

Physical Address: 13636 Lakefront Drive, Earth City, MO 63045
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 7200 Cardinal Place W, Attn: Keegan Chamberlain

City: Dublin State: OH Zip Code: 43017

Telephone: 314-291-6565 Fax: 614-652-0282

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

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 24hrsto Tue: 24hrsto Wed: 24hrsto Thu: 24hrsto

Fri: 12am to10:30pm Sat: 8am to8:30pm Sun: 8am to 12am Holidays: Closed to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Jimmie Tomlin

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 checked="" 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>Legend Devices</u> |

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

Name: Jimmie Tomlin

Telephone: 314-784-8953 800-553-6998

PT

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NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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<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: Baxter Healthcare Corporation

Physical Address: 14445 Grasslands Drive, Englewood, CO 80112
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 7200 Cardinal Place W, Attn: Keegan Chamberlain

City: Dublin State: OH Zip Code: 43017

Telephone: 303-690-4204 Fax: 614-652-0282

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

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 24hrsto Tue: 24hrsto Wed: 24hrsto Thu: 24hrsto

Fri: 24hrsto Sat: 24 hrs to Sun: 24 hrs to Holidays: Closed to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Michael Burke

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 checked="" 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>Legend Devices</u> |

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

Name: Emergencies

Telephone: 800-553-6998

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NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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<input checked="" type="checkbox"/> 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: Baxter Healthcare Corporation

Physical Address: 8440 Concord Center Drive, Englewood, CO 80112
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 7200 Cardinal Place W, Attn: Keegan Chamberlain

City: Dublin State: OH Zip Code: 43017

Telephone: 720-568-4500 Fax: 614-652-0282

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

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8 am to 4:30 pm Tue: 8 am to 4:30 pm Wed: 8 am to 4:30 pm Thu: 8 am to 4:30 pm
Fri: 12am to 10:30pm Sat: Closed to Sun: Closed to Holidays: Closed to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Kathy Popejoy

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 checked="" type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosethics |
| <input type="checkbox"/> Diabetic Supplies | Other: <u>Legend Devices</u> |

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

Name: Emergencies Telephone: 7 800-553-6998

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NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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<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: Cardinal Health 200, LLC

Physical Address: 4551 E. Philadelphia Street, Ontario, CA 91761
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 7200 Cardinal Place W, Attn: Keegan Chamberlain

City: Dublin State: OH Zip Code: 43017

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

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

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 5 am to 2 am Tue: 5 am to 2 am Wed: 5 am to 2 am Thu: 5 am to 2 am

Fri: 5 am to 2 am Sat: 1 pm to 1 am Sun: 1 pm to 1 am Holidays: Closed to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Tatia Crook

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 checked="" 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>Legend Devices</u> |

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

Name: Emergency Telephone: 800-553-6998

PT

61840

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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<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: Baxter Healthcare Corporation

Physical Address: 711 Park Avenue, Medina, NY 14103
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 7200 Cardinal Place W, Attn: Keegan Chamberlain

City: Dublin State: OH Zip Code: 43017

Telephone: 585-792-3901 Fax: 614-652-0282

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

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

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

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: David Feltz

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 checked="" 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>Legend Devices</u> |

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

Name: Emergencies Telephone: 800-553-6998

61836

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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<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 1,2,3,5	<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: Blackstone Medical Services, LLC

Physical Address: 730 S. Sterling Ave. Suite 305 Tampa, FL 33609
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 405 S. Dale Mabry Hwy Suite 145

City: Tampa State: FL Zip Code: 33609

Telephone: 813 831-2727 Fax: 888-239-4616

E-mail: hblakesammon@blackstone Website: WWW.BlackstoneMedicalServices.COM
Medical Services, 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 Sun: N/A Holidays: N/A

We have a 24-hour on call phone service also

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: VICK Tipnes

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: Home sleep testing device, Attached is PDA APPROVAL
- **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: VICK Tipnes Telephone: 813 831-2727

62100

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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<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: C PAP Supply USA L.L.C.

Physical Address: 4835 140th Ave. N., Ste C, Clearwater, FL 33762
(This must be a business address, we can not issue a license to a home address)

Mailing Address: LinCare Licensing Dept. PO Box 9004

City: Clearwater State: FL Zip Code: 33758-9004

Telephone: 816-801-7437 Fax: 727-431-5343

E-mail: jjones28@lincare.com Website: www.cpapsupplyusa.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: Person in charge on a daily basis

Name: Donna L. MacPhaiden

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>CPAP/Bi-PAP supplies</u> |

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

Name: _____ Telephone: _____

61808

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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<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: Ruth Maldonado EZ Mobility Durable Medical Equipment & Supplies

Physical Address: 10220 Hole Ave Suite 6 Riverside CA 92503-3438
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 10220 Hole Ave Suite 6

City: Riverside State: CA Zip Code: 92503-3438

Telephone: (951) 352-9200 Fax: (951) 352-9210

E-mail: ezmobilityeatt.net Website: www.ezmobility.net

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

Fri: 9:00 to 5:30 Sat: closed to Sun: closed to Holidays: closed to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Ruth Maldonado

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

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

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

Name: Leng Hon Telephone: (612) 990-1619

NEVADA STATE BOARD OF PHARMACY

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<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: Fresenius USA, Inc./dba/Fresenius Medical Care North America

Physical Address: 2637 Shadelands Drive, Walnut Creek CA 94598
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 920 Winter Street

City: Waltham State: MA Zip Code: 02451

Telephone: 781-699-9000 Fax: 781-699-9645

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

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 7AM to 5PM Tue: 7AM to 5PM Wed: 7AM to 5PM Thu: 7AM to 5PM
Fri: 7AM to 5PM Sat: on call to Sun: on call to Holidays: on call to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Mark Lowery

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>Home dialysis machines</u> |

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

Name: N/A Telephone: N/A

NEVADA STATE BOARD OF PHARMACY

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<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: MRB Acquisition Corp

Physical Address: 3101 N Federal Hwy # 400 Ft. Lauderdale, FL 3330
(This must be a business address, we can not issue a license to a home address)

Mailing Address: PO Box 9004 Attn: Licensing Dept.

City: Clearwater State: FL Zip Code: 33758

Telephone: (954) 566-3310 Fax: (954) 563-6054

E-mail: ghowdesh@lincare.com 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: on call to Sun: on call to Holidays: on call to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Francy Mendoza

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

- | | |
|---|---|
| <input checked="" type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input checked="" type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosethics |
| <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: Francy Mendoza Telephone: 866-387-2668

61999

NEVADA STATE BOARD OF PHARMACY

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<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: National Seating & Mobility, Inc.

Physical Address: 6553 South Cottonwood Street, Murray, UT 84107
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 5959 Shallowford Road, Suite 443

City: Chattanooga State: TN Zip Code: 37421

Telephone: 615.595.1115 x 214 Fax: 615.595.1750

E-mail: kgrady@nsm-seating.com Website: www.therightchair.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: ___ to ___ Tue: ___ to ___ Wed: ___ to ___ Thu: ___ to ___

Fri: ___ to ___ Sat: ___ to ___ Sun: ___ to ___ Holidays: ___ to ___

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: _____

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

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

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

Name: _____ Telephone: _____

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<input type="checkbox"/> New MDEG	<input checked="" 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: National Seating & Mobility, Inc.

Physical Address: 5320 Power Inn Road, Suites E and F, Sacramento, CA 95820
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 5959 Shallowford Road, Suite 443

City: Chattanooga State: TN Zip Code: 37421

Telephone: 615.595.1115 x 214 Fax: 615.595.1750

E-mail: kgrady@nsm-seating.com Website: www.therightchair.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: ___ to ___ Tue: ___ to ___ Wed: ___ to ___ Thu: ___ to ___
Fri: ___ to ___ Sat: ___ to ___ Sun: ___ to ___ Holidays: ___ to ___

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: _____

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

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

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

Name: _____ Telephone: _____

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 Healthcare, a division of Philips Electronics North America Corporation

Physical Address: 3000 Minuteman Rd., Andover, MA 01810
(This must be a business address, we can not issue a license to a home address)

Mailing Address: Philips Healthcare, Attn: Peggy Erb, 3000 Minuteman Road

City: Andover State: MA Zip Code: 01810

Telephone: (978) 659-2800 Fax: N/A

E-mail: Causby.lewis@philips.com Website: www.healthcare.philips.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

Fri: 7 am to 7 pm Sat: Closed Sun: Closed Holidays: Closed

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Causby Lewis

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: Prescription and Non-Prescription 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: _____

61766

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 Healthcare, a division of Philips Electronics North America Corporation

Physical Address: 6740 Top Gun Street, San Diego, 92121
(This must be a business address, we can not issue a license to a home address)

Mailing Address: Philips Healthcare, Attn: Peggy Erb, 3000 Minuteman Road

City: Andover State: MA Zip Code: 01810

Telephone: 858-677-6390 Fax: 858-677-6391

E-mail: Robert.edwards@philips.com Website: www.healthcare.philips.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Robert E. Edwards

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 Prosethetics |
| <input type="checkbox"/> Diabetic Supplies | <input checked="" type="checkbox"/> Other: <u>Prescription and Non-Prescription Medical Devices</u> |

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

Name: _____ Telephone: _____

62103

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 Ultrasound, Inc.

Physical Address: 22100 Bothell Everett Highway, Bothell, WA 98021
(This must be a business address, we can not issue a license to a home address)

Mailing Address: Philips Healthcare, Attn: Peggy Erb, 3000 Minuteman Road

City: Andover State: MA Zip Code: 01810

Telephone: (425) 487-7900 Fax: N/A

E-mail: matt.holttum@philips.com Website: http://www.healthcare.philips.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 5:30 a.m. to 10:00 p.m. Tue: 6 am to 11 pm Wed: 6 am to 11 pm Thu: 6 am to 11 pm

Fri: 6 am to 11 pm Sat: 7 am to 2 pm Sun: Closed Holidays: Closed

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Matthew L. Holttum

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

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

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

Name: _____ Telephone: _____

61997

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: Praxair Distribution Inc

Physical Address: 3918 W. ^{Lincoln} ~~Lincoln~~ St.; Phoenix, AZ 85009
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 2301 SE Creekview Dr.

City: Ankeny State: IA Zip Code: 50021

Telephone: (602) 278-7082 Fax: (602) 233-3669

E-mail: Casey.Gutierrez@Praxair.com Website: www.praxair.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 12am to 11:59pm Tue: 12am to 11:59pm Wed: 12am to 11:59pm Thu: 12am to 11:59pm

Fri: 12am to 5pm Sat: NA to NA Sun: NA to NA Holidays: NA to NA

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Casey Gutierrez

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

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

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

Name: Stephanie Black Telephone: 702-252-7877

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change	(Please provide current license number if making changes: MP or MW _____)
<input 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: Praxair Distribution Inc.

Physical Address: 6880 So 2300 E. Salt Lake City UT 84121
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 6880 So 2300 E

City: Salt Lake City State: UT Zip Code: 84121

Telephone: 801-943-7638 Fax: 801-733-0770

E-mail: Jim.Ames@praxair.com Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 7am to 6pm Tue: 7am to 6pm Wed: 7am to 6pm Thu: 7am to 6pm
Fri: 7am to 6pm Sat: closed Sun: closed Holidays: closed

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Jim Ames

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

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

**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: Stephanie Black Telephone: 702-252-7877

61806

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

FACILITY INFORMATION

Facility Name: Respironics California, Inc.

Physical Address: 2271 Cosmos Ct., Carlsbad, CA 92011
(This must be a business address, we can not issue a license to a home address)

Mailing Address: Philips Healthcare, Attn: Peggy Erb, 3000 Minuteman Road

City: Andover State: MA Zip Code: 01810

Telephone: (760) 918-7300 Fax: (760) 918-0169

E-mail: Alex.correa@philips.com Website: www.healthcare.philips.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

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

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Alejandro Correa

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 Prosethics
- Other: Prescription 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: _____

61765

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: Respironics Novamatrix, LLC

Physical Address: 5 Technology Drive, Wallingford, Connecticut 06492
(This must be a business address, we can not issue a license to a home address)

Mailing Address: Philips Healthcare, Attn: Peggy Erb, 3000 Minuteman Road

City: Andover State: MA Zip Code: 01810

Telephone: (203) 697-6475 Fax: (203) 284-0753

E-mail: roberto.vazquez@philips.com Website: http://www.healthcare.philips.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Roberto Vazquez

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

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

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

Name: _____ Telephone: _____

61996

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: Spectrum Diabetic Services LLC

Physical Address: 3634 McCain Rd, Ste 4
(This must be a business address, we can not issue a license to a home address)

Mailing Address: _____

City: Jackson State: MI Zip Code: 49203

Telephone: (517) 783-4116 Fax: (517) 783-4885

E-mail: mkleinhaus@usdnj.com Website: ~~www.usdnj.com~~ www.SpectrumDiabeticServices.com

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: Renny Coe

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

- | | |
|--|---|
| <input type="checkbox"/> Medical Gases** <u>no</u> | <input checked="" type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** <u>no</u> | <input type="checkbox"/> Parenteral and Enteral Equipment** <u>no</u> |
| <input type="checkbox"/> Life-sustaining equipment** <u>no</u> | <input checked="" type="checkbox"/> Orthotics and Prosthesis |
| <input checked="" type="checkbox"/> Diabetic Supplies | Other: <u>Sent assist</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: _____

62101

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 checked="" type="checkbox"/> Partnership ^{LLC} - 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: TH1 Advantage DME, LLC

Physical Address: 920 Ridgebrook Road
(This must be a business address, we can not issue a license to a home address)

Mailing Address: Same as above.

City: Sparks State: MD Zip Code: 21152

Telephone: (410) 773-2586 Fax: (410) 773-2752

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

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

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

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Gail Martin

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, ostomy supplies,

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

Name: Maria Macenido Telephone: (702) 308-4793

tracheostomy supplies, and wound care supplies.
121764

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: Visicu, Inc.

Physical Address: 217 E. Redwood Street, Suite 1900, Baltimore, MD 21202
(This must be a business address, we can not issue a license to a home address)

Mailing Address: Philips Healthcare, Attn: Peggy Erb, 3000 Minuteman Road

City: Andover State: MA Zip Code: 01810

Telephone: (410) 276-1960 Fax: (410) 276-1970

E-mail: michael.mcshea@philips.com Website: http://www.healthcare.philips.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Michael McShea

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 Prosethics
- Other: Prescription 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: _____

601902

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: Aegerion Pharmaceuticals

Physical Address: 101 Main Street, 19th floor

Mailing Address: _____

City: Cambridge State: MA Zip Code: 02142

Telephone: Cell 7.500.7867 Fax: Cell 7.945.7968

Toll Free Number: _____

E-mail: bharshbarger@aegerion.com Website: www.aegerion.com

Facility Manager: Ben Harshbarger

Professional qualifications and experience of facility manager: VP, Deputy General Counsel

Types of licensed outlets or authorized persons firm will serve:

- Pharmacies Practitioners Hospitals Wholesalers
 Other: see attached Aegerion uses a 3rd party logistics provider.

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: Amneal Agila, LLC

Physical Address: 118 Beaver Trail Glasgow KY 42141

Mailing Address: 118 Beaver Trail

City: Glasgow State: KY Zip Code: 42141

Telephone: 866-525-7270 Fax: 866-525-7271

Toll Free Number: _____

E-mail: cwatson@amneal.com Website: WWW.AMNEAL.COM

Facility Manager: Anthony Hodges

Professional qualifications and experience of facility manager: Please See Attached

Types of licensed outlets or authorized persons firm will serve:

Pharmacies Practitioners Hospitals Wholesalers
 Other: _____

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: _____

62105

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>WH01594</u>)	

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,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: Amylin Ohio, LLC

Physical Address: 8814 Trade Port Drive Hamilton, OH 45011

Mailing Address: 6400 William Keck Bypass, Bldg 210

City: Mt. Vernon State: IN Zip Code: 47620

Telephone: 513-645-2600 Fax: 858-754-0680

Toll Free Number: N/A

E-mail: usdc@bms.com Website: www.amylin.com

Facility Manager: Robert (Bob) MacKay

Professional qualifications and experience of facility manager: Please see attached information

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: Injectables

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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.

GENERAL INFORMATION

Facility Name: AndersonBrecon Inc.

Physical Address: 4545 Assembly Drive

Mailing Address: 4545 Assembly Drive

City: Rockford State: Illinois Zip Code: 61109

Telephone: (815) 484-8900 Fax: (815) 484- 8901

Toll Free Number: N/A

E-mail: Mitchell.Farris@andersonbrecon.com Website: www.andersonbrecon.com

Facility Manager: Mitchell Farris, Quality Assurance Director

Professional qualifications and experience of facility manager: Refer to the 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 be firm:

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

61905

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: Baxter Healthcare Corporation
Physical Address: 2026 W. Winton Avenue, Hayward, CA 94545
Mailing Address: 7200 Cardinal Place W, Keegan Chamberlain
City: Dublin State: OH Zip Code: 43017
Telephone: 510-723-2000 Fax: 614-652-0282
Toll Free Number: N/A
E-mail: gmb-facility-licensing@cardinalhealth.com Website: www.baxter.com
Facility Manager: Charles Nelson

Professional qualifications and experience of facility manager: See attached resume

Types of licensed outlets or authorized persons firm will serve:

Pharmacies Practitioners Hospitals Wholesalers
 Other: _____

Type of Products to be handled or wholesaled be firm:

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

PT

61835

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: Cardinal Health 200, LLC

Physical Address: 1761 Satellite Boulevard, Buford, GA 30518

Mailing Address: 7200 Cardinal Place W, Keegan Chamberlain

City: Dublin State: OH Zip Code: 43017

Telephone: 678-765-4200 Fax: 614-652-0282

Toll Free Number: N/A

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

Facility Manager: Sherrick Orie

Professional qualifications and experience of facility manager: See attached resume

Types of licensed outlets or authorized persons firm will serve:

Pharmacies Practitioners Hospitals Wholesalers

Other: _____

Type of Products to be handled or wholesaled by firm:

Legend Pharmaceuticals, Supplies or Devices Hypodermic Devices

Poisons or Chemicals Veterinary Legend Drugs

Controlled Substances (include copy of DEA)

Other: _____

PT UAWD

61834

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: Cardinal Health 200, LLC

Physical Address: 3080 W I-20, Grand Prairie, TX 75052

Mailing Address: 7200 Cardinal Place W, Keegan Chamberlain

City: Dublin State: OH Zip Code: 43017

Telephone: 972-206-2600 Fax: 614-652-0282

Toll Free Number: N/A

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

Facility Manager: Dave Render

Professional qualifications and experience of facility manager: See attached resume

Types of licensed outlets or authorized persons firm will serve:

Pharmacies Practitioners Hospitals Wholesalers
 Other: _____

Type of Products to be handled or wholesaled by firm:

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

61830

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: Cardinal Health 200, LLC

Physical Address: 500 Neelytown Road, Montgomery, NY 12549

Mailing Address: 7200 Cardinal Place W, Keegan Chamberlain

City: Dublin State: OH Zip Code: 43017

Telephone: 845-457-2000 Fax: 614-652-0282

Toll Free Number: N/A

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

Facility Manager: Richard Lomazzo

Professional qualifications and experience of facility manager: See attached resume

Types of licensed outlets or authorized persons firm will serve:

Pharmacies Practitioners Hospitals Wholesalers

Other: _____

Type of Products to be handled or wholesaled by firm:

Legend Pharmaceuticals, Supplies or Devices Hypodermic Devices

Poisons or Chemicals Veterinary Legend Drugs

Controlled Substances (include copy of DEA)

Other: _____

61831

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: Cardinal Health 200, LLC
Physical Address: 8640 Nail Road, Suite 115, Olive Branch, MS 38654
Mailing Address: 7200 Cardinal Place W, Keegan Chamberlain
City: Dublin State: OH Zip Code: 43017
Telephone: 662-892-2760 Fax: 614-652-0282
Toll Free Number: N/A
E-mail: gmb-facility-licensing@cardinalhealth.com Website: www.cardinal.com
Facility Manager: Martha McPherson

Professional qualifications and experience of facility manager: See attached resume

Types of licensed outlets or authorized persons firm will serve:

Pharmacies Practitioners Hospitals Wholesalers
 Other: _____

Type of Products to be handled or wholesaled be firm:

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

PT

61832

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: Cardinal Health 200, LLC
Physical Address: 2101 Waukegan Road, Waukegan, IL 60085
Mailing Address: 7200 Cardinal Place W, Keegan Chamberlain
City: Dublin State: OH Zip Code: 43017
Telephone: 847-578-9500 Fax: 614-652-0282
Toll Free Number: N/A
E-mail: gmb-facility-licensing@cardinalhealth.com Website: www.cardinal.com
Facility Manager: Christopher Freid
Professional qualifications and experience of facility manager: See attached resume

Types of licensed outlets or authorized persons firm will serve:

- Pharmacies Practitioners Hospitals Wholesalers
 Other: _____

Type of Products to be handled or wholesaled by firm:

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

PT VAWD

61833

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: Medical Action Industries, Inc.

Physical Address: 25 Heywood Road, Arden, NC 28704

Mailing Address: 25 Heywood Road

City: Arden State: NC Zip Code: 28704

Telephone: (828) 681-8820 Fax: (828) 681-8828

Toll Free Number: _____

E-mail: _____ Website: www.medical-action.com

Facility Manager: Cynthia Bell

Professional qualifications and experience of facility manager: See attached resume

Types of licensed outlets or authorized persons firm will serve:

- Pharmacies Practitioners Hospitals Wholesalers
 Other: _____

Type of Products to be handled or wholesaled by firm:

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

62106

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_____)
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<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.
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GENERAL INFORMATION

Facility Name: MEDLINE INDUSTRIES, INC

Physical Address: 901 S. 86th Ave. Suite 125 Tolleson, AZ 85353

Mailing Address: ONE MEDLINE PLACE, MUNDELEIN, IL 60060

City: _____ State: _____ Zip Code: _____

Telephone: 623-907-1284 Fax: 623-907-5454

Toll Free Number: 1-800-MEDLINE

E-mail: CCOLVIN@MEDLINE.COM Website: WWW.MEDLINE.COM

Facility Manager: SCOTT WENNER

Professional qualifications and experience of facility manager: **Please see attachment 1**

Types of licensed outlets or authorized persons firm will serve:

Pharmacies Practitioners Hospitals Wholesalers
 Other: Nursing Homes, Surgery Centers, Long Term Care facilities

Type of Products to be handled or wholesaled be firm:

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

62002

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: Patterson Logistics Services, Inc.

Physical Address: 4303 Technology Drive South Bend, IN 46628

Mailing Address: c/o Patterson Companies, Inc. 1031 Mendota Heights Road

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

Telephone: 574-289-8485 Fax: 574-289-8488

Toll Free Number: N/A

E-mail: chad.meltzer@pattersoncompanies.com Website: www.pattersoncompanies.com

Facility Manager: Chad Smeltzer, Facility Manager

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

Types of licensed outlets or authorized persons firm will serve:

- Pharmacies Practitioners Hospitals Wholesalers
 Other: Retail Customers & 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: Medical Devices

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61846

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: WH <u>O1423</u>)	

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,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: Sage Products, LLC

Physical Address: 3909 Three Oaks Road

Mailing Address: Same as above

City: Cary State: IL Zip Code: 60013

Telephone: 815-455-4700 Fax: 815-455-5599

Toll Free Number: N/A

E-mail: raqa@sageproducts.com Website: N/A

Facility Manager: Sean Haley

Professional qualifications and experience of facility manager: Resume attached

Types of licensed outlets or authorized persons firm will serve:

- Pharmacies Practitioners Hospitals Wholesalers
 Other: _____

Type of Products to be handled or wholesaled by firm:

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

VAWD

61769

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

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

GENERAL INFORMATION

Facility Name: SKINMEDICA, INC

Physical Address: 5909 Sea Lion Place, Suite C

Mailing Address: 5909 Sea Lion Place, Suite H

City: CARLSBAD State: CA Zip Code: 92010

Telephone: (760) 448-3600 Fax: (760) 448-3615

Toll Free Number: 877-944-1412

E-mail: RSORENSEN@SKINMEDICA.COM Website: WWW.SKINMEDICA.COM

Facility Manager: Rob Sorensen

Professional qualifications and experience of facility manager: SR. V.P., OPERATIONS

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: Distributing as a Manufacturer only SKINMEDICA'S OWN FDA

Page 1 APPROVED PRESCRIPTION DRUG.

SKINMEDICA DOES NOT EMPLOY A SALES FOR PROMOTING
ITS PRESCRIPTION DRUG.

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.

GENERAL INFORMATION

Facility Name: Tech-med Services, INC

Physical Address: 50 Route 111, STE 300

Mailing Address: 50 Route 111, STE 300

City: Smithtown State: NY Zip Code: 11787

Telephone: 631-582-7820 Fax: 631-582-7321

Toll Free Number: 1-866-483-2463

E-mail: peter@tech-medservices.com Website: www.tech-medservices.com

Facility Manager: Peter Winocur

Professional qualifications and experience of facility manager: Have served as Facility Manager since 2010 for NY State License. Additionally served as exec. v.p. Public Company that manufactured some products for 7 years.
Types of licensed outlets or authorized persons firm will serve: For 7 years.

- Pharmacies Practitioners Hospitals Wholesalers
 Other: _____

Type of Products to be handled or wholesaled by firm:

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

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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: Western Stockmen
Physical Address: 223 Rodeo Ave
Mailing Address: 223 Rodeo Ave
City: Caldwell State: ID Zip Code: 83605
Telephone: 208-455-4822 Fax: 208-455-4922
Toll Free Number: 1-800-624-9425
E-mail: Shelly.Paxton@Simplet.Com Website: _____
Facility Manager: Leon Martineau
Professional qualifications and experience of facility manager: Idaho UDT

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

<input 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 checked="" type="checkbox"/> Other: <u>OTC products</u>	

62107

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: National Seating & Mobility, Inc.

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

Mailing Address: 5959 Shallowford Road, Suite 443

City: Chattanooga State: TN Zip Code: 37421

Telephone: 615.595.1115 x 214 Fax: 615.595.1750

E-mail: kgrady@nsm-seating.com Website: www.therightchair.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: Jeff Murphy

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 Prosethics
 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 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: Spring Valley Surgery Center
 Physical Address: 7175 N. Durango Drive, suite #110, Las Vegas, NV, 89146
 Mailing Address: 3835 S. Jones Blvd, suite #103
 City: Las Vegas State: NV Zip Code: 89103
 Telephone: (702) 277-4440 Fax: (702) 270-6093
 Toll Free Number: N/A
 E-mail: mwraysvsc@gmail.com Website: www.lasvegaspaininstitutes.com
 Managing Pharmacist: Douglas Frederick Cammann License Number: 13340

Hours of Operation:

Monday thru Friday 0800 am 0600 pm Saturday 0800 am 0430 pm
 Sunday Ø am Ø pm 24 Hours Ø

TYPE OF PHARMACY

SERVICES PROVIDED

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

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,
Petitioner,

v.

NOTICE OF INTENDED ACTION
AND ACCUSATION

JAIME CORDOBA HERNANDEZ, RPH
Certificate of Registration No. 17533,
Respondent.

Case No. 12-056-RPH-S

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 Hernandez is a registered pharmacist with the Board.

II.

On August 31, 2012, the Nevada State Board of Pharmacy received notice from Smith's Pharmacy that Jaime Cordoba Hernandez was terminated from employment. An investigation by Smith's found that Mr. Hernandez had been creating and filling fraudulent prescriptions for a friend who resides in Indiana. Mr. Hernandez claims that an Indiana physician, also a friend of his, initially called in a prescription for a quantity of 6 Procrit 4,000 unit vials with three refills to Smith's Pharmacy. The patient is a cyclist and was using Procrit to increase his endurance. The patient was not seeing the physician in Indiana any longer because he was using the Procrit for endurance rather than a medical need. Mr. Hernandez admitted that he knew what the patient was using the drug for and continued to provide him with Procrit even though he knew it was

unethical and being used for illicit purposes. Mr. Hernandez was using his Smith's discount card when processing the prescriptions to save his friend money.

III.

In his statement, Mr. Hernandez admitted that the initial prescription was from the physician but it is unclear if the refills had been approved by the physician. The original prescription had not been initialed or signed by Mr. Hernandez as the pharmacist receiving the phoned-in prescription. The initial fill and first refill were for 6 Procrit 4,000 unit vials. A quantity of 10 Epogen 4,000 unit vials were dispensed for the subsequent three refills due to the unavailability of Procrit. Mr. Hernandez did not obtain authorization from the physician for the substitution or the increased quantity. The pharmacy computer system automatically generates an electronic request for substitutions. Mr. Hernandez would override the request and process the refills as a new prescription.

FIRST CAUSE OF ACTION

IV.

In dispensing a dangerous drug without a lawful prescription, Mr. Hernandez violated Nevada Revised Statute (NRS) 639.210(1), and/or (4), and/or (12) and/or 454.221(1) and/or 454.311(3)(b) and/or 454.321 and Nevada Administrative Code (NAC) 639.945(1)(h) and/or 639.918 (2) and/or (4).

SECOND CAUSE OF ACTION

V.

In dispensing a dangerous drug to a patient with whom the prescribing practitioner does not have a bona fide therapeutic relationship, Mr. Hernandez violated Nevada Revised Statute (NRS) 639.210(1), and/or (4), and/or (12) and Nevada Administrative Code (NAC) 639.945(1)(h) and/or (3)(a).

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

Signed this 18th day of September, 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, STATEMENT TO THE RESPONDENT
NOTICE OF INTENDED ACTION
AND ACCUSATION
RIGHT TO HEARING**

**JAIME CORDOBA HERNANDEZ, RPH
Certificate of Registration No. 17533,**

Case No. 12-056-RPH-S

Respondent.

_____ /

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

I.

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

II.

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

III.

The Board has reserved Wednesday, January 16, 2013 as the date for a hearing on this matter at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, 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 18th day of September, 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

JAIME CORDOBA HERNANDEZ , RPH
Certificate of Registration No. 17533,
Respondent.

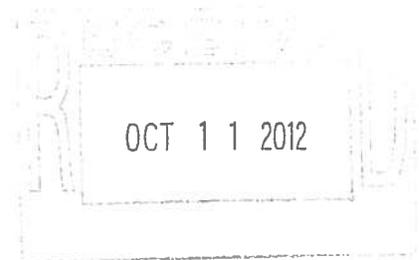
Case No. 12-056-RPH-S

_____/

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

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

None

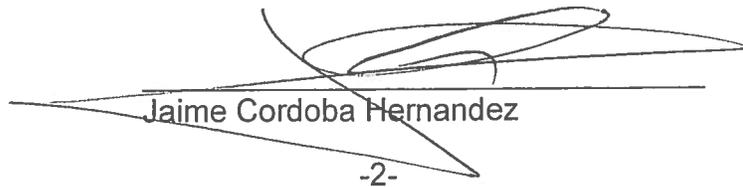


2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I admit

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 10th day of October, 2012.



Jaime Cordoba Hernandez

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

NOTICE OF INTENDED ACTION
AND ACCUSATION

v.

CHANICE NEWCOMER, R.PH.
Certificate of Registration No. 17439

Case No. 11-113-R.PH.-S

WALGREEN'S PHARMACY #04197
Certificate of Registration No. PH01142
Respondents.

Case No. 11-113-PH-S

_____/

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 and these Respondents because Respondent Chanice Newcomer (Certificate Number 17439) is a registered pharmacist with the Board and Respondent Walgreen's Pharmacy (Walgreen's #04197) is a pharmacy licensed by the Board, located at 8500 West Cheyenne Avenue, Las Vegas, Nevada.

II.

On or about November 9, 2011, Board staff received a complaint from Jennifer Buitrago, Certified Pediatric Nurse Practitioner with the Children Specialty Center, on behalf of her patient, seven year old KP, and the patient's parents. On October 12, 2011, Ms. Buitrago wrote a prescription for patient KP for Methotrexate 2.5 mg. with directions to take 7.5 tablets weekly. Ms. Buitrago claimed that the prescription which was dispensed to the patient was labeled Methotrexate 2.5 mg. with instructions to take 3 tablets weekly, which was less than half of the dosage that was originally prescribed. Ms. Buitrago discovered the error when patient KP's Methotrexate levels were not within the normal range for the dosage written. On or about November 2, 2011,

Ms. Buitrago contacted Walgreen's Pharmacy to verify the prescription and it was discovered that the dosing instructions were entered incorrectly. Ms. Buitrago alleged that the mislabeling of the dosing instructions resulted in a delay in therapy for the patient.

III.

During the investigation of this matter, it was learned that the original prescription was input into the pharmacy computer system by a pharmaceutical technician. During input, the pharmaceutical technician entered the incorrect dosing instructions as "take 3 tablets weekly". Chanice Newcomer was the verifying pharmacist. Ms. Newcomer failed to catch the dosing instruction error during verification and the medication was approved and dispensed.

FIRST CAUSE OF ACTION

IV.

In failing to strictly follow the directions of KP's nurse practitioner by mislabeling her prescription for Methotrexate 2.5 mg. with incorrect dosing instructions, namely "3 tablets by mouth every week" rather than 7.5 tablets every week, Ms. Newcomer violated Nevada Revised Statutes (NRS) 639.210(4) and/or Nevada Administrative Code (NAC) 639.945(1)(d) and/or (i).

SECOND CAUSE OF ACTION

V.

In owning and operating the pharmacy in which Ms. Newcomer committed the above violations, Walgreen's #04197 violated NRS 639.210(4) and/or NAC and/or 639.945(1)(d) and/or (i) and (2).

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

Signed this 26th day of September, 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**

**CHANICE NEWCOMER, R.PH.
Certificate of Registration No. 17439
Respondent.**

Case No. 11-113-R.PH.-S

_____ /

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, January 16, 2013, as the date for a hearing on this matter at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, 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 26th day of September, 2012.



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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

ANSWER AND NOTICE OF DEFENSE
OF ACTION AND ACCUSATION

v.

CHANICE NEWCOMER, R.Ph.,
Certificate of Registration No. 17439

Case No. 11-113-RPH-S

WALGREENS #04197,
Certificate of Registration No. PH01142

Case No. 11-113-PH-S

Respondents.

_____/

COME NOW RESPONDENTS, CHANICE NEWCOMER, (Certificate of Registration No. 17439), and WALGREENS #04197 (Certificate of Registration No. PH01142), by and through their counsel of record, ROBERT C. GRAHAM, ESQ., of LAWYERSWEST, LTD., and do hereby answer as follows:

1. That a hearing on the Notice of Intended Action and Accusation is requested.
2. That as to the causes of action asserted, Respondents NEWCOMER and WALGREENS #04197 do not contest and hereby stipulate generally to the facts asserted by the Nevada Board of Pharmacy ("Board") and only ask that the Board consider additional facts of mitigation as well as clarification of asserted facts that when known and/or understood must be considered, in equity, in the penalty phase of this Action.
3. As the Board and Complainant have asserted, the original prescription for Methotrexate indicated a course of 7.5 tablets to be once per week. The assertion is that the prescription is clear (word underlined by the complainant); however, the Board must consider the actual document and not only the assertion made.
4. The prescription was entered into the Walgreen's digital system by a pharmacy technician and then filled by that same technician. As asserted, Respondent Newcomer verified the prescription

and offered counseling.

5. A fair review and reading of the matter shows that the digitized prescription is regrettably not as clear as the original script, nor the script duplicate that has been increased for purposes of any exhibit(s) that the board may see. The Board will note that such an increase in size of the script artificially clarifies the script for the reader – much like putting on glasses would help someone with less than perfect eyesight.
6. In practice, the script is smaller than some of the samples shown to the board, and when digitized, also loses resolution for the verifying pharmacists. Obviously, this only becomes a problem if the verifying pharmacists questions the handwriting. At such a point, there are other ways of verification that can and should be used by the verifying pharmacist, including an examination of the hard copy of the prescription.
7. In the instant case, one can assume that Newcomer was confident in what she thought she saw, or at least in her interpretation of what she saw. So much so that the number “3” was verified in lieu of the intended “7.5” that was actually written on the prescription.
8. Again, a fair review of the prescription’s writing makes it less clear. The “7” followed by a period or dot “.” when the loss of resolution and reduction in size is considered, appears to join the two to make a feasible image of an incomplete “3.” The cross bar of the “7” becomes the center indent of the “3” and the period can appear to extend the line below the center indent, as if continuing the stroke of a “3.” Following on the same line appears an “es” that is actually the number “5” upon closer examination. The top portion of the upper half of the “5” is truncated by the writer. Additionally, “7.5” is an odd number, whereas a “3” would be more anticipated and not a forced amount in light of the 2.5 mg tablets pills filling the prescriptions.
9. Thus the Board can see a practical and fair reading of the lower resolution digitized script becomes “3 es tabs po Q week” instead of “7.5 tabs po Q week”.
10. This interpretation raises the question of why the original prescription was not reviewed. In response, the pharmacists likely felt her interpretation was accurate – hence, the error.
11. In mitigation, we see that the original entry was likely the best place to catch the error as it was

taken from the original script and would have been a higher resolution and the writing would have been clearer – like putting on a pair of reading glasses. The lower resolution screen will not compensate for a verifying pharmacist's false sense of certainty, when it would have been better to simply not take any chances and to look at the original script.

12. At each stage there were interpretations of the handwriting. As such, if neither the technician, nor the pharmacist were certain, they both should have contacted the medical offices and sought further clarification.
13. With each such error, a better path is learned for the technician and pharmacist, as well as the pharmacy itself.
14. For the pharmacist, adhering to a policy of reducing interpretation and opting for certainty is the safest path. Even when there is a “certainty” as to the intent, if there is any question regarding the handwriting, it is certainly better to first examine the original script and then if it is still not clear, then to consult the professional who wrote the prescription.
15. For the technician, when a question arises as to interpretation, the matter should be placed in the hands of the pharmacist to pursue clarification and certainty.
16. For the pharmacy, additional training of personnel is in order, including asking that the pharmacist take additional continuing education coursework – as interpretation of handwriting is a well-known cause of error in the industry. Helping the technician fully understand her role is also in order. The pharmacist always needs to be involved in judgments, and even then, certainty is the best policy.

WHEREFORE, the Respondents ask that the Board take into consideration the factors set forth herein.

Additionally, the Respondents ask the Board to consider in the penalty phase of the matter that the pharmacist has voluntarily sought out continuing education on misfills at her own expense. Walgreens asks the Board to consider that the error was minor in scope, and though it reduced the treatment, it did not fully delay the treatment as has been asserted. The patient did receive the medication, but just not at the levels desired by the physicians. The error was timely caught and Respondents are not aware of any further negative outcomes resulting from the reduced amount

of the tablets. Additionally, Walgreens has an established policy of examining the original script and choosing certainty (calling the writing professional) over interpretation of handwriting. Had that policy been followed in this matter, the issue may not have arisen. The fact that the pharmacist did not examine the original prescription likely indicates that the Respondent Newcomer was fairly certain as to her interpretation of the handwriting, so there is no compelling argument to be made that she believed the original prescription needed to be consulted. The consequences were not significant, but are enough of a concern that the Pharmacist needs to examine her practices – which she is doing voluntarily.

DATED THIS 4th day of January, 2013.

LAWYERSWEST, LTD.



ROBERT C. GRAHAM
Attorney for Respondents
Nevada Bar No. 4618
10000 W. Charleston Blvd. #140
Las Vegas, Nevada 89135
(702) 255-6161

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

**Petitioner, STATEMENT TO THE RESPONDENT
v. NOTICE OF INTENDED ACTION
AND ACCUSATION
RIGHT TO HEARING**

**WALGREEN'S PHARMACY #04197
Certificate of Registration No. PH01142
Respondent.**

Case No. 11-113-PH-S

_____ /

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

I.

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

II.

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

III.

The Board has reserved Wednesday, January 16, 2013, as the date for a hearing on this matter at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, 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 26th day of September, 2012.


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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

**ANSWER AND NOTICE OF DEFENSE
OF ACTION AND ACCUSATION**

v.

CHANICE NEWCOMER, R.Ph.,
Certificate of Registration No. 17439

Case No. 11-113-RPH-S

WALGREENS #04197,
Certificate of Registration No. PH01142

Case No. 11-113-PH-S

Respondents.

_____/

COME NOW RESPONDENTS, CHANICE NEWCOMER, (Certificate of Registration No. 17439), and WALGREENS #04197 (Certificate of Registration No. PH01142), by and through their counsel of record, ROBERT C. GRAHAM, ESQ., of LAWYERSWEST, LTD., and do hereby answer as follows:

1. That a hearing on the Notice of Intended Action and Accusation is requested.
2. That as to the causes of action asserted, Respondents NEWCOMER and WALGREENS #04197 do not contest and hereby stipulate generally to the facts asserted by the Nevada Board of Pharmacy ("Board") and only ask that the Board consider additional facts of mitigation as well as clarification of asserted facts that when known and/or understood must be considered, in equity, in the penalty phase of this Action.
3. As the Board and Complainant have asserted, the original prescription for Methotrexate indicated a course of 7.5 tablets to be once per week. The assertion is that the prescription is clear (word underlined by the complainant); however, the Board must consider the actual document and not only the assertion made.
4. The prescription was entered into the Walgreen's digital system by a pharmacy technician and then filled by that same technician. As asserted, Respondent Newcomer verified the prescription

and offered counseling.

5. A fair review and reading of the matter shows that the digitized prescription is regrettably not as clear as the original script, nor the script duplicate that has been increased for purposes of any exhibit(s) that the board may see. The Board will note that such an increase in size of the script artificially clarifies the script for the reader – much like putting on glasses would help someone with less than perfect eyesight.
6. In practice, the script is smaller than some of the samples shown to the board, and when digitized, also loses resolution for the verifying pharmacists. Obviously, this only becomes a problem if the verifying pharmacists questions the handwriting. At such a point, there are other ways of verification that can and should be used by the verifying pharmacist, including an examination of the hard copy of the prescription.
7. In the instant case, one can assume that Newcomer was confident in what she thought she saw, or at least in her interpretation of what she saw. So much so that the number “3” was verified in lieu of the intended “7.5” that was actually written on the prescription.
8. Again, a fair review of the prescription’s writing makes it less clear. The “7” followed by a period or dot “.” when the loss of resolution and reduction in size is considered, appears to join the two to make a feasible image of an incomplete “3.” The cross bar of the “7” becomes the center indent of the “3” and the period can appear to extend the line below the center indent, as if continuing the stroke of a “3.” Following on the same line appears an “es” that is actually the number “5” upon closer examination. The top portion of the upper half of the “5” is truncated by the writer. Additionally, “7.5” is an odd number, whereas a “3” would be more anticipated and not a forced amount in light of the 2.5 mg tablets pills filling the prescriptions.
9. Thus the Board can see a practical and fair reading of the lower resolution digitized script becomes “3 es tabs po Q week” instead of “7.5 tabs po Q week”.
10. This interpretation raises the question of why the original prescription was not reviewed. In response, the pharmacists likely felt her interpretation was accurate – hence, the error.
11. In mitigation, we see that the original entry was likely the best place to catch the error as it was

taken from the original script and would have been a higher resolution and the writing would have been clearer – like putting on a pair of reading glasses. The lower resolution screen will not compensate for a verifying pharmacist's false sense of certainty, when it would have been better to simply not take any chances and to look at the original script.

12. At each stage there were interpretations of the handwriting. As such, if neither the technician, nor the pharmacist were certain, they both should have contacted the medical offices and sought further clarification.
13. With each such error, a better path is learned for the technician and pharmacist, as well as the pharmacy itself.
14. For the pharmacist, adhering to a policy of reducing interpretation and opting for certainty is the safest path. Even when there is a “certainty” as to the intent, if there is any question regarding the handwriting, it is certainly better to first examine the original script and then if it is still not clear, then to consult the professional who wrote the prescription.
15. For the technician, when a question arises as to interpretation, the matter should be placed in the hands of the pharmacist to pursue clarification and certainty.
16. For the pharmacy, additional training of personnel is in order, including asking that the pharmacist take additional continuing education coursework – as interpretation of handwriting is a well-known cause of error in the industry. Helping the technician fully understand her role is also in order. The pharmacist always needs to be involved in judgments, and even then, certainty is the best policy.

WHEREFORE, the Respondents ask that the Board take into consideration the factors set forth herein.

Additionally, the Respondents ask the Board to consider in the penalty phase of the matter that the pharmacist has voluntarily sought out continuing education on misfills at her own expense. Walgreens asks the Board to consider that the error was minor in scope, and though it reduced the treatment, it did not fully delay the treatment as has been asserted. The patient did receive the medication, but just not at the levels desired by the physicians. The error was timely caught and Respondents are not aware of any further negative outcomes resulting from the reduced amount

of the tablets. Additionally, Walgreens has an established policy of examining the original script and choosing certainty (calling the writing professional) over interpretation of handwriting. Had that policy been followed in this matter, the issue may not have arisen. The fact that the pharmacist did not examine the original prescription likely indicates that the Respondent Newcomer was fairly certain as to her interpretation of the handwriting, so there is no compelling argument to be made that she believed the original prescription needed to be consulted. The consequences were not significant, but are enough of a concern that the Pharmacist needs to examine her practices – which she is doing voluntarily.

DATED THIS 4th day of January, 2013.

LAWYERSWEST, LTD.



ROBERT C. GRAHAM
Attorney for Respondents
Nevada Bar No. 4618
10000 W. Charleston Blvd. #140
Las Vegas, Nevada 89135
(702) 255-6161

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,
Petitioner,

v.

NOTICE OF INTENDED ACTION
AND ACCUSATION

GERRY W. JOHNSON, JR., PT
Certificate of Registration No. PT05953,
Respondent.

Case No. 12-041-PT-S

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 Johnson is a registered pharmaceutical technician with the Board.

II.

On or about June 15, 2012, Southern Nevada Adult Mental Health Services (SNAMHS) received a prescription refill request from Sav-On Pharmacy #6091 for Gerry Johnson. Mr. Johnson was not a patient of SNAMHS but had previously been employed as a pharmaceutical technician with SNAMHS. SNAMHS alleged that Mr. Johnson may have obtained a prescription pad to prescribe controlled substances for himself using SNAMHS physician Richard Hillier's name without his consent or knowledge. SNAMHS' Clinical Manager reviewed the pharmacy computer system and determined that the prescriptions for Mr. Johnson were fraudulent. SNAMHS confronted Mr. Johnson and he resigned his employment. Dr. Hillier filed a report with the Las Vegas Metropolitan Police Department.

III.

During the investigation of this matter, Mr. Johnson voluntarily provided a written statement to Board Staff. He stated that he was in a car accident two years ago and was prescribed pain medications due to his injuries. The accident was a lean case handled by an attorney, and when the case closed, the physician treating Mr. Johnson discontinued prescribing medications for him. Mr. Johnson stated by that time, he was "so hooked" and had to find a way to obtain his medications.

IV.

In his statement, Mr. Johnson admitted that he had stolen a prescription pad from SNAMHS. Over the period of approximately one year, he had written several prescriptions for himself for controlled substances, namely, Soma 350 mg., Lortab 10mg., and oxycodone 10/325 and signing Dr. Hillier's name. The prescriptions were being filled at various pharmacies.

V.

Subsequent to resigning his employment with SNAMHS, Mr. Johnson was employed as a pharmaceutical technician at Wal-Mart Pharmacy #1560. He admitted to stealing #30 Lortab 7.5 mg. tablets, #30 Lortab 10 mg. tablets, and #90 Soma 350mg. tablets from Wal-Mart Pharmacy during his employment with them.

FIRST CAUSE OF ACTION

VI.

In obtaining controlled substances, namely Soma, Lortab and oxycodone without a lawful prescription, Mr. Johnson violated Nevada Revised Statute (NRS) 453.331(1)(d), (f), and/or 453.336(1) and/or 639.210(1), (4), and/or (12) and Nevada Administrative Code (NAC) 639.945(1)(h).

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

Signed this 18th day of September, 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, **STATEMENT TO THE RESPONDENT
NOTICE OF INTENDED ACTION
AND ACCUSATION
RIGHT TO HEARING**

**GERRY W. JOHNSON, JR., PT
Certificate of Registration No. PT05953,**

Case No. 12-041-PT-S

Respondent.

_____ /

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

I.

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

II.

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

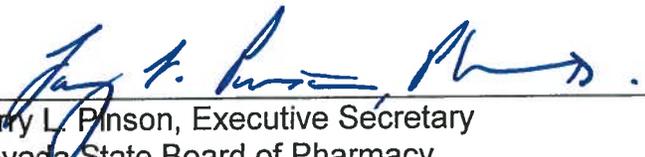
III.

The Board has reserved Wednesday, January 16, 2013 as the date for a hearing on this matter at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, 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 18th day of September, 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**

**GERRY W. JOHNSON, JR., PT
Certificate of Registration No. PT05953,
Respondent.**

Case No. 12-041-PT-S

_____ /

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

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

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.

Gerry W. Johnson, Jr.

Blank

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,
Petitioner,

v.

NOTICE OF INTENDED ACTION
AND ACCUSATION

CINDY ORWICK, PT,
Certificate of Registration No. PT05926,
Respondent.

Case No. 12-047-PT-S

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 Orwick is a registered pharmaceutical technician with the Board.

II.

On or about June 12, 2012 Board staff received a letter from Tammy Myxter, District Pharmacy Manager for Smith's Food and Drug notifying the Board that they had terminated the employment of Ms. Orwick.

III.

During a random drug screen on May 9, 2012, Ms. Orwick tested positive for methamphetamine.

FIRST CAUSE OF ACTION

IV.

By testing positive for methamphetamine during a random drug screen, Ms. Orwick violated Nevada Revised Statute (NRS) 639.210(3) and/or (4) and/or 639.283 and Nevada Administrative Code (NAC) 639.945(1)(i).

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

Signed this 12th day of July 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 10 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

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

**CINDY ORWICK, PT
Certificate of Registration No. PT05926,**

Case No. 12-047-PT-S

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, October 17, 2012 as the date for a hearing on this matter at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, 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 12th day of July, 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

CINDY ORWICK, PT
Certificate of Registration No. PT05926,

Case No. 12-047-PT-S

Respondent.

_____/

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

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

///

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

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

DATED this _____ day of _____, 2012.

Cindy Orwick, PT

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

A. Millers of Wyckoff – Wyckoff, NJ

Jacob Saeman appeared and was sworn by President Foster prior to answering questions or offering testimony.

David Miller provided Board staff with a letter authorizing Mr. Saeman to testify on behalf of Millers of Wyckoff.

Mr. Saeman explained that they are a compounding pharmacy, currently licensed in 30 states and their goal is to license in all states so they can ship anywhere in the United States. Millers of Wyckoff is a family owned pharmacy that has been in business since 1929. Mr. Saeman gave information regarding their shipping procedures and other practices to the Board's satisfaction.

Board Action:

Motion: Cheryl Blomstrom moved to approve the application for Millers of Wyckoff.

Second: Jack Dalton

Action: Passed Unanimously

B. My Weight Doctor Pharmacy, LLC – Rockville, MD

This matter was continued to the October Board meeting.

7. Requests for Pharmacy Technician in Training License – Appearance for Possible Action:

A. Shari A. Challis

Shari Challis appeared and was sworn by President Foster prior to answering questions or offering testimony.

Russ Smith disclosed that he is an employee of Walgreens however he does not know Ms. Challis and his participation in this matter would not be in conflict.

Ms. Challis disclosed on her application for pharmaceutical technician in training that she had been arrested on suspicion of selling a controlled substance, namely marijuana, but testified that the charges were dismissed. Ms. Challis also indicated that she had six months of anger management classes for a domestic abuse charge because she got into a heated argument with her brother. She also admitted that she obtained a hotel room for someone in her name and the person she obtained the room for trashed it. She indicated that the person that did it paid for the damages and she

was released from responsibility in that matter. Ms. Challis was also arrested for methamphetamine use when she was between 15 and 18 years old. She noted that her parents are supportive of her and that she has grown and learned from her mistakes. Ms. Challis works for Walgreens full time and she was asked if she would be interested in being a pharmaceutical technician in the pharmacy. Ms. Challis indicated that her managing pharmacist is aware of her history.

Denise Challis appeared and was sworn by President Foster prior to answering questions or offering testimony.

Denise Challis, Shari's mother, testified on her behalf.

Board Action:

Motion: Kam Gandhi moved to accept the application for pharmaceutical technician in training providing Ms. Challis is evaluated by PRN-PRN, Board staff receives of a letter of recommendation from the managing pharmacist, and that she reappear at the January 2013 Board meeting.

Second: Cheryl Blomstrom

Action: Passed Unanimously

B. Alex Garza

Alex Garza appeared and was sworn by President Foster prior to answering questions or offering testimony.

Mr. Garza was present to explain the circumstances of the dismissal of charges that were brought against him by the North Las Vegas Municipal Court. He explained that he does not drive and that he got a ride from a girl who had an accident because she was under the influence of marijuana while he was the passenger in her car. He did not know she was under the influence until after he accepted the ride. They were both arrested, however his charges were dismissed because he had not used marijuana. Mr. Garza stated that he would like to complete the program at Anthem, where he was a student in the pharmaceutical technician program.

Board Action:

Motion: Russ Smith moved to approve the application for pharmaceutical technician in training pending a letter of support from Anthem to Board staff.

Second: Cheryl Blomstrom

Action: Passed Unanimously



2051 Raymer Ave. Unit A
Fullerton, CA 92833
Phone: (714) 888-1300
Fax: (714) 888-8515
www.dynamex.com

Anticipated agenda topics would include:

- Overview of Regulation NAC 639.710 Delivery of prescription drugs. (NRS 639.070); its purpose at the time of inception.

NAC 639.710 Delivery of prescription drugs. (NRS 639.070)

1. A prescribed medication may be delivered or dropped off by a licensee if the person making the delivery:

(a) Is a bona fide employee of the licensee;

(b) Is at least 16 years of age; and

(c) Has not been convicted of any offense in any jurisdiction, whether a felony or misdemeanor, involving any dangerous drug, controlled substance, embezzlement or theft.

2. A prescribed medication must be delivered directly to the patient, or must be dropped off with a person at the patient's residence or the appropriate person on the staff of the medical facility at which the patient is being treated. The person accepting the prescribed medication must sign for it.

3. All prescribed medications must be adequately secured in the vehicle used for delivery.

4. The licensee shall maintain records of all prescribed medications which are delivered pursuant to this section.

5. Any prescribed medication may be picked up from the pharmacy by any authorized, noncompensated agent of the person for whom the drug is prescribed, including but not limited to, a neighbor, friend or relative.

[Bd. of Pharmacy, § 639.170, eff. 6-26-80]—(NAC A 10-17-86)

- Current 2012 Delivery concerns as well as future considerations.
- Will the level of patient care be improved or diminished by allowing distribution of Pharmaceuticals to be outsourced?
- How can the use of existing Chain of Custody Technology enhance visibility and resolve potential mishandling of medications?
- Determine under what conditions a third party distribution company could be allowed to deliver medications in the state of Nevada.
- Identify specific certifications for third party distribution companies to qualify to deliver medications for the state of Nevada.

Allow Dynamex to petition the Nevada State Board of Pharmacy to amend the regulation prohibiting only bona fide Pharmacy employee to deliver medications.



2051 Raymer Ave. Unit A
Fullerton, CA 92833

Phone: (714) 888-1300

Fax: (714) 888-8515

www.dynamex.com

Patient Benefits - Improved patient care

- Standardized Operating Procedures
- Uniformed, Professional drivers with ID badges
- Minimize delivery errors through Chain of Custody technology
- Create a historic record of deliveries
- Signature capture to verify proper recipient
- HIPPA Compliance – secure patient information

Pharmacy and Board Benefits

- Lower Costs of delivery through outsourcing
- Professional Drivers and Operations Management
- Pharmacies can Focus on their core competency and not be distracted by delivery issues
- Create a historic record of each delivery and electronic Chain of Custody
- Standardize Operating Procedures to streamline workflows and optimize delivery function
- Create customized reporting and on demand access for auditing purposes
- Include Bar Code Scanning and other State of the Art Technology to improve accuracy in the delivery function
- Require background checks procedures, minimum DMV requirements and random drug screening to assure the proper individuals are selected to make pharmaceutical deliveries.
- Maintain standards for the transport of temperature sensitive medications.
- Require the same Dedicated Drivers report consistently to each assigned pharmacy to eliminate confusion.
- Increase compliance through the creation of standards of delivery

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: ADVANCED HOME INFUSION

Physical Address: 5025 S. EASTERN AVE., STE 25, LV, NV 89119

Mailing Address: 5025 S. Eastern Ave., Ste 25, LV, NV 89119

City: LAS VEGAS State: NV Zip Code: 89119

Telephone: (702) 712-4698 Fax: (702) 597-2934

Toll Free Number: _____

E-mail: JERRY@ACRXPHARMACY.COM Website: _____

Managing Pharmacist: Eghe J. Igbinovia License Number: 16316

Hours of Operation:

Monday thru Friday _____ am _____ pm Saturday 10 am 4 pm

Sunday _____ am _____ pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

<input 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 checked="" 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
---	--

61338

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.

X

Original Signature of Person Authorized to Submit Application, no copies or stamps

Eghe J. Igbinovia

Print Name of Authorized Person

9/20/12

Date

Board Use Only

Received: 10/1/12 Amount: 500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name: EGHE U. IGBINOVIA
Business Name: ADVANCED HOME INFUSION
Current Business Address: 5025 S. EASTERN AVE, UTE 25
City: LAS VEGAS State: NV Zip Code: 89119
Telephone: (702) 712-4698 Fax: (702) 597-2934

List any physician shareholders and percentage of ownership.

Name: None %: _____
Name: _____ %: _____

Are you a registered pharmacist in Nevada? Yes No License #: _____

SOLE OWNER

Include with the application for a sole owner

Designated representative form. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

The designated representative (as defined in NAC 639.5005) needs to complete the form, submit the required 6000 hours of employment with a pharmacy or wholesaler and will be required to take and pass an examination on law **prior** to the license being issued. Upon receipt of the completed application, a law book and requirements for taking the exam will be provided to the designee. If the designated representative is the managing pharmacist, the law test is not required.

Complete personal history record. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*. Must be original signature(s), no copies or stamps.

STATEMENT OF RESPONSIBILITY - Pharmacy
For Corporations, Partnership or Sole Owners

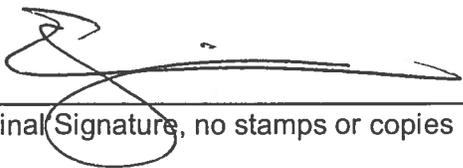
I, EGHE J. IGABINDIA
Responsible Person of ADVANCED HOME INFUSION

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

9/20/12
Date

Statement of Responsibility

Managing Pharmacist

Pharmacist Name: Eghe J. Igbinovia License #: 16316

Pharmacy Name: ADVANCED HOME INFUSION

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"/>	<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 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: The Desert Hope Center

Physical Address: 2465 E Twain Ave Las Vegas, NV 89121

Mailing Address: 2465 E Twain Ave

City: Las Vegas State: NV Zip Code: 89121

Telephone: 702 431 4345 Fax: 702 431 4406

Toll Free Number: n/a

E-mail: thewman@contactaac.com Website: www.americanaddictioncenters.ca
jmaddox@contactaac.com

Managing Pharmacist: Jade Maddox License Number: 18412

Hours of Operation:

Monday thru Friday 8 am 4 pm Saturday n/a am n/a pm
 Sunday n/a am n/a pm 24 Hours n/a

TYPE OF PHARMACY

SERVICES PROVIDED

<input type="checkbox"/> Retail	<input type="checkbox"/> Off-site Cognitive Services
<input checked="" type="checkbox"/> Hospital (# beds <u>148</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

62001

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

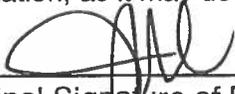
Within the last five (5) years:

- 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

Jade Maddox
Print Name of Authorized Person

12/10/12
Date

Board Use Only

Received: DEC 18 2012 Amount: 500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Nevada
Parent Company if any: American Addiction Centers
Corporation Name: Concord Treatment center, LLC d/b/a The Desert Hope center
Mailing Address: 2465 E Twain Ave
City: Las Vegas State: NV Zip: 89121
Telephone: 702 431 4345 Fax: 702 431 4406
Contact Person: Jade Maddox / Terri Newman, Clinical Director

For any corporation non publicly traded, disclose the following:

- 1) List top 4 persons to whom the shares were issued by the corporation?
no shares issued; completely owned by American Addiction center
- | | | |
|---------------|-------|---------|
| a) <u>n/a</u> | _____ | _____ |
| | Name | Address |
| b) <u>n/a</u> | _____ | _____ |
| | Name | Address |
| c) <u>n/a</u> | _____ | _____ |
| | Name | Address |
| d) <u>n/a</u> | _____ | _____ |
| | 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
- 3) What was the price paid per share? n/a
- 4) What date did the corporation actually receive the cash assets? n/a
- 5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: n/a %: n/a
Name: n/a %: n/a

STATEMENT OF RESPONSIBILITY - Pharmacy
For Corporations, Partnership or Sole Owners

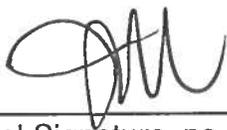
I, Jade Michelle Maddox

Responsible Person of Concord Treatment Center LLC d/b/a The Desert Hope Center
hereby acknowledge and understand that in addition to the corporation's, any owner(s),
shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy
law that may occur in a pharmacy owned or operated by said 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

12/10/12

Date

Statement of Responsibility

Managing Pharmacist

Pharmacist Name: Jade michelle maddox

License #: 18412

Pharmacy Name: The Desert Hope 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"/> <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: <u>n/a</u>	Date: <u>n/a</u> Case #: <u>n/a</u>
And/or Criminal Action:	State: <u>NV</u>	Date: <u>12/8/12</u> Case #: <u>121439764X</u>
	County: <u>Clark</u>	Court: <u>Justice Court</u>

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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: Total infusion care

Physical Address: 3041 W. Horizon Ridge Parkway Ste #100

Mailing Address: 3041 W. Horizon Ridge Parkway Ste #100

City: Henderson State: NV Zip Code: 89052

Telephone: 888/482-2730 Fax: 800/994-9697

Toll Free Number: 888/482-2730

E-mail: _____ Website: _____

Managing Pharmacist: Timothy Brown License Number: 13529

Hours of Operation:

Monday thru Friday 10 am 6 pm Saturday on call am _____ pm

Sunday on call am _____ pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

<input checked="" type="checkbox"/> Retail <u>Home infusion</u> <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 checked="" type="checkbox"/> Parenteral (outpatient) <input type="checkbox"/> Outpatient/Discharge <input type="checkbox"/> Mail Service <input type="checkbox"/> Long Term Care
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62094

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

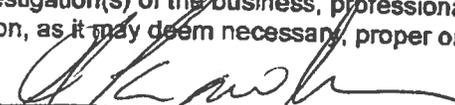
Within the last five (5) years:

- 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

Ali Pourmola
Print Name of Authorized Person

12/27/12
Date

Board Use Only

Received:

JAN 03 2013

Amount:

500-

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Nevada
Parent Company if any: N/A
Corporation Name: Total Infusion Care, Inc.
Mailing Address: 3041 W. Horizon Ridge Park Way #100
City: Henderson State: CA Zip: 89052
Telephone: 888/482-2730 Fax: 800/994-9697
Contact Person: Ali Pourmola

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>Ronna Pasca</u> | <u>5428 Francisco Way</u> |
| | Name | Address |
| | | <u>ASOQUIA HILLS, CA 91301</u> |
| b) | <u>Noghme Saeedi - Anjad</u> | <u>11301 W. Olympic Blvd #802</u> |
| | Name | Address |
| | | <u>LA, CA 90064</u> |
| c) | <u>Ali Pourmola</u> | <u>4158 Greenbrier Lane</u> |
| | Name | Address |
| | | <u>Tarzana, CA 91356</u> |
| 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. 1080 Total
- 3) What was the price paid per share? \$.01
- 4) What date did the corporation actually receive the cash assets? 12/10/12
- 5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name:	<u>Ronna Pasca</u>	%:	<u>33.33</u>
Name:	<u>Noghme - Saeedi Anjad</u>	%:	<u>33.33</u>
	<u>Ali Pourmola</u>	%:	<u>33.33</u>

STATEMENT OF RESPONSIBILITY - Pharmacy
For Corporations, Partnership or Sole Owners

I, Ali Pourmogh
Responsible Person of Total Infusion Care, 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 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

12/10/12
Date

Statement of Responsibility

Managing Pharmacist

Pharmacist Name: Timothy Brown

License #: 13529

Pharmacy Name: Total Infusion Care, Inc

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 checked="" type="checkbox"/>	<input type="checkbox"/>
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If you marked YES to any of the numbered questions above, please include the following information		
Board Administrative Action:	State: <u>NV</u>	Date: <u>4/2012</u> Case #: <u>11-092C-RPH-S</u>
And/or Criminal Action:	State: <u>FL</u>	Date: <u>3/2009</u> Case #: <u>2010CT008439</u>
	County: <u>Palm Beach</u>	Court: _____

Blank

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.

Application type checkboxes: New MDEG, Ownership Change, Name Change, Location Change. Includes instruction to provide current license number.

Ownership type checkboxes: Publicly Traded Corporation, Non Publicly Traded Corporation, Partnership, Sole Owner. Includes instruction to check box for type of ownership.

GENERAL INFORMATION to be completed by all types of ownership

MDEG Name: Prosthetic Consulting Technologies

Physical Address: 220 N. Hwy 395, Suite 303, Washoe Valley, NV 89704

Mailing Address: 220 N. Hwy 395, Suite 303

City: Washoe Valley State: NV Zip Code: 89704

Telephone: 775-849-0958 Fax: 775-849-2566

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

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Operating hours: Mon: 9A to 5p, Tue: 9A to 5p, Wed: 9A to 5p, Thu: 9A to 5p, Fri: 9A to, Sat: to, Sun: to, Holidays: to

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Richard Riley

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 Prosthetics, 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.

61998

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

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

(PTAN) 5895990001 _____

1) Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes No

2) Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes No

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

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

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner, shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes No
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes No
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes No
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes No

If the answer to questions 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized MDEG provider or wholesaler may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Print Name of Authorized Person

Date

Board Use Only

Received: DEC 18 2012

Amount: 500.00

APPLICATION FOR NEVADA MDEG LICENSE

OWNERSHIP IS A PARTNERSHIP

List names of 4 largest partners and percentage of ownership:

Name: Riley Family Trust %: 100

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Partnership Name: Richard Lee Riley

Mailing Address: 7451 Granite Ridge Ct.

City: Washoe Valley State: NV Zip Code: 89701

Telephone Number: 775-849-1258 Fax Number: 775-849-2566

Contact Person: Richard Riley

PARTNERSHIP

Include with the application for a partnership

Complete personal history record for each partner. Must be original signature(s), no copies or stamps. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 11-29-12

GENERAL INSTRUCTIONS

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

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

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

Application for MDEG- ORTHOTICS and Prosthetics

Prosthetic Consulting Technologies, LLC, 220 N. HWY 395, Suite 303, Washoe Valley, NV 89704

If applicable, Name Under Which It is Now Operated

1. PERSONAL INFORMATION:

Last Name: Riley, First Name: Richard, Middle Name: Lee

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

Present Residence Address: 7451 Granite Ridge Ct., Washoe Valley, Nevada 89704

Present Business Address: 220 N. HWY 395 Suite 303, Washoe Valley, NV 89704

Occupation: Certified Prosthetist, Dates: 9/80 - Current

Phone: Residence, Business: 775.849.0958

Date of Birth: 58, Place of Birth: Roanoke, Roanoke Co., Virginia

Age: 58, Social Security Number: [redacted], Sex: M

Color of Eyes: Blue, Color of Hair: Brown, Complexion: Fair, Weight: 225, Build: Stocky, Height: 5'11 1/2"

Scars, tattoos or distinguishing marks and/or characteristics: Belowknee (right leg) amputee

Are you a citizen of the United States? Yes [X] No [] If alien, registration No. []

If naturalized, certificate No. [] Date []

Place [] (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single [] Married [X] Separated [] Divorced [] Widowed [] Engaged []

Applicant's initial [Signature]

MARITAL INFORMATION-Continued

A. **Current Marriage**.....
 Spouse's full name (Maiden) Jill Ann Dickison ^{Date} Carson City, NV. City, County and State
 Date of Birth 10-30-65 Place of Birth Olney, Illinois S.S. No.
 Resident address 7451 Granite Ridge Ct. Washoe Valley NV 89704
 Telephone: Residence: _____ SS: _____
 Spouse's employer self Occupation physical therapist
 Address of employer same
 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
<u>Jane Cowan</u>			<u>divorce</u>	<u>S. Hampton, N.H.</u>

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

Name	Street	City	State	Zip	Telephone
<u>Jane Cowan</u>	<u>715 Hilldale Ave.</u>	<u>S. Hampton</u>	<u>NH.</u>	<u>03827</u>	

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

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 [Signature]

FAMILY INFORMATION-Continued

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

Name

Address

Contact person

C. Parents:

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

Name (Maiden)	Birth Date	Address	Occupation
Father Harold Riley		1231 Luther Palmer Cleveland, GA.	BF Goodrich regional manager
Mother Joan Riley		same	teacher
Father-in-Law John Dickinson		NA	pitot
Mother-in-Law Jo Anne Patterson		114	teacher

D. Brothers and Sisters:

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

Name (Maiden)	Birth Date	Address	Occupation
Jan Riley		1155 Jolly Ave Clarkston, GA	painter
Spouse			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School Garfield Elementary	Medina, Ohio	60-68	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School Medina HS.		68-72	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University Miami U. of Ohio		72-76	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other Northwestern University		79-80	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any Prosthetics Program BS - Education / Certificate in Prosthetic

College or university where obtained Miami U / Northwestern U

Applicant's initial PR

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes No

Branch _____ Date of entry-active service _____

Date of separation _____ Type of discharge _____

Rating at separation _____ Serial number _____

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes No If yes, furnish details on separate sheet. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes No

County Madison State OHIO Date registered 1972

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes No If yes, give details in space provided below and provide a written explanation. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency

- B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes No
- C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes No
- D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes No
- E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes No
- F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes No
If yes, when? _____ city, county and state _____
- G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes No
If yes when? _____ city, county and state _____
- H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes No
If you answer to any of the above questions (B through H) is yes, please provide a written explanation.

Name	Relationship	Charge	Location	Date

E. I am an expert witness in Prosthetics.

Applicant's initial *[Signature]*

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
11/89 → 5/91	815 Mill St.	Reno	NV
5/91 → 11/97	715 N HWY 395	Washoe Valley	NV
11/97 → present	7451 Granite Ridge Ct.	Washoe Valley	NV

Applicant's initial  Page 5

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 9-76 → 6-78	Name/Mailing Address of Employer/Business Cairo American College Madi Egypt	Reason for Leaving contract over
Title teacher	Description of Duties un grade teacher	Name of Supervisor John Johnson

Month and Year 9-78 - 6-79	Name/Mailing Address of Employer/Business Conneton School District / NA	Reason for Leaving contract over
Title teacher	Description of Duties science teacher	Name of Supervisor Denton Hays

Month and Year 8-80 - 6-82	Name/Mailing Address of Employer/Business Atlanta Prosthetics SCS GA Baptist Ed. Atlanta GA.	Reason for Leaving Needed new experience
Title apprentice prosthetist	Description of Duties prosthetist	Name of Supervisor Grant Rice

Month and Year 6-82 → 11-83	Name/Mailing Address of Employer/Business GA. Prosthetics Atlanta GA. 1601 Atlanta Blvd.	Reason for Leaving new experience
Title prosthetist	Description of Duties prosthetist	Name of Supervisor Aaron Smith

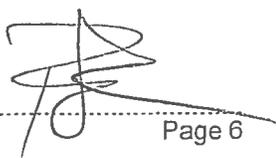
Month and Year 11-83 → 11-86	Name/Mailing Address of Employer/Business ATP Associates Hull Methuen MA.	Reason for Leaving begin sole proprietorship
Title chief prosthetist	Description of Duties supervising all prosthetic duties	Name of Supervisor Bill Newman

Month and Year 11-86 → 11-89	Name/Mailing Address of Employer/Business Sports Medicine Portsmouth NH 73 Londonderry Rd.	Reason for Leaving moved to Nevada
Title prosthetist	Description of Duties independant contractor providing prosthetics	Name of Supervisor self

Month and Year 11-89 - present	Name/Mailing Address of Employer/Business Prosthetic Consulting Technologies 715 N. Hwy 395 Wasatch Valley	Reason for Leaving sold business
Title owner	Description of Duties prosthetics	Name of Supervisor self

Month and Year 1-2006 → present	Name/Mailing Address of Employer/Business Prosthetic Consulting Technologies 200 N. Hwy 395 Wasatch Valley, NV	Reason for Leaving
Title CEO/prosthetist	Description of Duties CEO - prosthetist	Name of Supervisor self

If additional space is needed, please provide an attachment.

Applicant's initial  Page 6

9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>Chris Askin</u> Employer <u>Community Foundation</u>	Home <u>15065</u> Business <u>CEO</u>	<u>Donnington</u>	<u>Truckee</u>	<u>CA 96161</u>		<u>10+</u>
Name <u>John Mulligan</u> Employer <u>Self</u>	Home <u>4795</u> Business <u>Attorney, Law Office</u>	<u>Caughlin Rkwy #100</u>	<u>Reno</u>	<u>NV 89519</u>		<u>10+</u>
Name <u>Steve Mestre</u> Employer <u>Self</u>	Home <u>3801</u> Business <u>same</u>	<u>Fairview Dr.</u>	<u>Reno</u>	<u>NV 89511</u>		<u>20+</u>
Name <u>Bill Creekbaum</u> Employer <u>Smith Barney</u>	Home <u>3975</u> Business <u>Stockbroker</u>	<u>Ddc Olena Ct.</u>	<u>Carson City</u>	<u>NV</u>		<u>3</u>
Name <u>Harvey Fennel</u> Employer <u>Dickson Realty</u>	Home <u>2870</u> Business <u>CEO - Real estate</u>	<u>Brentwood Ct.</u>	<u>Reno</u>	<u>NV 89509</u>		

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes No
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users

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 JA Page 7

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes No

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes No

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

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes No

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes No

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes No

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes No



Date of photograph 11-28-12

Applicant's initial FR

STATE OF Nevada.....

ss.

COUNTY OF Washoe.....

I, Richard Lee Riley.....

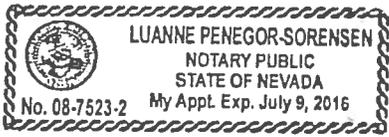
being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or 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.

Richard Lee Riley
.....
Original Signature of Applicant

Subscribed and Sworn to before me this 4th day of

December 2012
.....
Luanne Penegor-Sorensen
.....
Notary Public



(seal)

Applicant's initial RL.....
Page 9

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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.

Form with checkboxes: [X] New MDEG, [] Ownership Change, [] Name Change, [] Location Change. (Please provide current license number if making changes: MP or MW _____)

Form with checkboxes: [] Publicly Traded Corporation – Pages 1,2,3,4, [] Partnership - Pages 1,2,3,6, [X] 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: Sleep Medicine Associates
Physical Address: 2225 Green Vista Drive, Suite 306, Sparks, NV 89431
Mailing Address: 3507 Wedekind Rd.
City: Sparks State: NV Zip Code: 89431
Telephone: (775) 359-6060 Fax: (775) 359-9604
E-mail: johnf@SleepMedicineAssociates.com Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 4 Tue: 9 to 4 Wed: 9 to 4 Thu: 9 to 4
Fri: 9 to 4 Sat: By Appointment Sun: _____ Holidays: _____

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: John W. Freeman

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

- [X] Medical Gases** [] Assistive Equipment
[X] Respiratory Equipment** [] Parenteral and Enteral Equipment**
[] Life-sustaining equipment*** [] Orthotics and Prosthesis
[] Diabetic Supplies Other: _____

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: John Freeman Telephone: (775) 359-6060 (Bus) (775) 846-0618 (Cell)

61995

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

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

BT588B (Medicare) _____
1700046042 (Medicaid) _____

1) Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes No

2) Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes No

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

N/A

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

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

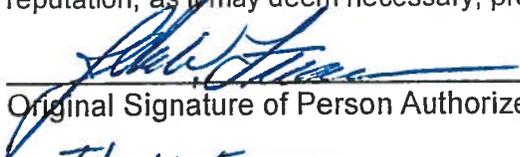
Within the last five (5) years:

- 1) Has the corporation, any owner, shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes No
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes No
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes No
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes No

If the answer to questions 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized MDEG provider or wholesaler may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.


Original Signature of Person Authorized to Submit Application, no copies or stamps
John W. Freeman
Print Name of Authorized Person
12/07/2012
Date

Board Use Only	Received: <u>DEC 18 2012</u>	Amount: <u>500-</u>
----------------	------------------------------	---------------------

APPLICATION FOR NEVADA MDEG LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: Nevada
Parent Company if any: N/A
Corporation Name: Sleep Medicine Associates
Mailing Address: 3507 Wedekind Rd.
City: Sparks State: NV Zip: 89431
Telephone: (775) 359-6060 Fax: (775) 359-9604
Contact Person: John Freeman

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

- (100% of Shares) a) John Freeman 3507 Wedekind Rd. Sparks, NV 89431
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. 100
- 3) What was the price paid per share? \$ 1.00
- 4) What date did the corporation actually receive the cash assets? Sept. 1, 2000
- 5) Provide a copy of the corporation's stock register evidencing the above information

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 12/07/2012

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 Respiratory Equipment & Medical Cases
Nature of License

Sleep Medicine Associates, 2225 Green Vista Dr. #306, Sparks, NV 89431
Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Freeman Last Name John First Name William Middle Name
N/A

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

3507 Wedekind Rd. Present Residence Address-Street or RFD Sparks, City NV 89431 State/Zip

2225 Green Vista Dr. #306 Present Business Address Sparks, NV 89431 City State/Zip State/Zip
Dates October 2002 to Present

President, Sleep Medicine Associates Occupation Dates Sept. 2000 to Present

Phone: Residence _____ Business _____

59 Age 59 Social Security Number Male Sex
Boston, Suffolk, MA Date of Birth Boston, Suffolk, MA Place of Birth (City, County, State)

Blue Color of Eyes White Color of Hair Caucasian Complexion 220 Weight Med/Heavy Build 5-10 Height

Scars, tattoos or distinguishing marks and/or characteristics 1 cm scar on R forearm apx. 3" above wrist.

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 J.F. Page 1

MARITAL INFORMATION-Continued

A. **Current Marriage**..... Davis, Yolo, CA
City, County and State
 Spouse's full name (Maiden) ^{Date} Cara Ann Morgan..... S.S. No.
 Date of Birth 09/15/1952..... Place of Birth Hoodriver, OR
 Resident address 3507 Wedekind Rd Sparks, NV 89431
Street City State Zip
 Telephone: Resident Business
 Spouse's employer LDS Institute of Religion Occupation Support Specialist
 Address of employer 95 W. 11th Street, Reno, NV 89503
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
<u>N/A</u>				

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

Name	Street	City	State	Zip	Telephone
<u>N/A</u>					

3. **FAMILY INFORMATION:**

A. **Children and Dependents:**

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

Name	Residence	Address

- 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 AM.....
 Page 2

FAMILY INFORMATION-Continued

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

Name..... N/A
 Address.....
 Contact person.....

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

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

Name (Maiden)	Birth Date	Address	Occupation
Father <u>James R Freeman</u>		<u>(Deceased)</u> <u>525 Oak Ave, Davis, CA</u>	<u>PhD Electrical Engineering</u>
Mother <u>Elizabeth Freeman</u>		<u>525 Oak Ave, Davis, CA</u>	<u>Retired/Homemaker</u>
Father-in-Law <u>Lesis Brewink</u>		<u>(Deceased)</u> <u>Prater Way, Sparks, NV</u>	<u>chef</u>
Mother-in-Law <u>Rita Brewink</u>		<u>(Deceased)</u> <u>Fayetteville, AR</u>	<u>Homemaker</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)	Address	Occupation
<u>Robert Freeman</u>	<u>525 Oak Ave, Davis, CA</u>	<u>Systems Engineer</u>
Spouse <u>Sharon Warden</u>	<u>525 Oak Ave, Davis, CA</u>	<u>Homemaker</u>
<u>James Freeman</u>	<u>3722 W. South Pointe Rd, S. Jordan, UT</u>	<u>Carpenter</u>
Spouse <u>Linda Moser</u>	<u>3022 W. South Pointe Rd, S. Jordan, UT</u>	<u>School Teacher</u>
<u>David Freeman</u>	<u>1524 E. Springdell, Provo, UT</u>	<u>Real Estate Mgmt</u>
Spouse <u>Shelly Garrett</u>	<u>524 E. Springdell, Provo, UT</u>	<u>Property Management</u>
Spouse		

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	<u>Thousand Oaks Elementary</u>	<u>Berkley, CA</u>	<u>Sept. 1969 - Dec 1961</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	<u>W. Davis Elementary</u>	<u>Davis, CA</u>	<u>Jan 1962 - June 1965</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	<u>Davis Jr High School</u>	<u>Davis, CA</u>	<u>Sept 1965 - June 1967</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College	<u>Sacramento City College</u>	<u>Sacramento, CA</u>	<u>Sept 1971 - Dec 1972</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
University	<u>University of NV-Reno</u>	<u>Reno, NV</u>	<u>Jan 1974 - Jan 1990</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other	<u>American River College</u>	<u>Sacramento, CA</u>	<u>(EMT)</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any..... B.S.

College or university where obtained..... University of Nevada, Reno

Applicant's initial..... 

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes No
 Branch.....Date of entry-active service.....
 Date of separation.....Type of discharge.....
 Rating at separation.....Serial number.....

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes No If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes No
 County Yolo.....State California.....Date registered Apr. July 1971.....

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
<u>N/A</u>				

Applicant's initial JF.....
 Page 4

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
 Yes No (Other than divorces)
 If yes, give details below. List all cases without exception, including bankruptcies:

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

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

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

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
Jun 1977-- Nov 1996	1019 Prospect Ave.	Sparks,	NV
Nov 1996- Present	3507 Wedekind Rd.	Sparks,	NV

Applicant's initial

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Oct 2002 - Present	Sleep Medicine Associates 2225 Green Vista Dr #306, Sparks, NV	N/A
Title	Description of Duties	Name of Supervisor
President / PSG Technologist	Technologist / Manager / Trainer Sleep Disorders Services	Aditya Bhargava, M.D. (Medical Director)
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Jan 1992 - Aug 2002	The Sleep Network, Inc. 3450 W. Central Ave, #118, Toledo, OH	Started own company Conflicts of Interest
Title	Description of Duties	Name of Supervisor
Operations Mgr / PSG Technician	Technician / Manager / Trainer Sleep Disorders Services	Aditya Bhargava, M.D. (Medical Director)
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Jun 1985 - Feb 2001	Professional Transcription Services / Professional Business Products (dba) 1009 Prospect Ave Sparks, NV 89431	Closed Company to Open New Business (Sleep Medicine Assoc.)
Title	Description of Duties	Name of Supervisor
Owner (Sole Proprietorship)	Owner / Manager Transcription Services / Bus Equip Sales & Service	Self
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Jan 1991 - Sept. 1998	Stellar West 1019 Prospect Ave, Sparks, NV	Closed Company (Consolidated into other company)
Title	Description of Duties	Name of Supervisor
Owner (Sole Proprietorship)	Owner / Manager Sales & Service of Computers & Related Equip.	Self
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Jun 1991 - Dec 1991	Sparks Family Hospital 2375 E. Prater Way, Sparks, NV	Sleep Lab Acquired by Sleep Network
Title	Description of Duties	Name of Supervisor
PSG Tech / Sleep Lab Mgr.	Sleep Lab Technician and Mgr.	Christopher Logan
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Jan 1989 - Dec 1990	Truckee Meadows Community College 7000 Sandini Blvd, Reno, NV	To Start New Company (Stellar West)
Title	Description of Duties	Name of Supervisor
Instructor	Instructor - Human Anatomy & Physiology (Lecture & Lab)	Phyllis Henderson
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Aug 1987 - Jan 1990	UNR School of Medicine Reno, NV	Personal & Family Reasons
Title	Description of Duties	Name of Supervisor
Medical Student	Basic Medical Sciences Curriculum	Robert Daugherty (Dean)
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Sept. 1985 - Aug 1987	UNR School of Medicine Dept. of Physiology - Reno, NV	To attend Medical School
Title	Description of Duties	Name of Supervisor
Lab Technician	Electrophysiological Research Experiments	Nelson Publicover, Ph.D.

If additional space is needed, continue on page 10 or provide attachment.

(Continued on P. 10)

Applicant's initial ST 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 <i>Ken Lightfoot</i>	<i>1725G St.</i>	<i>Sparks</i>	<i>NV</i>	<i>89431</i>	<i>7</i>	<i>30+</i>
Employer <i>Retired, Sparks Police Dept.</i>	<i>Home</i>					
Name <i>Mike Murney</i>	<i>3505 Wedekind Rd.</i>	<i>Sparks, NV</i>				<i>Apx. 20</i>
Employer <i>Retired, Reno Fire Dept.</i>	<i>Home</i>					
Name <i>Chad Hicks</i>	<i>2350 Farrel Ross Dr.</i>	<i>Sparks, NV</i>				<i>Apx. 20</i>
Employer <i>Ross Rentals</i>	<i>Business 2350 Farrel/Ross Dr.</i>	<i>Sparks, NV</i>				
Name <i>Cliff Stratton</i>	<i>4225 Weems Way</i>	<i>Sparks, NV</i>	<i>89433</i>			<i>Apx. 30+</i>
Employer <i>Retired - Professor of Anatomy - UNR School of Medicine</i>	<i>Home</i>					
Name <i>Norman Ross</i>	<i>1601 Byrd Dr.</i>	<i>Sparks, NV</i>	<i>89431</i>			<i>Apx. 20</i>
Employer <i>Raley's Pharmacy - Pharmacist</i>	<i>Business 2525 N. McCarran Blvd.</i>	<i>Sparks, NV</i>	<i>89431</i>			

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

Emergency Vehicle Operators Permit - California - Apx. 1971-1976

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes No

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Applicant's initial *JA*

STATE OF Nevada.....

ss.

COUNTY OF Washoe.....

I, John William Freeman....., 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,

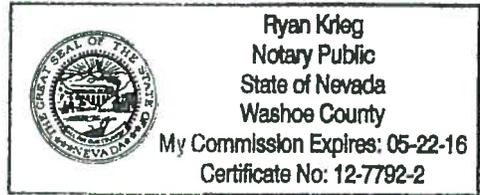
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their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

[Handwritten Signature]
.....
Original Signature of Applicant

Subscribed and Sworn to before me this 13th day of

December 2012.....

[Handwritten Signature]
.....
Notary Public



(seal)

Applicant's initial [Handwritten Initials].....

Blank



January 3, 2013

To whom it may concern:

As owners of Hale's Pharmacy, we respectfully request the removal of probationary status from our license.

When we purchased the pharmacy, there was a complete change to the look of the store, its procedures, and its processes. The issues of organization, documentation and personnel which previously existed and resulted in the probationary status are no longer present in the store today.

We have three other pharmacies which are in good standing with the State Board and have been for several years. Since the ownership change on September 1st, Hale's consistently practices the same policies and procedures as the 3 other stores.

Due to the absence of any involvement from the previous owner, a full organizational revamping of the pharmacy, a new computer system, and the policy and procedural changes we have implemented, we feel the request to change the status is warranted.

Thank you for your consideration.

Hale's Pharmacy Owners

Two handwritten signatures in black ink. The first signature is on the left and the second is on the right, both written over a horizontal line.

Brant Skanson, RPh

David Vasenden, RPh

Downtown Reno
501 Falston Street
Reno, NV 89503
775.329.2000

South Reno
8040 South Virginia, #3
Reno, NV 89511
775.853.3500

Incline Village
898 Tanager Street
Incline Village, NV 89451
775.831.1133

www.SierraHealthMart.com • sierra@sierrahm.com

YOUR COMPOUNDING SPECIALISTS

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

STIPULATION AND AGREEMENT

Petitioner,

v.

WILLIAM L. LOCKE, RPH
Certificate of Registration No. 05222

Case No. 11-098-RPH-N

HALES 50 KIRMAN PHARMACY
Certificate of Registration No. PH00734

Case No. 11-098-PH-N

WILLIAM L. LOCKE, RPH
Certificate of Registration No. 05222

Case No. 11-100-RPH-N

HALES 50 KIRMAN PHARMACY
Certificate of Registration No. PH00734
Respondents

Case No. 11-100-PH-N

_____ /

Carolyn J. Cramer, General Counsel for the Nevada Board of Pharmacy, and William L. Locke, R.Ph., Respondent and Managing Pharmacist for Hales 50 Kirman Pharmacy (herein after Hales), Respondent, stipulate and agree as follows:

1. Respondent has reviewed all the relevant facts and circumstances of this matter and after due consideration admits the facts and violations alleged in the Notices of Intended Action and Accusations specifically the First, Second, Third, Fourth, Fifth, Sixth and Seventh Causes of Action in Case Number 11-098 and the First, Second, Third and Fourth Causes of Action in Case Number 11-100. The admissions made in this matter may not be used in any other proceeding or matter.

2. The parties shall present this Stipulation and Agreement to the Board at its meeting on March 7, 2012. The parties agree that the Board may ask questions of the parties, may discuss and deliberate regarding the presentations, and shall enter an Order that may impose discipline as recommended by the parties.

3. Board Staff and Respondents will recommend that the Board impose discipline on Respondent Locke in the amount of \$500.00 for the violation of the First Cause of Action in Case Number 11-098, \$500.00 for the violation of the First Cause of Action in Case Number 11-100, \$250.00 for the violation of the Second Cause of Action in Case Number 11-100, and \$250.00 for the violation of the Third Cause of Action in Case Number 11-100. The total fine of \$1,500.00 will be paid by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order.

4. Board Staff and Respondents will recommend that the Board impose discipline on Respondent Hales by placing Hales on probation for one year from the effective date of this order upon the following terms and conditions:

a. That Hales successfully complete the Your Success Rx program to be paid by Hales with Respondent Locke participating as the managing pharmacist to include the following:

1. That Respondent Hales shall cooperate fully and genuinely with the needs, demands, and requirements of the program and contact the program within 10 days of acceptance of the Stipulation and Order by the Board.

2. When Hales has completed the program, the program shall submit to Board Staff a final report regarding Hales participation in the program. Board Staff will set a meeting with Hales and the program administrator to review and to discuss the report.

B. Respondent Hales shall be subject to quarterly inspections by Board Staff during the period of probation.

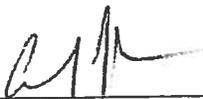
5. Respondent Hales shall pay the Board's costs and attorney's fees of \$750.00 and the Board's administrative fee of \$295.00, for a total of \$1,045.00 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 90 days of the effective date of this Order.

6. Failure to comply with any term in this order may result in further discipline, up to and including revocation of its license.

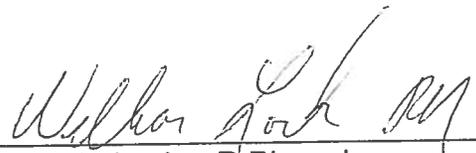
7. The Board and the Respondents shall each agree to release the other from any and all claims, whether known or unknown, that might otherwise have existed on or before the effective date of the Board's Order in this matter.

Signed this 7th day of March, 2012.

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Pharmacy



Carolyn J. Cramer
General Counsel
Nevada State Board of Pharmacy



William L. Locke, R.Ph and
Managing Pharmacist for Hales

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: SEAN Middle: _____ Last: SU Degree: MD

Practice Name (if any): SKIN BODY INSTITUTE

Nevada Address: 2491 Professional Ct #110 Suite #: _____
(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: LV State: NV Zip Code: 89128

Nevada Work Telephone: 702 240 4242 Nevada Fax: 702 240 6545

Practitioner License Number: NV 9013 Specialty: Family Practice

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 checked="" type="checkbox"/>	<input type="checkbox"/>
2. Been the subject of an administrative action whether completed or pending in <u>any</u> state?.....	<input checked="" type="checkbox"/>	<input 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	Case #:		
	<u>NV</u>	<u>Medical Board</u>	<u>Revocation, License Temporary Suspension</u>	
Criminal Action:	State	Date	Offense	Court
	<u>CA</u>	<u>1 / 1989</u>	<u>misdemeanor petty theft</u>	<u>Santa Ana, California</u>

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. [Signature] Date 6-12

Board Use Only	Received: <u>7-11-12</u>	Amount: <u>300.00</u>	Entity# <u>7648</u>
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NEVADA STATE BOARD OF MEDICAL EXAMINERS

[Search](#)

Licensee Details

Person Information Name: Sean Phong-Quoc SU Address: 2451 Professional Ct., #110 Las Vegas NV 89128 Phone: 7022404242		License Information License Type: Medical Doctor License Number: 9013 Status: Active-Probation Issue Date: 7/1/1999 Expiration Date: 6/30/2013	
--	--	--	--

Scope of Practice

Scope of Practice: Obstetrics
Scope of Practice: Family Practice

Education & Training

School: Loma Linda University / Loma Linda, CA Degree\Certificate: Medical Degree Date Enrolled: Date Graduated: 5/31/1996 Scope of Practice:
School: University Medical Center / Las Vegas, NV Degree\Certificate: Internship Date Enrolled: 7/1/1996 Date Graduated: 6/30/1998 Scope of Practice: Internal Medicine
School: University Medical Center / Las Vegas, NV Degree\Certificate: Residency Date Enrolled: 7/1/1998 Date Graduated: 6/30/2000

Scope of Practice: Family Practice

**CURRENT CONDITIONS/RESTRICTIONS ON LICENSE AND
MALPRACTICE INFORMATION**

CURRENT CONDITIONS ON LICENSE

as of March 12, 2012

Dr. Su may not perform any medical or surgical procedures that are of a cosmetic or plastic surgical nature and he will not perform any of these types of procedures, nor delegate the performance of these types of procedures to another who would be authorized under his authority as a licensee, nor associate with or otherwise participate in a practice with another practitioner who would perform any of these types of procedures. Respondent is currently authorized to perform, delegate the performance of procedures to another who would be authorized under his authority as a licensee, and associate with another practitioner only the following non-invasive cosmetic medical procedures during the term of his probation or anytime thereafter:

- (a) Botox Cosmetic Treatments
- (b) Dermal Filler Injections
- (c) Laser Hair Removal
- (d) Intense Pulse Light Treatment
- (e) Skin Tightening and Cellulite Treatments, e.g., Thermage/Zerona
- (f) Laser Skin Treatment for Acne and Face Veins, e.g., Frazel/Varilit
- (g) Body Contouring Treatments, e.g., Endermologie/Velashape
- (h) Laser Treatment for Spider and Varicose Leg Veins
- (i) Low-Level Laser Treatment for Hair Loss
- (j) Non-Ablative Laser Skin Treatments

lb

**. PROFESSIONAL LIABILITY CLAIM, SETTLEMENT OR
JUDGEMENT OF \$5,000 OR MORE:**

1) Date received by the Board: 9/20/2005

Reported by: Medical Liability Association of Nevada

Date of act/omission: 6/6/2002

Details: Alleged negligence pre-natal management resulting in full term stillbirth.

Settlement amount: \$750,000

Total pages: 2

2) Date received by the Board: 8/22/2012

Reported by: Proassurance Casualty Co.

Date of act/omission: 4/16/2009

Details: Alleged improper breast augmentation resulting in infection, additional surgery, and continued follow up care.

Settlement amount: \$325,000.00

Total pages: 3 SH

Board Actions

ADDENDUM TO PREVIOUSLY ADOPTED SETTLEMENT AGREEMENT

09-11344-1

March 12, 2012

On March 9, 2012 an Addendum to Previously Adopted Settlement Agreement was accepted and approved by the Nevada State Board of Medical Examiners (Board). Respondent Sean Su's license to practice medicine in the state of Nevada shall remain revoked, with that revocation stayed and Respondent remaining on probation for a period of twenty-four (24) months after the date of filing this Addendum with an obligation to comply with the terms and conditions as set forth in the Addendum. lb

Addendum to Settlement Agreement: 4 pages

SETTLEMENT, WAIVER AND CONSENT AGREEMENT

09-11344-1

March 5, 2010

On March 5, 2010, a Settlement, Waiver and Consent Agreement was approved and accepted by the Nevada State Board of Medical Examiners (Board), allowing an order to be entered finding Respondent Sean Phong-Quoc Su, MD (Respondent) engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act, to wit: three counts of malpractice, violations of NRS 630.301(4), which are related to Counts I, II, and III; one count of failure to maintain accurate medical records, a violation of NRS 630.3062(1) related to Count IV; one count of engaging in conduct which is intended to deceive, a violation of NRS 630.306(2)(a) related to Count V; and one count of engaging in conduct which violates the trust of and exploits the relationship between the physician and the patient for financial or other personal gain, a violation of NRS 630.301(7) related to Count VI. The Board agrees that Count VII of the Complaint be dismissed. Respondant shall:

- 1) Receive a public reprimand;
- 2) Pay a fine in the amount of \$4,500;
- 3) Allow his, license to be revoked, with the revocation stayed and that Respondent shall be placed on probation subject to the terms and conditions of the Agreement;
- 4) Immediately cease performing any medical or surgical procedures that are of a cosmetic or plastic surgical nature, and that he will not perform any of these types of procedures, nor delegate the performance of these types of procedures to another pursuant to the terms and conditions set forth in the Agreement.

5) Pay the costs and expenses incurred in the investigation and prosecution of this case in the amount of \$25,120.71. lb

Settlement, Waiver and Consent Agreement: 8 pages

FORMAL COMPLAINT

09-11344-1

September 18, 2009

The Investigative Committee of the Board of Medical Examiners of the State of Nevada filed a formal complaint against Sean Phong-Quoc Su, MD (Respondent). Counts I, II and III: Allege violations of NRS 630.301(4), malpractice; Count IV: Alleges a violation of NRS 630.3062(1), failure to maintain timely, legible, accurate and complete medical records or, worse yet, that he had altered medical records of his patients, a violation of NRS 630.3062(1). Count V: Alleges Respondent engaged in conduct intended to deceive, a violation of NRS 630.306(2)(a); Count VI: Alleges a violation of NRS 630.301(7), violation of a patient's trust and exploited his relationship with the patient for his own financial and personal gain; Count VII: Alleges a violation of NRS 630.301(8), failure to offer appropriate procedures or studies to the patient because doing so would have negatively affected his financial well being. lb

Complaint: 12 pages

STIPULATION LIFTING SUMMARY SUSPENSION AND ORDER ALLOWING LIMITED PRACTICE OF SEAN PHONG-QUOC SU, M.D.

SEPTEMBER 9, 2009

On September 9, 2009, the Investigative Committee of the Board of Medical Examiners of the State of Nevada and Sean Phong-Quoc Su, M.D. (Dr. Su) entered into a stipulate allowing Dr. Su to return to practice, subject to the terms and conditions of the Stipulation. lb

Stipulation Lifting Summary Suspension and Order Allowing Limited Practice of Sean Phong-Quoc Su, M.D.: 3 pages

ORDER FOR SUMMARY SUSPENSION AND FOR FURTHER INVESTIGATION

JULY 27, 2009

On July 24, 2009, the Investigative Committee of the Nevada State Board of Medical Examiners summarily suspended the medical license of Sean Phong-Quoc Su, M.D. pursuant to NRS 233B.127(3) and NRS 630.311(1). The Investigative Committee found, based preliminary information, serious and substantial concerns regarding Dr. Su's competence and ability to safely serve patients in Nevada and that immediate and emergent suspension of Dr. Su's license was necessary to effecuate the protection of the public health, safety and welfare and to assure the fulleand fairest investigation regarding his practicies in Nevada. lb

Order for Summary Suspension And For Further Investigation: 6 pages

SETTLEMENT AGREEMENT

05-11344-1

MARCH 17, 2006

On March 17, 2006, a Settlement Agreement was approved and accepted by the Nevada State Board of Medical Examiners whereby Sean Su, M.D., acknowledges that he engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act, to wit: one count of obtaining a license to practice medicine by means of bribery, fraud, misrepresentation, or by false, misleading inaccurate or incomplete statements, a violation of NRS 630.304(1), and a public reprimand shall be issued against Dr. Su. Furthermore, the remaining count contained in the complaint filed November 2, 2005, shall be dismissed. It further ordered Sean Su, M.D., to pay \$724.15 for administrative fees due within sixty (60) days of this order. tw
 Order Approving Settlement Agreement and Settlement Agreement: 8 Pages

FORMAL COMPLAINT

05-11344-1

NOVEMBER 2, 2005

The Investigative Committee of the Nevada State Board of Medical Examiners filed a formal complaint against Dr. Sean Su (Respondent) alleging two violations of the Medical Practice Act (NRS Chapter 630). Count I: Alleges a violation of NRS 630.301(3), for alleged modifications placed on his license to practice medicine by the California Medical Board. Count II : Alleges a violation of NRS 630.304(1), obtaining of a license to practice medicine by means of bribery, fraud, misrepresentation, or by any false, misleading, inaccurate or incomplete statement. lb

Copies of Complaint: 4 Pages

Please note that the settlement of a medical malpractice action may occur for a variety of reasons that do not necessarily reflect negatively on the professional competence or conduct of the provider. Therefore, there may be no disciplinary action appearing for a licensee even though there is a closed malpractice claim on file. A payment in the settlement of medical malpractice does not create a presumption that medical malpractice occurred. Sometimes insurance companies settle a case without the knowledge and/or agreement of the physician. This database represents information from insurers to date. Please note: All insurers may not have submitted claim information to the Board.

Close Window



TEN YEAR ANNIVERSARY

TALYST

Nevada State Board of Pharmacy
(775) 850-1440
(775) 850-1444 (fax)

From: Matt Sneller [MSneller@talyst.com]
Sent: Tuesday, August 28, 2012 7:31 AM
To: Carolyn J. Cramer; LARRY L. PINSON
Subject: Talyst & NV Dept. of Corrections follow-up

Ms. Cramer and Mr. Pinson,

My name is Matt Sneller and I am the VP of Pharmacy Affairs with Talyst. I joined Talyst approximately six months ago and over this period of time I have had the opportunity to talk with Linda Fox at the NV Dept. of Corrections about her desire to use our InSite System at the facilities she services. My predecessor, Jason Spears, and Ms. Fox presented before the Board back in January and the minutes of that meeting state there was going to be some follow-up and analysis of the current hospital regulations. I believe Ms. Fox, as well as the Dept. of Corrections attorney, have also had conversations with Ms. Cramer since that meeting. I was hoping we could schedule a call to discuss the current status of the regulations as well as what steps might need to be taken to receive approval of the use of the Talyst InSite System in Nevada. While the past conversations have focused on use of InSite in corrections, we also have a number of potential pharmacies interested in using our system in the long-term care facilities they service. Thanks for your time and I look forward to talking with you soon.

Best regards,

Matt Sneller, Pharm.D.
Vice President of Pharmacy Affairs
Talyst
11335 NE 122nd Way, Suite 200
Kirkland, Washington 98034

T: 425.289.5435
C: 612.360.3584

MSneller@Talyst.com

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.

ee

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

Physical Address: 2743 W. 15th Street

Mailing Address: 2743 W. 15th Street

City: Plano State: TX Zip Code: 75075

Telephone: 214 919 2090 Fax: 214 919 2091

Toll Free Number: 888 940 5376 (Required per NAC 639.708) (Under construction still)

E-mail: JanetT@americanspecialtypharmacy.com Website: www.americanspecialtyrx.com

Managing Pharmacist: Asita Parikh License Number: 51088

Hours of Operation:

Monday thru Friday	<u>9</u> am	<u>7</u> pm	Saturday	<u>9</u> am	<u>3</u> pm
Sunday	<u>9</u> am	<u>3</u> pm	24 Hours	<u>NO</u>	

TYPE OF PHARMACY

SERVICES PROVIDED

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

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

Abdul Hameed

Print Name of Authorized Person

8/22/12

Date

Board Use Only	Received: <u>SEP 11 2012</u>	Amount: <u>500.00</u>
-----------------------	------------------------------	-----------------------

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE
OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Texas
Parent Company if any: _____
Corporation Name: American Specialty Pharmacy
Mailing Address: 2743 W 15th Street
City: Plano State: TX Zip: 75075
Telephone: 214 919 2090 Fax: 214 919 2091
Contact Person: Janet Thorsen

For any corporation non publicly traded, disclose the following:

- 1) List top 4 persons to whom the shares were issued by the corporation?
 - a) Abdul Hameed 3240' Park Dallas TX
Name Address
 - b) _____
Name Address
 - c) _____
Name Address
 - d) _____
Name Address
- 2) Provide the number of shares issued by the corporation. 10,000,000
- 3) What was the price paid per share? 0.01
- 4) What date did the corporation actually receive the cash assets? NA
- 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: 1 %: _____

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.

List of officers and directors

CORPORATE STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Abdul Hameed

Responsible Person of American Specialty Pharmacy

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Abdul Hameed
Print Name of Authorized Person

8/22/12
Date



TEXAS STATE BOARD OF PHARMACY

Re: American Specialty Pharmacy

Address: 2743 W. 15t Street
Plano, TX 75075

License No.: 28105

Date Issued: June 27, 2012

Licensure Status: Active

Expiration Date: June 30, 2014

Type of Pharmacy: Community – Class A

Prior Disciplinary Orders: No

The Texas State Board of Pharmacy maintains records regarding licensure and disciplinary action against a licensee. As of the date of the receipt of the request for license verification (July 17, 2012), American Specialty Pharmacy, (Texas Pharmacy License #28105) has not been subject to disciplinary action by the Texas State Board of Pharmacy.

Form Completed by:


Allison Benz, R.Ph., M.S.
Director of Professional Services
Texas State Board of Pharmacy

July 30, 2012
Date



*The Texas Department of State Health Services, Drugs and Medical Devices Division, Wholesaler Registration, 1100 W. 49th Street, Austin, TX 78756, is responsible for issuing registrations to wholesale drug distributors and drug manufacturers in Texas.

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 type="checkbox"/> New Pharmacy	<input checked="" type="checkbox"/> Ownership Change (Please provide current license number if making changes: PH <u>02448</u>)
<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: Amerita, Inc., DBA Infusion Innovations

Physical Address: 2446 S Progress Drive, Salt Lake City, UT 84119

Mailing Address: 2446 S Progress Drive

City: Salt Lake City State: UT Zip Code: 84119

Telephone: 801-908-6100 Fax: 801-908-6900

Toll Free Number: 800-322-8695 (Required per NAC 639.708)

E-mail: glanlinois@ameritaiv.com Website: www.ameritaiv.com

Managing Pharmacist: Victoria Zippi License Number: 12342

Hours of Operation:

Monday thru Friday 8:30 am 5:00 pm Saturday am pm

Sunday am pm 24 Hours

TYPE OF PHARMACY

SERVICES PROVIDED

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

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.

James F. Baker
Original Signature of Person Authorized to Submit Application, no copies or stamps

James F. Baker
Print Name of Authorized Person

11/18/2012
Date

Board Use Only	Received: <u>DEC 03 2012</u>	Amount: <u>500.00</u>
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APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE
OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: DE
Parent Company if any: Pharmacy Corporation of America
Corporation Name: Amerita, Inc.
Mailing Address: 20 Fairbanks, Suite 175
City: Irvine State: CA Zip: 92618
Telephone: 949-273-6528 Fax: 949-273-6547
Contact Person: James E. Baker, CFO

For any corporation non publicly traded, disclose the following:

- 1) List top 4 persons to whom the shares were issued by the corporation?
 - a) N/A - SHARES NOT SLATED FOR SALE TO INDIVIDUALS

Name	Address
------	---------
 - b) _____

Name	Address
------	---------
 - c) _____

Name	Address
------	---------
 - d) _____

Name	Address
------	---------
- 2) Provide the number of shares issued by the corporation. SALE PENDING
- 3) What was the price paid per share? SALE PENDING
- 4) What date did the corporation actually receive the cash assets? SALE PENDING
- 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 - SHARES NOT SLATED FOR SALE TO PHYSICIANS %: _____

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.

List of officers and directors

CORPORATE STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, _____

Responsible Person of Amerita, 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. Baker

Print Name of Authorized Person

11/19/2012

Date

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
<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: Kabafusion

Physical Address: 11818 Rosecrans Avenue, No. A

Mailing Address: 11818 Rosecrans Avenue, No. A

City: Norwalk State: CA Zip Code: 90650

Telephone: (877) 577-4844 Fax: (877) 445-8821

Toll Free Number: (877) 577-4844 (Required per NAC 639.708)

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

Managing Pharmacist: Michael Rigas License Number: (A) 36708

Hours of Operation:

Monday thru Friday 9:00 am 1:00 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 checked="" type="checkbox"/> Mail Service <input type="checkbox"/> Long Term Care
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61240

APPLICATION FOR OUT-OFSTATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

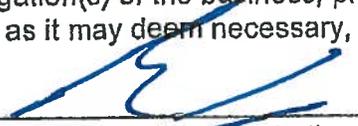
Within the last five (5) years:

- 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
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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

Sohail Masood

Print Name of Authorized Person

Sept 10, 2012
Date

Board Use Only

Received:

9/25/12

Amount:

500.00

CORPORATE STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Sohail Masood

Responsible Person of Kabafusion, LLC

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Sohail Masood

Print Name of Authorized Person

Sept 10, 2012

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.

August 6, 2012

Nevada State Board of Pharmacy
431 W. Plumb Lane
Reno, NV 89509

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: KABAFUSION

License Type: PHARMACY

License Number: PHY 50360

Status: ACTIVE

Issue Date: 12/29/10

Expiration Date: 12/01/12

Address of Record: 11818 ROSECRANS AVE #A NORWALK CA 90650

Disciplinary Action: NO RECORD OF DISCIPLINARY ACTION

Virginia Herold
Executive Officer

By

A handwritten signature in blue ink that reads "Barbera Schleicher".

Barbera Schleicher
Public Inquiry Analyst
(916) 574-7922
Barbera.Schleicher@dca.ca.gov

Blank



November 28, 2012

Nevada State Board of Pharmacy
431 W. Plumb Lane
Reno, Nevada 89509

Re: Designated Representative for KabaFusion LLC

To whom it may concern,

I, Sohail Masood, Pharm.D. a Corporate Officer of KabaFusion, LLC, hereby authorize David S. Chook, RPh, to be my designated representative for KabaFusion LLC and appear in front of the Board to answer questions in regards to KabaFusion LLC's out-of state pharmacy license application.

Thank you very much.

Sincerely,

Dr. Sohail Masood, Pharm.D
Chief Executive Officer

CORPORATE 17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
OFFICE: 800.435.3020 FAX: 562.860.6017

info@kabafusion.com www.kabafusion.com

KABAFUSION
OFFICE: 877.577.IVIG (4844) FAX: 877.445.8821
11818 Rosecrans Ave., Suite A Norwalk, CA 90650

IVEDCO
OFFICE: 800.333.0660 FAX: 972.929.7106
2310 Lyndon B. Johnson Fwy, Ste. 100 Dallas, TX 75234

HOME CARE SERVICES
OFFICE: 800.383.8393 FAX: 732.632.3260
55 Liberty Street, Metuchen, NJ 08840

KabaFusion USP <797> Compliance and Quality Assurance Program Summary

As established by the foundation of USP <797> and State Board of Pharmacy Regulations KabaFusion is committed to the prevention of harm, including death, to patients that could result from microbial contamination, excessive bacterial endotoxins, variability in the intended strength of ingredients used, unintended chemical and physical contaminants, and ingredients of inappropriate quality in compounding sterile preparations. To this end KabaFusion demonstrates compliance with both USP <797> established standards and State Board of Pharmacy regulations through the following:

1. Facility Design and Environmental Controls – All anterooms and clean rooms have been constructed to meet or exceed the current USP <797> standards for air sources, buffer areas and ante-areas. All KabaFusion anterooms are rated at a minimum ISO Class 7 and all clean rooms are rated at a minimum ISO Class 5.
2. Policies and Procedures – All Pharmacy Policies and procedures have been updated to comply with all current USP <797> standards and State Board of Pharmacy Regulations. This includes environmental quality controls such as CSP microbial contamination risk levels, (low and medium; KabaFusion does not compound high risk), media-fill challenge testing, verification of compounding accuracy and sterility, storage and beyond-use dating, proper displacement airflow, placement of primary engineering controls, viable and non-viable environmental sampling testing for: integrity, potency, quality and strength; engineering control performance verification at least every 6 months, total particle counts, pressure differential monitoring, documentation and data evaluation with associated action levels established.
3. Extensive compounding personnel training and evaluation in hand hygiene and garbing, aseptic compounding skills, cleaning and disinfecting of the compounding area and equipment, employee process validation and gloved fingertip sampling, and compound equipment including automated compound devices for Parenteral nutrition compounding.
4. Comprehensive Quality Assurance/Quality Control Program – This program provides KabaFusion a mechanism for monitoring, evaluating, correcting, and improving the activities and processes detailed by USP <797> and State Board of Pharmacy. Emphasis is placed on maintaining and improving the quality of Systems and provision of safe patient care. KabaFusion maintains a Quality Assurance Manual at each location where records of monitoring results (daily, weekly, monthly, quarterly, biannual and annual logs) are maintained and reviewed by pharmacy staff and corporate clinical services.
5. Annual audit of all facilities by corporate clinical services.
6. ACHC accreditation – Expires February 2014

CORPORATE: 17777 Center Court Dr., Ste. 550, Cerritos, CA 90703

OFFICE: 800.435.3020 | **FAX:** 562.860.6017

info@kabafusion.com | www.kabafusion.com

KABAFUSION

OFFICE: 877.577.IVIG (4844) | **FAX:** 877.445.8821
1818 Rosecrans Ave., Suite A | Norwalk, CA 90650

IVEDCO

OFFICE: 800.333.0660 | **FAX:** 972.929.7106
2310 Lyndon B. Johnson Fwy., Ste. 100 | Dallas, TX 75234

HOME CARE SERVICES

OFFICE: 800.383.8393 | **FAX:** 732.632.3260
55 Liberty Street, | Metuchen, NJ 08840

KabaFusion
PHARMACY POLICY AND PROCEDURE

Subject: Quality Assurance of Pharmacy Environment and Equipment	Page 1 of 14
Effective Date: December 2010	Date Revised: November 2012
Approved By: Mike Rigas, PharmD Chief Clinical Officer	Approved By: David S. Chook, RPH VP Clinical Services and Regulatory Compliance

POLICY

KabaFusion pharmacies shall conduct ongoing quality assurance activities and pharmacy sanitation in order to ensure the sterility and stability of compounded sterile preparations (CSPs) and the cleanliness and sanitation of the pharmacy in accordance with USP 797 standards and all applicable state and federal laws.

DEFINITIONS

Critical Area – An ISO Class 5 environment within an LAFW (Laminar Airflow Workbench) or BSC (Biologic Safety Cabinet).

Freezer Temperature – Below 14 degrees Fahrenheit; below –10 degrees Celsius.

Hi/Lo Thermometer – Thermometer that records the highest and lowest temperature reached since the device was last reset.

Incubator Temperature – 86 to 95 degrees Fahrenheit; 30 to 35 degrees Celsius.

Refrigeration Temperature – 36 to 46 degrees Fahrenheit; 2 to 8 degrees Celsius.

Room Temperature – 68 to 77 degrees Fahrenheit; 20 to 25 degrees Celsius (brief deviations within range of 59 to 86 degrees Fahrenheit; 15 to 30 degrees Celsius are acceptable).

Integrity – Means retention of potency until the expiration date noted on the label (Beyond-Use-Date)

Potency – Means active ingredient strength within +/- 10% of labeled amount.

Quality – Means absence of harmful levels of contaminants, including filth, putrid, or decomposed substances, and absence of active ingredients other than those noted on label.

Strength – Means amount of active ingredient per unit of a compounded drug product.

MATERIALS / ATTACHMENTS

Materials: Double-sided growth media paddles, e.g., EnviroTest™ (for surface and touch contamination testing) or equivalent
QuickTest™, or equivalent End CSP Testing Kit for TPN
GroMed™ TSB and Fluid Thioglycollate Growth Media or equivalent End CSP Testing Kit
Repeater® Pump by Baxa
Pinnacle® Pump by BBraun
MSDS Binder

Attachment A – Quality Assurance/Environmental Monitoring Worksheet - Daily Log

Attachment B – Quality Assurance/Environmental Monitoring Worksheet - Weekly/Monthly/Quarterly/
Biannual/Annual Log

Attachment C – Shipment Temperature Testing

Attachment D – Microbial Monitoring Plan

Attachment E – Microbial Monitoring Worksheet

Attachment F – EnviroTest™ Contact Paddles Brochure for Glove Fingertip Sampling and Surface Testing

Attachment G – QuickTest™ System Directions for TPN
Attachment H – GroMed™ System Directions for IVIG
Attachment I – QTMicro™ System Directions for Syringes
Attachment J – Analytical Labs

PROCEDURE

1. Pharmacy Sanitation General Considerations

- 1.1. The frequency of cleaning activities described below shall be viewed as minimum standards, and may be increased at the discretion of the pharmacist-in-charge or Corporate Clinical Services as appropriate. All pharmacy sanitation activities shall be documented on the Quality Assurance/Environmental Monitoring Worksheet - Daily Log (Attachment A) and the Quality Assurance/Environmental Monitoring Worksheet - Weekly/Monthly/Quarterly/ Biannual/Annual Log (Attachment B).
 - 1.1.1. These logs shall be filed in the Quality Assurance (QA) Notebook and shall be retained by the pharmacy for at least three years or as required by state law.
- 1.2. Compounding personnel shall be adequately skilled, educated, instructed, and trained to correctly perform and document cleaning, sanitizing and calibrating activities.
- 1.3. The pharmacist-in-charge shall observe the cleaning technique of compounding personnel quarterly in order to verify their performance, and document on the Weekly/Monthly/Quarterly/Biannual/Annual Log.
- 1.4. The pharmacist-in-charge shall inspect the Daily Log and the Weekly/Monthly/Quarterly/Biannual/Annual Log quarterly for completeness.
- 1.5. Daily cleaning and sanitizing of the clean room/buffer area shall be performed at a consistent time of the day, preferably at the beginning, of each work shift to ensure a clean environment for compounding. Some cleaning activities shall be performed during the shift (example: between batch ISO Class 5 environment cleaning) and at the end of a shift as determined by the Pharmacy Manager or Pharmacist-in-Charge (PIC) (end-of-shift cleaning examples: mopping, trash removal, ISO Class 5 environment cleaning).
 - 1.5.1. “Cleanest to dirtiest” methodology shall be implemented at all times, working from the clean room to the anteroom;
 - 1.5.2. “Top to bottom” methodology shall be implemented at all times, working from ceiling, to walls, to windows, to horizontal surfaces, to ISO Class 5 surfaces, to workbench or LAFW legs, and finally the floor; and,
 - 1.5.3. “Back to front” methodology shall be implemented at all times,
- 1.6. Access to the clean room/buffer area shall be restricted to qualified personnel with specific responsibilities or assigned tasks in the compounding environment.
 - 1.6.1. Compounding and cleaning personnel shall wear appropriate, clean street attire or surgical scrubs, preferred, upon entering the anteroom.
- 1.7. Before entering the anteroom, compounding personnel shall remove:
 - 1.7.1. Personal outer garments (e.g., bandanas, coats, hats, jackets, scarves).
 - 1.7.2. All jewelry on fingers, hands, wrists and above the neck, as well as all cosmetic makeup.
 - 1.7.2.1. The wearing of artificial nails or extenders and nail polish is prohibited while working in the sterile compounding environment. Natural nails shall be kept neat, clean and trimmed.
 - 1.7.2.2. Chewing gum, drinks, candy, or food items shall not be brought into the anteroom.
- 1.8. Compounding personnel shall properly perform hand hygiene procedures and proper garbing order upon entering the anteroom.

- 1.9. Compounding activities shall not occur while any cleaning activities are taking place, with the exception of between-batch ISO Class 5 environment cleaning.
- 1.10. LAFWs not in routine use may be exempted from these procedures if they are clearly marked "Do Not Use" and are cleaned and maintained as necessary prior to placing back into service.

2. Disinfectants

- 2.1. Appropriate disinfectant solutions, as described below, shall be used for cleaning the compounding environment and equipment. Disinfectant solutions shall be rotated when environmental monitoring is positive for growth.
- 2.2. Examples of such solutions include:
 - Sterile Isopropyl Alcohol, 70% solution (SIPA)
 - Amphyl[®]
 - Cavacide[®]
 - Vesphene[®] IIse
 - Dispatch[®]
 - Envirocide[®]
 - Environ[®] LpH[®] se Phenolic Disinfectant
 - Madacide[®]
 - Sporicidin[®]
 - Sodium Hypochlorite solution 2% / 1,000 parts per million (Bleach 5.25%; add 80 ml of unscented household bleach to 1 gallon of USP purified water or 20 ml to 1,000 ml of USP purified water). Label bottle with an appropriate secondary label per Hazard Communication Program, including mix date, and expiration date (discard within 7 days).
- 2.3. Manufacturer guidelines shall be consulted for correct dilution. Use only USP purified water to dilute concentrated disinfectant solutions.
- 2.4. Prepared disinfectants that may be used for longer than one day shall be labeled with the date of preparation and expiration date of the batch.
- 2.5. Disinfectants not in their original, labeled container shall be labeled with a secondary label containing their identity, date of preparation and expiration date. A Material Safety Data Sheet (MSDS) for each disinfectant solution shall be available in the local office.

3. Cleaning Supplies and Equipment

- 3.1. Cleaning equipment is to be made of nonporous and non-shedding materials.
 - 3.1.1. An Alpha Mop with disposable covers is the preferred mop for the clean room and anteroom.
- 3.2. Cleaning equipment and supplies used in the clean room/buffer area shall not be used in other areas with the exception of the floor mop which can be used in both the clean room/buffer area and anteroom.
- 3.3. A dedicated mop is required for use on walls, doors and ceilings. Floor mops shall not be used for cleaning of the walls, doors, and ceilings of the clean room/buffer area or anteroom.
- 3.4. All cleaning equipment, including mops and buckets, is to be kept clean and stored outside of the clean room/buffer area. Once rinsed and sanitized, the cleaning equipment shall be stored in a clean area in the anteroom.
 - 3.4.1. The bucket (if used) shall be rinsed and sanitized between use for floors and ceilings/walls and shall be stored empty until next use.
 - 3.4.2. After mopping is completed, store mop with head up until next use.

4. Daily Cleaning Activities

- 4.1. Clean Room/Buffer Area Cleaning Activities (to be performed at the beginning of each work shift):
 - 4.1.1. Remove all trash from receptacles with minimal agitation and insert new plastic liner bags after transporting into anteroom.
 - 4.1.1.1. Trash may be removed at the end of each compounding shift.
 - 4.1.2. Sharps containers or hazardous waste containers are to be replaced when two-thirds full.
 - 4.1.3. In order to meet the standards established for an ISO Class 5 air quality environment, the LAFW blowers and HEPA filters shall be operated continuously during compounding activity.
 - 4.1.3.1. Infrequently used LAFWs may be turned off; however, appropriate cleaning and maintenance shall be performed prior to renewed use.
 - 4.1.3.2. When the LAFW blower is turned off only one person shall enter the clean room/buffer area for the purpose of turning on the blower (for at least 30 minutes) and disinfecting all work surfaces before other personnel shall enter to perform compounding activities.
 - 4.1.4. Clean all work surfaces and interior surfaces of the LAFW, including filter grids.
 - 4.1.4.1. Remove all items from the LAFW, including compounding equipment.
 - 4.1.4.2. All interior working surfaces of the laminar flow hood are to be cleaned such that each pass is one continuous motion, back to front, top to bottom, away from the HEPA filter, with a lint-free wipe and the agent specified below:
 - 4.1.4.2.1. Clean surfaces of loose materials and residue spills first with USP purified water; then
 - 4.1.4.2.2. Apply approved residue-free sanitizing agent and leave in contact with the surface for time sufficient to exert antimicrobial effect.
 - 4.1.4.3. Do not spray solutions directly on or towards the filter grid.
 - 4.1.4.4. Cleaning and disinfecting of the LAFW shall occur at the beginning of each compounding activity, every 30 minutes, and whenever liquids are spilled.
 - 4.1.5. Clean and sanitize the exterior surface of all equipment kept inside the LAFW or brought into the LAFW during compounding by using approved residue-free sanitizing agent. Follow manufacturer guidelines for equipment cleaning and sanitizing as appropriate.
 - 4.1.6. Clean all work surfaces in the clean room/buffer area, including countertops, supply carts and chairs/stools such that each pass is one continuous motion, back to front, using and approved residue-free sanitizing agent.
 - 4.1.7. Pick up and dispose of loose items on the floor of the clean room/buffer area prior to cleaning and sanitizing the floor.
 - 4.1.8. Floors shall be cleaned and sanitized (mopped) daily starting with the wall opposite the clean room entry door such that each pass is one continuous motion, back to front, using the disinfectant solution. Floors may be mopped at the end of a shift/day only if determined as necessary by the Pharmacy Manager or PIC.
 - 4.1.8.1. End of day cleaning and sanitizing of floors shall be performed after the last compounding event and shall be repeated if compounding resumes during the same shift/day.
 - 4.1.8.2. Change mop cover between each cleaning solution every shift/day (one for USP purified water (if used) and one for disinfectant solution).

- 4.2. Anteroom Cleaning Activities (to be performed at the beginning of each work shift):
 - 4.2.1. Remove all trash from receptacles with minimal agitation and insert new plastic liner bags.
 - 4.2.1.1. Trash may be removed at the end of each compounding shift.
 - 4.2.2. Clean and sanitize any sink located in the anteroom with approved residue-free sanitizing agent.
 - 4.2.3. Pick up and dispose of loose items on the floor of the anteroom prior to cleaning and sanitizing the floor.
 - 4.2.4. Floors shall be cleaned and sanitized (mopped) daily starting with the wall opposite the general pharmacy entry door such that each pass is one continuous motion, back to front, with approved residue-free sanitizing agent. Floors may be mopped at the end of a shift/day only if determined as necessary by the Pharmacy Manager or PIC.
 - 4.2.5. Mop the floor in the clean room/buffer area and move outward to the anteroom.
 - 4.2.5.1. The same mop may be used on the floor for the clean room/buffer area and anteroom as long as mopping begins in the clean room/buffer area and ends in the anteroom and change mop cover between each cleaning solution.
 - 4.2.6. Expose new tacky mat surfaces at least daily and as needed.
 - 4.2.7. Clean all work surfaces in the anteroom including countertops, supply carts and chairs/stools such that each pass is one continuous motion, back to front, using approved residue-free sanitizing agent.
 - 4.2.8. Countertops and shelves shall be kept free of debris and spills.
- 4.3. Pass-Through Window Cleaning Activities (to be performed at the beginning of each work shift):
 - 4.3.1. Clean all interior and exterior surfaces of the Pass-Through Window such that each pass is one continuous motion, back to front, using approved residue-free sanitizing agent.
- 4.4. All non-sterile measuring and mixing devices/equipment shall be rinsed thoroughly with USP purified water followed by a residue-free sanitizing agent and then thoroughly drained or dried, using a lint-free wipe.
- 4.5. Document the daily cleaning activities on the Quality Assurance/Environmental Monitoring Worksheet - Daily Log.

5. Weekly Cleaning Activities

5.1. Clean Room/Buffer Area

- 5.1.1. Empty storage shelving, bins and drawers of all supplies; clean and sanitize using approved residue-free sanitizing agent.
- 5.1.2. Using an approved residue-free sanitizing agent, clean walls, doors (both sides) and ceilings of the clean room/buffer area and move outward to the anteroom.
 - 5.1.2.1. Use a separate and dedicated mop to clean walls, doors and ceiling and change mop cover between each cleaning solution.
- 5.1.3. Clean and sanitize exterior LAFW surfaces, tables, as well as other objects not already cleaned daily using approved residue-free sanitizing agent.
- 5.1.4. Remove cover trays and grills as needed and clean all subsurfaces of the biological safety cabinet using both USP purified water followed by approved residue-free sanitizing agent.

5.2. Anteroom

- 5.2.1. Clean walls, doors (both sides) and ceilings using approved residue-free sanitizing agent.
- 5.2.2. Clean and sanitize countertops and supply carts using approved residue-free sanitizing agent.

6. Monthly Cleaning Activities

6.1. Clean Room/Buffer Area

- 6.1.1. Perform daily and weekly cleaning as directed above.
- 6.1.2. Clean and sanitize the interior and exterior of trash receptacle using approved residue-free sanitizing agent.

6.2. Anteroom

- 6.2.1. Perform daily and weekly cleaning as directed above
- 6.2.2. Empty storage shelving of all supplies as well as other objects not already cleaned daily and weekly; cleans and sanitizes using approved residue-free sanitizing agent.
- 6.2.3. Clean and sanitize the interior and exterior of trash receptacle using approved residue-free sanitizing agent.

7. Quarterly Cleaning Activities

7.1. Clean Room/Buffer Area

- 7.1.1. Remove excess items that have accumulated in the clean room/buffer area.
- 7.1.2. Inspect prefilters on LAFWs, replace as per manufacturer guidelines.

7.2. Anteroom / Pharmacy / Warehouse

- 7.2.1. Clean the entire interior and exterior of any incubator, as well as all refrigerators that are used for drug storage using approved residue-free sanitizing agent. Clean the exterior of all freezers.

7.3. Replace all mop heads for anteroom, clean room/buffer area at least quarterly or when necessary.

7.4. Pharmacy may rotate disinfectant solution at first cleaning of new quarter.

8. Temperature Control

8.1. An acceptable temperature-recording device shall be used wherever pharmaceuticals, bulk solutions and other temperature-sensitive materials are stored, including pharmacy work areas, warehouses, compounding areas, incubator, refrigerators and freezers. Acceptable devices include:

- 8.1.1. Hi/Lo thermometer
- 8.1.2. Calibrated continuous recording thermometer

8.2. Separate office areas with free flow of air need not have separate thermometers.

8.3. Freezers used only for the storage of coolant blocks need not be monitored.

8.4. Incubator temperatures need not be recorded if microbial testing is not in process.

8.5. Hi/Lo Thermometer:

- 8.5.1. Designated staff shall check the temperature range shown on each Hi/Lo thermometer at the beginning of each business day and reset the thermometer.
- 8.5.2. These ranges shall be recorded and initialed on the Quality Assurance/ Environmental Monitoring Worksheet - Daily Log.

8.6. Out-of-range readings, or trends in temperature that may lead to out-of-range readings, shall be reported to the pharmacist-in-charge.

8.7. If out-of-range temperatures have occurred since the pharmacy was last open for business, the pharmacist-in-charge shall initiate a process to verify accuracy of temperature recording.

8.7.1. If the temperature recording device is not functioning properly, replace the device.

8.7.2. If the temperature recording device is functioning properly:

- 8.7.2.1. Contact appropriate repair personnel to perform maintenance
- 8.7.2.2. Evaluate the effect of the temperature variation on all pharmaceuticals
- 8.7.2.3. Contact manufacturers of affected product, if necessary, to determine acceptable temperature storage range, and stability implications for products stored outside of the recommended storage range
- 8.7.2.4. Contact Corporate Clinical Services for further direction

- 8.8. Hi/Lo thermometers are labeled or marked with a certification date provided by the manufacturer or distributor. The certification date is documentation of accuracy and calibration that meets standards provided by the NIST (National Institute of Standards and Technology).
- 8.8.1. The certification date indicates the date when existing Hi/Lo thermometers shall be tested for accuracy by the following method:
- 8.8.1.1. A Hi/Lo thermometer with an unexpired certification date shall be used to verify the accuracy of the existing thermometers. When the certification expires, a replacement Hi/Lo thermometer with unexpired certification shall be obtained through Corporate Purchasing. Document the serial number and certification due date for the certifying thermometer on the log. For purposes of this policy, the Hi/Lo thermometer with unexpired certification shall be referred to as the "certifying Hi/Lo thermometer".
- 8.8.1.2. Place the certifying Hi/Lo thermometer in the same location as each existing Hi/Lo thermometer. Leave in place for sufficient time to allow the certifying Hi/Lo thermometer to stabilize in the temperature setting. Read the temperature on the existing thermometer and compare it to the temperature on the certifying Hi/Lo thermometer. The temperature displayed on the existing Hi/Lo thermometer should fall within an acceptable range of not more than +/- 2 degrees Celsius or 3.6 degrees Fahrenheit of the certifying Hi/Lo thermometer.
- 8.8.1.3. Document the accuracy test of the existing thermometer by placing a label with the word "Tested", the date the accuracy test was performed and the initials of the person performing the test on the back of each tested thermometer.
- 8.8.1.4. After the certificate of calibration for an existing thermometer has expired, Hi/Lo Thermometers shall require a retest for accuracy at least annually.
- 8.8.1.5. Existing Hi/Lo thermometers that do not show temperatures within the acceptable range as compared to the certifying Hi/Lo thermometer shall be discarded and replaced.
- 8.8.2. Document on the Quality Assurance/Environmental Monitoring Worksheet Weekly/Monthly/Quarterly/Biannual/Annual log (QAEM):
- 8.8.2.1. Date of passing calibration test and initials of tester
- 8.9. Each pharmacy is required to link the electricity supplying refrigerators and freezers to an alarm system or the local office answering service.
- 8.10. All pharmacies shall test their ability to ship compound sterile preparations to patients at suitable temperatures by following the attached "Shipment Temperature Testing" procedure at twice annually (see Attachment C).
- 8.11. A pressure gauge or velocity meter shall be installed to monitor the pressure differential or airflow between the clean room/buffer area and the anteroom, as well as between the anteroom and the general pharmacy environment outside the segregated compounding area to ensure both rooms are positive pressure rooms.
- 8.11.1. Pressure differential:
- 8.11.1.1. Between the anteroom (ISO Class 8) and the general pharmacy area shall not be less than 5Pa (0.02 inch water column).
- 8.11.1.2. Between the clean room/buffer area (ISO Class 7) and the anteroom shall maintain a minimum velocity of 0.2 meters per second (40 feet per minute).
- 8.11.2. The pressure differential or airflow shall be monitored daily and be recorded and initialed on the Quality Assurance/Environmental Monitoring Worksheet - Daily Log.
- 8.11.3. Out-of-range readings, or trends in pressure differential that may lead to out-of-range readings, shall be reported to the pharmacist-in-charge.

9. LAFW, Clean Room/Buffer Area and Anteroom Certification

- 9.1. A contracted certification company, selected by Corporate Clinical Services, shall conduct LAFW, clean room and anteroom certification at least every six months, per manufacturer specification and whenever the LAFW or clean room is relocated or renovated, or as required by state law. Such certification shall include:
 - 9.1.1. Electronic air sampling of the LAFW and clean room/buffer area where it is contained, and the anteroom
 - 9.1.2. In situ air pattern analysis via smoke studies at the critical area to demonstrate unidirectional airflow and sweeping action over and away from the product under dynamic conditions
 - 9.1.3. Test reports describing airflow velocity and volume profile, HEPA filter scanning for performance and integrity, particle counts, room pressure, electrical/mechanical function showing all values measured for leakage compliance, and a listing of all test equipment
 - 9.1.3.1. LAFW shall be a minimum of ISO Class 5 (Class 100).
 - 9.1.3.2. Clean room/buffer area shall be a minimum of ISO Class 7 (Class 10,000) and anteroom shall be a minimum of ISO Class 8 (Class 100,000).
 - 9.1.4. Viable environmental air sampling and nonviable airborne particulate testing performed by a contracted certification company (utilizing air impaction viable environment testing equipment), effective June 1, 2008, no less than every six months and whenever the LAFW or room is relocated or altered or major service to the facility is performed
 - 9.1.5. A dated certification sticker placed on each certified unit by the certifying agency after the equipment has passed and meets all applicable federal and state standards

10. Compounding Equipment Calibration/Certification

- 10.1. Any equipment used to compound drug products shall be stored, used, and maintained in accordance with manufacturers' specifications.
- 10.2. All compounding personnel who prepare CSPs and are expected to use compounding equipment shall be adequately skilled, educated, instructed and trained to correctly perform calibration and cleaning. This training and knowledge shall include:
 - 10.2.1. Review of manufacturer's manual for each type of compounding equipment, including cleaning and calibration
 - 10.2.2. Viewing of instructional media provided by the manufacturer
 - 10.2.3. Observation of a qualified pharmacist or technician
 - 10.2.4. Review of calibration guidelines
 - 10.2.5. Ability to determine if the compounding equipment is operating properly and procedure for reporting a malfunction
 - 10.2.6. Completion of demonstrated competency evaluation with independent use of the compounding equipment, repeated at least annually or as necessary.
- 10.3. Pharmacy personnel who do not satisfactorily pass the competency evaluation shall not be allowed to use the compounding equipment until a satisfactory competency evaluation is achieved.
- 10.4. All electrical equipment used in the compounding of parenteral preparations shall receive an annual operational check per manufacturer's requirements. This annual check shall be documented on the Quality Assurance/Environmental Monitoring Worksheet - Weekly/Monthly/Quarterly/Biannual/Annual Log.
- 10.5. Any equipment used to compound drug products for which calibration or adjustment is appropriate shall be calibrated prior to use to ensure accuracy. Documentation of each such calibration shall be recorded in writing and these records of calibration shall be maintained and retained in the pharmacy.
- 10.6. Compounding equipment automatically recalibrated prior to each use (e.g., TPN compounders) does not require annual certification, unless required by manufacturer.

- 10.7. The accuracy of an automated compounding device (ACD) used for the preparation of parenteral nutrition admixtures shall be verified as follows and recorded each day the ACD is used on the Quality Assurance/Environmental Monitoring Worksheet - Daily Log:
 - 10.7.1. Calibrate the ACD utilizing the weight provided by the manufacturer.
 - 10.7.2. A 100 ml volume of sterile water for injection is programmed into the ACD and delivered to a previously weighed container.
 - 10.7.3. Weigh the resultant container; subtract the weight of the empty container and record the weight (volume) delivered on the Quality Assurance/Environmental Monitoring Worksheet - Daily Log.
 - 10.7.4. The results of such tests shall be reviewed by the Pharmacy Manager at least weekly to monitor delivery accuracy over time.
 - 10.7.5. If the ACD fails calibration, attempt the process one more time.
 - 10.7.5.1. If the ACD still fails, report to Pharmacy Manager, and
 - 10.7.5.2. Remove the ACD from use and arrange for repair or replacement.
- 10.8. Compounding equipment not subject to automatic recalibration shall be calibrated as per manufacturer guidelines and documented on the Quality Assurance/Environmental Monitoring Worksheet - Daily Log.
- 10.9. Results from the equipment calibration, annual maintenance reports, and routine maintenance shall be maintained on file for the lifetime of the equipment.

11. HVAC Monitoring

- 11.1. A suitable HVAC contractor shall inspect the overall heating and cooling systems on at least a quarterly basis for problems that may impair the proper operation of the clean room/buffer area and anteroom and document by initialing and dating the Quality Assurance/Environmental Monitoring Worksheet - Weekly/ Monthly/Quarterly/Biannual/Annual Log. The inspection shall include:
 - 11.1.1. Air conditioner filter inspection or replacement
 - 11.1.2. Belt inspection or replacement
 - 11.1.3. Condensation disposal system inspection
 - 11.1.4. Assessment of microbial growth in HVAC system

12. Environmental Monitoring

- 12.1. The load of viable and nonviable particulates within the compounding environment and LAFWs shall be monitored to assure they fall within acceptably low viable and nonviable particulate levels.
- 12.2. Double-sided growth media paddles (e.g., EnviroTest™) shall be used to periodically (at least monthly) test the LAFW surfaces used to compound CSPs, as well as locations judged by compounding personnel to be the most prone to contamination during compounding activities. This includes zones of air backwash turbulence within the LAFW and other areas where air backwash turbulence may enter the compounding area. The LAFW, pass-through window, clean room/buffer area, and anteroom require at least monthly environmental monitoring with growth media paddles. The lack of microbial growth under these conditions is indicative of a favorable compounding environment (See Attachment F – EnviroTest™ Media Paddles).
- 12.3. Environmental monitoring shall occur more frequently under any of the following conditions:
 - 12.3.1. As part of the certification of new infusion facilities and equipment;
 - 12.3.2. Following any servicing of facilities and equipment;
 - 12.3.3. As part of re-certification of facilities and equipment;
 - 12.3.4. In response to identified problems with end CSPs or staff technique; or
 - 12.3.5. In response to issues with CSPs, observed compounding personnel work practices, or patient-related infections (where the CSP is being considered as a potential source of the infection).
- 12.4. Each pharmacy shall develop and record a Microbial Monitoring Plan detailing where growth media shall be placed (see Attachment D).

- 12.4.1. Submit copy of plan to Corporate Clinical Services for approval.
- 12.5. Due to incubation times, do not perform sampling on Wednesdays or Thursdays, or the Friday prior to a three-day weekend.
- 12.6. Surface testing shall be performed on each LAFW by firmly pressing then dragging one side of the paddle and then the other on the surface to be tested. Surface testing shall be performed in the areas designated on the Microbial Monitoring Plan (Attachment D).
 - 12.6.1. Surface testing is required for all ISO Class 5 environments, pass-through windows, two additional surfaces in the clean room/buffer area and two additional surfaces in the anteroom. To provide a statistical analysis of the clean room/buffer area and anteroom environments, surface sampling site rotation is recommended.
 - 12.6.2. Surface sampling is required monthly for:
 - 12.6.2.1. ISO Class 5 environments (LAFWs)
 - 12.6.2.2. Pass-through window surfaces
 - 12.6.2.3. Two or more surface tests for each, the clean room/buffer area and anteroom. Sites shall be rotated if possible. Sample sites for testing include carts, shelving, counters, walls, doors and any other area with the potential for contamination.
 - 12.6.3. Use technique that drags the paddle toward the employee.
 - 12.6.4. Do not perform routine LAFW cleaning prior to growth media paddle placement.
 - 12.6.5. After inoculation exposure, carefully replace the paddle in the vial and tightly secure the cap. Label each vial with the sample type (surface) and location (hood #, clean room/buffer area or anteroom). Incubate samples for at least 48 to 72 hours, at 25 to 35 °C, and observe for microbial growth.
 - 12.6.6. After surface sampling has been completed perform routine cleaning and disinfecting of all tested areas using approved residue-free sanitizing agent.
- 12.7. Record the absence of any growth or the number of colonies observed on the Microbial Monitoring Worksheet (Attachment E) and maintain in the QA Notebook.
 - 12.7.1. Lot#: Lot number of the EnviroTest™ units used
 - 12.7.2. Expiration Date: Expiration date of the EnviroTest™ units used
 - 12.7.3. Exposure Date/Time: Date and time the EnviroTest™ paddles are exposed
 - 12.7.4. Performed By: Initials of employee who exposed the paddles and placed them in the incubator
 - 12.7.5. Read Date/Time: Date and time of EnviroTest™ paddles are removed from the incubator and the number of colony-forming units CFUs counted
 - 12.7.6. Read By: Initials of employee who read and recorded the results
 - 12.7.7. Reviewed By: Initials of employee who reviews the recorded results
- 12.8. Take corrective actions if the total number of colonies (Action Level for Microbial Contamination) exceeds three (3) per LAFW, exceeds five (5) for ISO Class 7 environment or exceeds one hundred (100) for ISO Class 8. These actions are:
 - 12.8.1. Thoroughly clean the affected LAFW, ISO Class 7 or ISO Class 8 environment and reevaluate compliance with cleaning procedures.
 - 12.8.2. Repeat the environmental monitoring protocol described above. Should the total number of colonies present for this retest not exceed three (3) for ISO Class 5 environments (LAFW), five (5) for ISO Class 7 or one hundred (100) for ISO Class 8, no further actions are required.
 - 12.8.3. Should the number of colonies for this retest exceed three (3) colonies per LAFW, five (5) for ISO Class 7 or one hundred (100) for ISO Class 8, perform the following actions:
 - 12.8.3.1. Complete an Incident Report Form;
 - 12.8.3.2. Contact Corporate Clinical Services for further direction;

- 12.8.3.3. Suspend compounding activities in the contaminated LAFW until such evaluation is completed and corrective actions taken; and
- 12.8.3.4. Contact the company contracted to certify the Clean Room/LAFWs in order to evaluate the integrity of the HEPA filter and other potential sources of contamination (including HVAC).
- 12.8.3.5. Take any corrective actions recommended in consultation with the certified contractor and Corporate Clinical Services.
 - 12.8.3.5.1. The results of each impaction volumetric air sampling will be sent out for culturing to an approved analytical laboratory.
 - 12.8.3.5.2. Regardless of the number of CFUs identified from sampling, further corrective actions will be dictated by the identification of microorganisms recovered. If highly pathogenic organisms are identified (e.g., Gram-negative rods, coagulase-positive staphylococcus, molds and yeasts) immediately contact Corporate Clinical Services for further direction.
- 12.8.3.6. Reevaluate the adequacy of compounding personnel work practices, cleaning procedures and operational procedures.
- 12.8.3.7. The environmental monitoring protocol shall be repeated until satisfactory results are obtained.
- 12.8.3.8. Details of any corrective actions are to be written on the back of the appropriate Microbial Monitoring Worksheet.

13. End Compounded Sterile Product Testing - Sterility

- 13.1. A statistically significant sample size of compounded sterile preparations is to be tested for the presence of microbial contamination capable of growing in a nutrient media.
 - 13.1.1. Absence of such growth is indicative of a favorable compounding environment and good aseptic technique.
- 13.2. End CSP testing shall utilize a commercially available product, following appropriate manufacturer instructions (e.g., QuickTest™, and GroMed™ - see Attachments G and H).
- 13.3. An end CSP testing program shall be established at each pharmacy designed around commonly compounded items. Pharmacies are required to perform one test each week for each commonly compounded drug and document on the Quality Assurance/Environmental Monitoring Worksheet - Weekly/Monthly/Quarterly/Biannual/Annual Log. Target CSPs shall include:
 - 13.3.1. TPNs, due to high dextrose content and number of potential sterile breaks during compounding
 - 13.3.2. Complex hydration solutions with multiple sterile breaks
 - 13.3.3. IVIG solutions transferred to an empty container
 - 13.3.4. Items which shall be given stability dating longer than nine (9) days based on established literature.
- 13.4. When performing end CSP testing, the following sampling process shall be followed.
 - 13.4.1. Testing shall be performed on different:
 - batches
 - patients
 - days of the week
 - weeks of the month
 - compounding personnel
 - LAFWs
- 13.5. Completed testing units shall be incubated for fourteen days or as per manufacturer instructions and checked for turbidity indicative of microbial growth daily and documented on the Quality Assurance/Environmental Monitoring Worksheet - Daily Log.

- 13.5.1. Result(s) of all end CSP testing shall be recorded on the appropriate log form and the label from the CSP testing unit affixed to the back of the log.
- 13.6. Corrective actions shall be taken if a unit is positive for microbial growth. These actions are:
 - 13.6.1. Recover unused compounded medication from the same batch as the positive unit from patient home and/or alternate site of care, physician offices or within the pharmacy, if possible.
 - 13.6.2. If not possible, the Pharmacy Manager will evaluate need for further action such as physician notification and heightened surveillance for febrile reaction or infection.
 - 13.6.3. Contact Corporate Clinical Services for further direction and complete an Incident Report Form.
 - 13.6.4. Examine possible sources of contamination and problems in compounding process.
 - 13.6.5. Reeducate staff as appropriate.
 - 13.6.6. Increase end CSP testing for the staff member until a minimum of three consecutive negative results are recorded, and then return to schedule above.
- 13.7. If no further positive units are encountered during this increased testing period, end CSP testing shall return to normal schedule.
- 13.8. Details of any corrective actions shall be written on the back of the appropriate Quality Assurance/Environmental Monitoring Log or the End CSP Testing Log.

14. Analytical Laboratories

- 14.1. KabaFusion shall contract with an analytical laboratory (see Attachment J) in order to ensure and monitor the integrity, potency, quality, and labeled strength of its compounded sterile preparations by performing at a minimum the following on our compounded preparation:
 - 14.1.1. Potency/Purity
 - 14.1.2. Endotoxin
 - 14.1.3. Sterility
 - 14.1.4. Particulate matter
 - 14.1.5. pH
 - 14.1.6. Stability data displaying Day Specifications Results
- 14.2. KabaFusion shall supply samples to the analytical laboratory as follows:
 - 14.2.1. IVIG – One (1) sample per brand per year
 - 14.2.2. Antibiotics – One (1) sample per chemical entity per year
 - 14.2.3. Other – One (1) sample per chemical entity per year
- 14.3. Corrective actions shall be taken if a unit is positive for microbial growth, potency is substandard, sterility result is positive, particulate matter is identified, and the pH is outside the accepted range. These actions are:
 - 14.3.1. Recover unused compounded medication from the same batch as the positive unit from patient home and/or alternate site of care, physician offices or within the pharmacy, if possible.
 - 14.3.2. If not possible, the Pharmacy Manager will evaluate need for further action such as physician notification and heightened surveillance for febrile reaction, infection or other adverse event.
 - 14.3.3. Contact Corporate Clinical Services for further direction and complete an Incident Report Form.
 - 14.3.4. Examine possible sources of contamination and problems in compounding process.
 - 14.3.5. Reeducate staff as appropriate.
 - 14.3.6. Increase analytical laboratory testing for the staff member until a minimum of three consecutive negative results are recorded, then return to schedule above.
- 14.4. If no further positive units are encountered during this increased testing period, return to normal schedule.
- 14.5. Details of any corrective actions shall be written and maintain the QA Notebook.

15. Compounding Limitations

- 15.1. KabaFusion may prepare and store a limited (reasonable) quantity of a compounded drug product in advance of receipt of a patient-specific prescription where and solely in such quantity as is necessary to ensure continuity of care for an identified population of patients of the pharmacy based on a documented history of prescriptions for that patient population.
- 15.2. A “reasonable quantity” of compounded drug product may be furnished to a prescriber for office use upon prescriber order, where “reasonable quantity” is that amount of compounded drug product that:
 - 15.2.1. Is sufficient for administration or application to patients in the prescriber’s office, or for distribution of not more than a 72-hour supply to the prescriber’s patients, as estimated by the prescriber; and
 - 15.2.2. Is reasonable considering the intended use of the compounded medication and the nature of the prescriber’s practice; and
 - 15.2.3. For any individual prescriber and for all prescribers taken as a whole, is an amount which the pharmacy is capable of compounding in compliance with pharmaceutical standards for integrity, potency, quality and strength of the compounded drug product.
- 15.3. A drug product shall not be compounded until the pharmacy has first prepared a written master formula record that includes at least the following elements:
 - 15.3.1. Active ingredients to be used.
 - 15.3.2. Inactive ingredients to be used.
 - 15.3.3. Process and/or procedure used to prepare the drug.
 - 15.3.4. Quality reviews required at each step in preparation of the drug.
 - 15.3.5. Post-compounding process or procedures required, if any.
 - 15.3.6. Expiration dating requirements.
- 15.4. Where a pharmacy does not routinely compound a particular drug product, the master formula record for that product may be recorded on the prescription document itself.
- 15.5. The pharmacist performing or supervising compounding is responsible for the integrity, potency, quality, and labeled strength of a compounded drug product until it is dispensed.
- 15.6. All chemicals, bulk drug substances, drug products, and other components used for drug compounding shall be stored and used according to compendial and other applicable requirements to maintain their integrity, potency, quality, and labeled strength.
- 15.7. Every compounded drug product shall be given an expiration date representing the date beyond which, in the professional judgment of the pharmacist performing or supervising the compounding, it should not be used. This “beyond use date” of the compounded drug product shall not exceed 180 days from preparation or the shortest expiration date of any component in the compounded drug product, unless a longer date is supported by stability studies of finished drugs or compounded drug products using the same components and packaging. Shorter dating than set forth in this subsection may be used if it is deemed appropriate in the professional judgment of the responsible pharmacist.
- 15.8. The pharmacist performing or supervising compounding is responsible for the proper preparation, labeling, storage, and delivery of the compounded drug product.

16. Recordkeeping of Compounded Drug Products

- 16.1. For each compounded drug product, the pharmacy records shall include:
 - 16.1.1. The master formula record.
 - 16.1.2. The date the drug product was compounded.
 - 16.1.3. The identity of the pharmacy personnel who compounded the drug product.
 - 16.1.4. The identity of the pharmacist reviewing the final drug product.
 - 16.1.5. The quantity of each component used in compounding the drug product.

- 16.1.6. The manufacturer and lot number of each component. If the manufacturer name is demonstrably unavailable, the name of the supplier may be substituted. Exempt from the requirements in this paragraph are sterile products compounded on a one-time basis for administration within twenty-four hours to an inpatient in a health care facility licensed under section 1250 of the Health and Safety Code.
- 16.1.7. The equipment used in compounding the drug product.
- 16.1.8. A pharmacy assigned reference or lot number for the compounded drug product.
- 16.1.9. The expiration date of the final compounded drug product.
- 16.1.10. The quantity or amount of drug product compounded.
- 16.2. Pharmacies shall maintain records of the proper acquisition, storage, and destruction of chemicals, bulk drug substances, drug products, and components used in compounding.
17. Labeling of Compounded Drug Products
 - 17.1. In addition to the labeling information required, the label of a compounded drug product shall contain the generic name(s) of the principal active ingredient(s).
 - 17.2. A statement that the drug has been compounded by the pharmacy shall be included on the container or on the receipt provided to the patient.
18. Compounding Policies and Procedures
 - 18.1. KabaFusion shall maintain a written policy and procedure manual for compounding that establishes procurement procedures, methodologies for the formulation and compounding of drugs, facilities and equipment cleaning, maintenance, operation, and other standard operating procedures related to compounding.
 - 18.2. The policy and procedure manual shall be reviewed on an annual basis by the pharmacist-in-charge and shall be updated whenever changes in processes are implemented.
 - 18.3. The policy and procedure manual shall include the following:
 - 18.3.1. Procedures for notifying staff assigned to compounding duties of any changes in processes or to the policy and procedure manual.
 - 18.3.2. Documentation of a plan for recall of a dispensed compounded drug product where subsequent verification demonstrates the potential for adverse effects with continued use of a compounded drug product.
 - 18.3.3. The procedures for maintaining, storing, calibrating, cleaning, and disinfecting equipment used in compounding, and for training on these procedures as part of the staff training and competency evaluation process.
 - 18.3.4. Documentation of the methodology used to test integrity, potency, quality, and labeled strength of compounded drug products.
 - 18.3.5. Documentation of the methodology used to determine appropriate expiration dates for compounded drug products.



KabaFusion

Patient-Focused Infusion Therapy

Home Infusion Pharmacy

Introduction to KabaFusion

Background and People



KabaFusion is...

*an innovative infusion therapy
company dedicated to
managing IVIG and other acute
and chronic therapies
nationwide.*



KabaFusion

Patient-Focused Infusion Therapy



Our Mission...

We are guided by our commitment to successful clinical outcomes and dedicated to working proactively with patients, physicians and payors to provide comprehensive support before, during and after infusion therapy.



KabaFusion

Patient-Focused Infusion Therapy



About Our Pharmacy...

- *Current pharmacy licenses in California and Arizona*
- *Servicing all of California and Arizona for Immunoglobulin*
- *Successfully passed accreditation in February 2011 with the Accreditation Commission by Health Care (ACHC)*
- *USP <797> compliant clean room and quality assurance program*



KabaFusion

Patient-Focused Infusion Therapy

About our Pharmacy...

- *Number of patients currently on service:*
 - 87 IVIG Patients
 - 18 Solu-Medrol Patients
 - 4 Other Therapy (TNF, Blood-Modifiers, etc.)
- *Experience with servicing out of state patients*
- *Nurse Scheduler to coordinate with patient's local Home Health Agency for administration of their medication.*



KabaFusion

Patient-Focused Infusion Therapy



Dr. Sohail Masood

Chief Executive Officer



- Graduate, USC School of Pharmacy 1988
- Completed his residency in Brooklyn, New York 1989
- Registered Pharmacist California and Nevada
- Original founder and former owner of Crescent Healthcare, Inc. (CHI)
 - Home infusion and healthcare company
 - Provided IVIG therapy and nursing to patients in a home care setting nationally
 - In 1998, CHI purchased the infusion services of Apria Healthcare which made CHI one of the largest privately owned infusion companies in California
 - In 2004, Dr. Masood sold the majority interest of CHI
 - In 2010 founded KabaFusion and purchased Home Care Services, a KabaFusion Company
- Founded MAAS infusion pump manufacturing company - sold to Baxter Healthcare Int. in 2008
- Recipient of several awards including the Ernst and Young Entrepreneur of the Year in Healthcare



KabaFusion

Patient-Focused Infusion Therapy

Dr. Michael Rigas

Chief Clinical Officer



- Graduate, USC School of Pharmacy 1981
- Completed Hospital Pharmacy Residency at UC San Francisco 1982
- Registered Pharmacist California
- Previous key positions:
 - Chief Innovation Officer for Pharmaceutical Care at Geisinger Health System
 - Chief Clinical Officer for VITALine CareSite Pharmacy
 - Senior Vice President, Clinical Affairs at Crescent Healthcare, Inc.
- Spent first ten years of his career as Chief Clinical Pharmacist in 3 different 200+ bed community hospitals



KabaFusion

Patient-Focused Infusion Therapy

Sohail Merchant

Chief Financial Officer

- Certified Public Accountant
- Previous key positions:
 - Chief Financial Officer of SureHealth (owned by Geisinger Health System)
 - Vice President Managed Care at Crescent Healthcare, Inc.
 - Instrumental in developing financial solvency department at HealthNet
- At SureHealth he was responsible for coordinating the financial affairs of nine retail pharmacies, a specialty pharmacy and a home infusion pharmacy



KabaFusion

Patient-Focused Infusion Therapy

David S Chook, RPh

VP Clinical Services and Regulatory Compliance

- Graduate, University of Arizona School of Pharmacy.
- Pharmacist for over 33 years and 26 years of home infusion pharmacy experience and over 12 years of experience as a Corporate Compliance Officer.
- Previous key positions:
 - Vice President Pharmacy Services and Regulatory Compliance at Crescent Healthcare, Inc.
 - Director of Professional Services and Corporate Compliance Officer at LifeCare Solutions, Inc.
 - Director of Professional Services at Home Medical of America.
 - Director of Program Systems Development at Nations Healthcare, Inc.
- Initiated the first home infusion pharmacy in the Palm Springs, CA area at Eisenhower Medical Center.



KabaFusion

Patient-Focused Infusion Therapy

Milestones

1980s

- Dr. Masood/ Dr. Rigas/Ms. Kustron complete pharmacy training
- IVIG products approved for use in US

1990s

- Founding of Crescent Healthcare, Inc. (CHI)
- CHI purchase of Apria Healthcare

2000s

- Dr. Rigas and Mr. Merchant join CHI
- Majority interest of CHI sold

2010

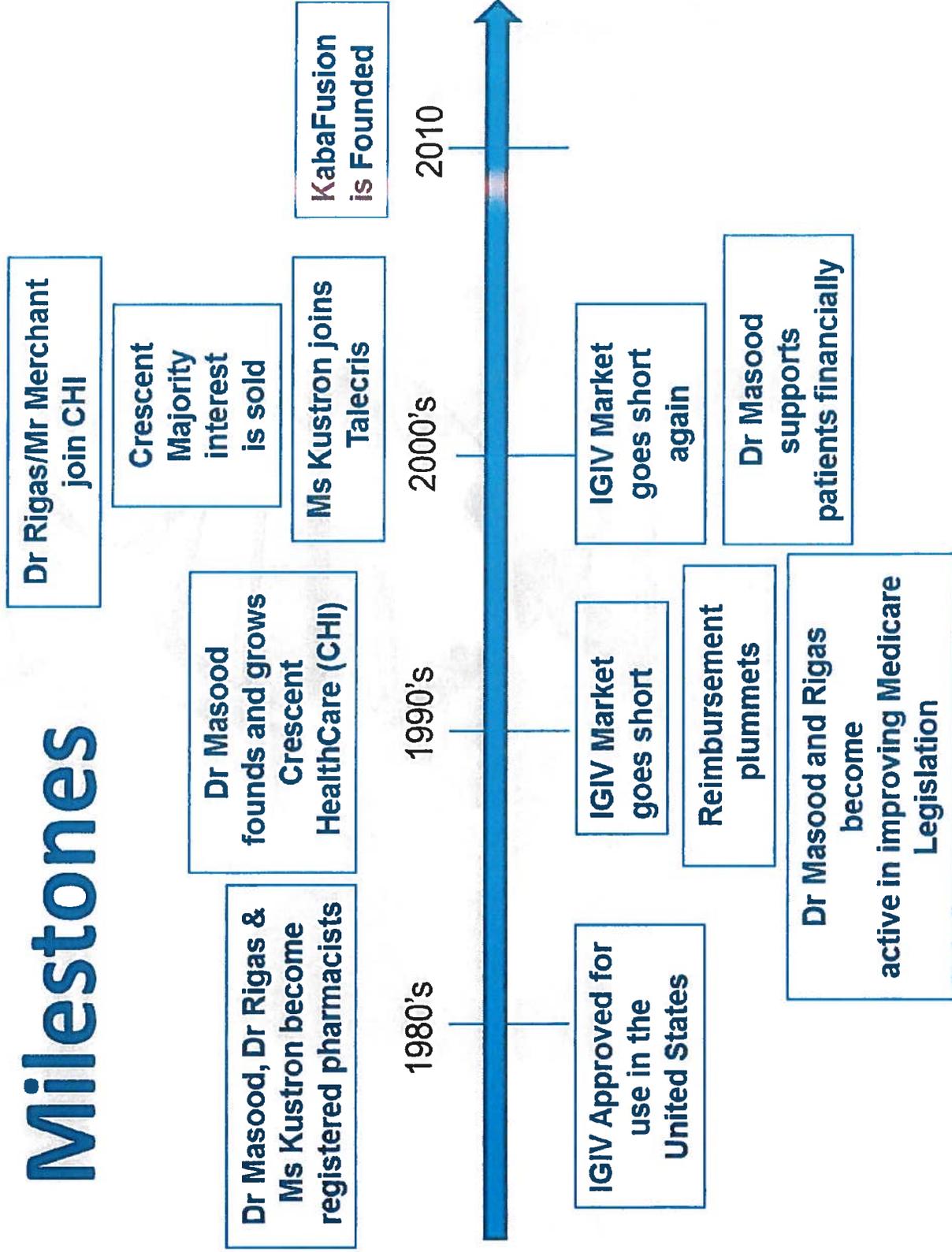
- Founding of KabaFusion
- Purchase of Home Care Services, a KabaFusion Company



KabaFusion

Patient-Focused Infusion Therapy

Milestones



More than 20 years of specialized expertise in IGIV and advocating for improvements in patient

Back to Basics, Only Better...

- *We are focused on one basic principle: outstanding patient care in all care settings*
- *We are passionate and driven to consistently improve the lives of our patients both short & long term*
- *We are dedicated to helping each patient and their physician successfully navigate the clinical and administrative complexities necessary to achieve approval for IVIG, re-approval of IVIG and other infusion therapies*



KabaFusion

Patient-Focused Infusion Therapy

The KabaFusion Advantage

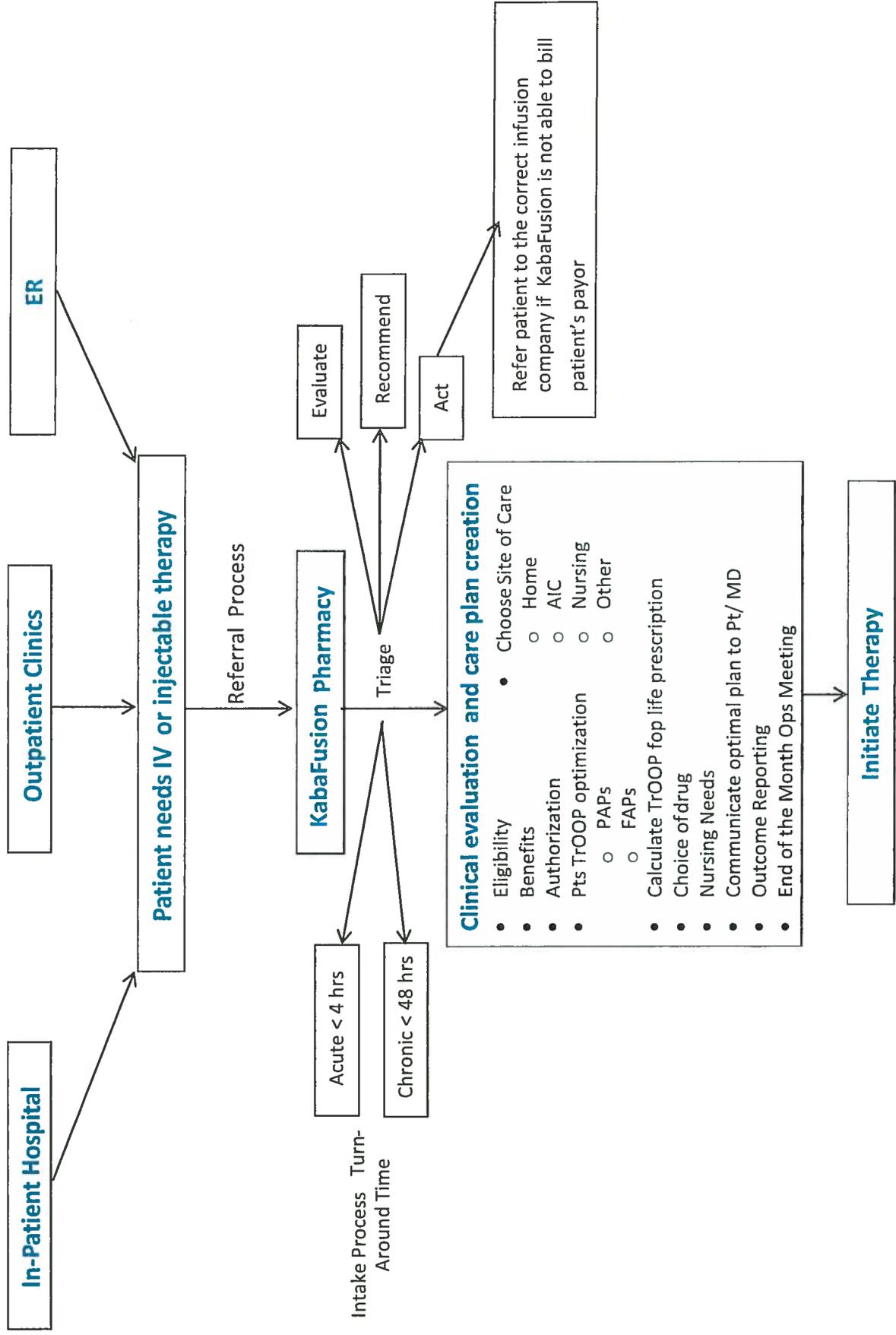
- **Primary focus on Immune Globulin therapy, with additional focus on antibiotic and TPN therapies.**
- **Individualized triage service to assure each patient gets the most optimal site of care**
- **Clinical oversight by highly skilled and trained pharmacists**
- **Complete and Comprehensive Training for all nurses and personnel involved**
- **Verification of patient's eligibility, benefits and obtaining of needed authorizations**
- **Management of physician orders**
- **Scheduling of patients for infusion throughout the network**



KabaFusion

Patient-Focused Infusion Therapy

The Optimized Referral Process



We Can Help

Contact us today to learn more about our services and how we can help you and your patients with immunoglobulin as well as acute and other chronic infusion therapy.



info@kabafusion.com

www.kabafusion.com

California

Office: 877.577.IVIG (4844) **Fax:** 877.445.8821
11818 Rosecrans Avenue, Suite A
Norwalk, CA 90650

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	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: PH_____)	
<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: TRIAD RX INC.

Physical Address: 2625B POLLARD RD. DAPHNE AL 36526

Mailing Address: PO BOX 1530

City: DAPHNE State: AL Zip Code: 36526

Telephone: 251-380-7630 Fax: 251-380-7631

Toll Free Number: 855-288-0134 (Required per NAC 639.708)

E-mail: matte@triadrx.com Website: N/A

Managing Pharmacist: ROBERT REYBURN ROBERTS III License Number: 12683

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

11/19/16

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

MATTL. McDONALD

Print Name of Authorized Person

11/13/12

Date

Board Use Only

Received:

DEC 06 2012

Amount:

500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE
OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: ALABAMA
Parent Company if any: N/A
Corporation Name: TRIADRX INC.
Mailing Address: PO BOX 1530
City: DAPHNE State: AL Zip: 36526
Telephone: 251-380-7430 Fax: 251-380-7431
Contact Person: MATT McDONALD

For any corporation non publicly traded, disclose the following:

- 1) List top 4 persons to whom the shares were issued by the corporation?
 - a) MATT McDONALD 8801 N. LAUREL LN. DAPHNE, AL 36526
Name Address
 - b) BRAD VINKE 3701 SAWMILL CIR. PACE, FL 32571
Name Address
 - c) _____
Name Address
 - d) _____
Name Address
- 2) Provide the number of shares issued by the corporation. 1000⁰⁰
- 3) What was the price paid per share? 1.00
- 4) What date did the corporation actually receive the cash assets? 2-8-12
- 5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

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.

List of officers and directors

CORPORATE STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, MATT McDONALD

Responsible Person of TRIADRX 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

MATT L. McDONALD
Print Name of Authorized Person

11/13/12
Date



State of Alabama
Department of Revenue

Certificate of Good Standing

Triad Rx, Inc. is in compliance with the Alabama business privilege tax payment and return requirements in Chapter 14A, Title 40, Code of Alabama 1975 as of the date of issuance. This certificate is valid for sixty days from the date of issuance.

*IN WITNESS WHEREOF, I hereunto set my hand this
date of November 14, 2012.*

Director, Individual and Corporate Tax Division

ATTEST:

Secretary

Business Privilege Tax

Phone: 334-353-7923

Fax: 334-242-8915

Request Date: November 14, 2012

Request Code: 1211141248403

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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	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: PH _____)	
1 Publicly Traded Corporation – Pages 1,2,3,7	1 Partnership - Pages 1,2,5,7
1 Non Publicly Traded Corporation – Pages 1,2,4,7	1 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: University Compounding Pharmacy
 Physical Address: 1765 Fourth Avenue, San Diego CA 92101
 Mailing Address: 1765 Fourth Avenue
 City: San Diego State: CA Zip Code: 92101
 Telephone: 619-398-1800 Fax: 619-481-3733
 Toll Free Number: 855-398-1800 (Required per NAC 639.708)
 E-mail: blmd@ucprx.com Website: n/a
 Managing Pharmacist: Joseph Graseia License Number: 40848

Hours of Operation:

Monday thru Friday 7 am 6pm pm Saturday 8 am 12 pm
 Sunday n/a am n/a pm 24 Hours —

TYPE OF PHARMACY

SERVICES PROVIDED

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

61677

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.

Joseph Gracela
Original Signature of Person Authorized to Submit Application, no copies or stamps
Joseph Gracela
Print Name of Authorized Person
11/1/12
Date

Board Use Only	Received: <u>NOV 07 2012</u>	Amount: <u>500.00</u>
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APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE
OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: CA
Parent Company if any: _____
Corporation Name: 4th Street Pharmacy Inc.
Mailing Address: 1765 Fourth Avenue
City: San Diego State: CA Zip: 92101
Telephone: 619-398-1800 Fax: 619-481-3733
Contact Person: Ana Dorazco

For any corporation non publicly traded, disclose the following:

- 1) List top 4 persons to whom the shares were issued by the corporation?
- a) Joseph Grasela 1765 Fourth Ave. San Diego CA 92101
Name Address
- b) John Grasela 1765 Fourth Ave. San Diego CA 92101
Name Address
- c) _____
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? 25,000
- 4) What date did the corporation actually receive the cash assets? 12/31/2011
- 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.

List of officers and directors

CORPORATE STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Joseph Grasela
Responsible Person of University Compounding Pharmacy
hereby acknowledge and understand that in addition to the corporation's, any owner(s),
shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy
law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s)
or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a
pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s)
or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision
of any local, state or federal laws or regulations pertaining to the practice of pharmacy.


Original Signature of Person Authorized to Submit Application, no copies or stamps

Joseph Grasela
Print Name of Authorized Person

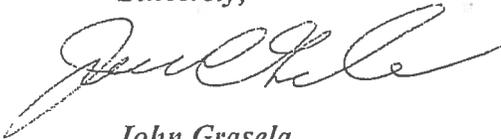
11/01/2012
Date

*John Grasela
510 1st ave #2004
San Diego, Ca 92101*

Board of Pharmacy,

I was on probation from 2000 to 2003 for unprofessional conduct. I was accused of taking an anti-viral agent for my hepatitis without a Dr's prescription. The drug was not commercially available and I compounded it with the approval of the physician. I turned my bills into Blue cross for reimbursement and they denied it. I appealed and Blue Cross contacted the Dr. and he denied authorizing it even though it was written in the chart. The California board of pharmacy was holding back two pharmacy permits and would not issue them until I settled. To prevent holding back the license I pleaded guilty. I have served my probation and have not had any problems since than.

Sincerely,

A handwritten signature in cursive script, appearing to read 'John Grasela', written in black ink.

John Grasela



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.

June 28, 2012

UNIVERSITY COMPOUNDING PHARMACY
1875 THIRD AVE
SAN DIEGO, CA 92101

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: UNIVERSITY COMPOUNDING PHARMACY

License Type: PHARMACY

License Number: PHY 50831

Status: ACTIVE

Issue Date: 06/14/12

Expiration Date: 06/01/13

Address of Record: 1765 4TH AVE SAN DIEGO, CA 92101

Disciplinary Action: NO RECORD OF DISCIPLINARY ACTION

Virginia Herold
Executive Officer

By

A handwritten signature in blue ink that reads "Barbera Schleicher".

Barbera Schleicher
Public Inquiry Analyst
(916) 574-7922

Barbera.Schleicher@dca.ca.gov

DISCUSSION AND DETERMINATION – JANUARY, 2013

DELIVERY OF PRESCRIPTIONS

NAC 639.710 (see attached)

The Board office often gets calls regarding the delivery of prescriptions (see attached "Newsletter" article). Common practice often involves the utilization of a taxi or delivery service to get prescriptions to those who may not have the ability to get to a pharmacy, even though this practice is not in compliance with our regulation. Staff feels that this regulation may be too restrictive with respect to taxis and delivery services and may actually hinder the ability of some patients to get their medications. We invite a discussion.

(At the Board's request, this topic is being revisited in consideration of a presentation by a delivery service vendor)

3. As used in this section, "ultimate user" means a person who lawfully possesses a drug, controlled substance, poison, chemical, device or appliance restricted by federal law to sale by or on the order of a physician for his or her own use, the use of a member of the person's household or the use of any person for whom he or she is caring, or for administering to any animal owned by the person or by a member of his or her household.

(Added to NAC by Bd. of Pharmacy, eff. 10-1-93; A 5-22-96; R118-98, 9-10-98; R049-04, 2-28-2005)

NAC 639.710 Delivery of prescription drugs. (NRS 639.070)

1. A prescribed medication may be delivered or dropped off by a licensee if the person making the delivery:

- (a) Is a bona fide employee of the licensee;
- (b) Is at least 16 years of age; and
- (c) Has not been convicted of any offense in any jurisdiction, whether a felony or misdemeanor, involving any dangerous drug, controlled substance, embezzlement or theft.

2. A prescribed medication must be delivered directly to the patient, or must be dropped off with a person at the patient's residence or the appropriate person on the staff of the medical facility at which the patient is being treated. The person accepting the prescribed medication must sign for it.

3. All prescribed medications must be adequately secured in the vehicle used for delivery.

4. The licensee shall maintain records of all prescribed medications which are delivered pursuant to this section.

5. Any prescribed medication may be picked up from the pharmacy by any authorized, noncompensated agent of the person for whom the drug is prescribed, including but not limited to, a neighbor, friend or relative.

[Bd. of Pharmacy, § 639.170, eff. 6-26-80]—(NAC A 10-17-86)

NAC 639.7102 Use of computer system for issuance and transmission of prescription. (NRS 639.070, 639.0745)

1. Except as otherwise provided in subsection 8, a practitioner may:

- (a) Issue a prescription using a computer system approved by the Board; and
- (b) Transmit the prescription using that computer system to a pharmacy specified by the patient for whom the practitioner issues the prescription.

2. The Board will approve the computer system of a practitioner if the computer system:

- (a) Requires a fingerprint scan, retinal scan, personal identification number or other unique identification of the practitioner to activate the computer system by which a prescription will be entered and to reactivate the computer system if the computer system has not been in use for 15 minutes or longer;

(b) Maintains a record of:

- (1) Each prescription that the practitioner issues using the computer system; and
- (2) Each pharmacy to which the practitioner submits the prescription;

(c) Is able to print a written prescription that complies with NRS 639.2353 and NAC 453.440;

(d) Places on the face of the prescription, if it is printed from the computer system of the practitioner or the pharmacy to which the practitioner transmits the prescription, or if it is displayed on the monitor of the computer of the pharmacy, a mark that uniquely identifies the practitioner, including, without limitation, the practitioner's signature or a security code which is known to or verifiable by the pharmacy;

(e) Requires the practitioner, before the computer system places the words "Dispense As Written" on the face of the prescription, to make a specific entry into the computer system for the prescription; and

COMPOUNDING PHARMACIES

At the Board's request during the December meeting, a discussion regarding compounding pharmacies is encouraged. Executive Secretary Pinson will share his experience at FDA in December to initiate the discussion. For consideration:

- 1) What is "compounding" and what is "manufacturing"?
 - a. Is there a line, and if so what is that line (based upon quantity compounded?; based upon patient specificity?; based upon shipping across state lines?)
- 2) Should there be a third designation: i.e. "non-traditional compounding"?
 - a. If so, do we create a new license category?
- 3) What drives pharmacies to compound beyond a prescription?
 - a. Money?
 - b. Drug shortages, and if so, why do we have drug shortages?
- 4) How do we ensure that what is compounded in another state is safe for Nevadans?
 - a. Should we inspect out-of-state compounders rather than simply make them appear?
 - i. When they appear, do they tell the truth?
 - ii. Do we inspect and charge the pharmacy for that inspection?
- 5) Role of the FDA
 - a. If their job is to regulate manufacturing (which NECC clearly was engaged in), why were they not inspecting and regulating?
 - b. Do we call them in to determine whether a borderline pharmacy in Nevada is actually manufacturing or not?
 - c. Should we become commissioned by FDA to help them regulate?

Meeting Agenda - Intergovernmental Working Meeting on Pharmacy Compounding

Steve Morin [steve.morin@fda.hhs.gov]

Sent: Friday, December 14, 2012 7:53 AM

To: LARRY L. PINSON

Dear Larry:

The following message is from Heidi Marchand the Assistant Commissioner:

Dear State Representatives,

Attached, please find the agenda at the end of this email for the December 19, Intergovernmental Working Meeting to discuss issues regarding the role of the FDA and the states in the oversight of compounding pharmacies. We look forward to your participation and your thoughts on the four discussion topics provided to you in the November 16, 2012 invitation.

A summary of the states' responses to these discussion topics will be presented by a state representative to an FDA panel as part of the days activities. For working sessions, we have arranged for you to work withing a regional group. The discussion topics include:

1. Giving existing authorities and resources, are the states currently able to provide the needed oversight of pharmacy compounding and consumer protection?
2. What should the federal role be in regulating higher risk pharmacy compounding such as compounding high-volume of drugs for interstate distribution?
3. Is there a way to re-balance Federal and State participation in the regulation of pharmacy compounding that would better protect the public health? What strategies should be developed to further strengthen Federal/State communication?
4. Do you see a role for the states in enforcing a federal standard for "non-traditional" compounding? If so, what role? What factors would affect a decision by your State to take on such responsibility?

Also, we are interested in the demographics of your state's use of compounding pharmacies and ask that you also come prepared to summarize:

- To what extend do these facilities utilize products from large scale compounding pharmacies?
- Do they use them primarily for convenience dosage forms, sterile admixtures, custom-compounded products or other?
- In particular, are these products used (and to what extent) by hospitals, outpatient surgical/procedural clinics (e.g., GI, interventional radiology, surgery, etc), dialysis, nursing homes, and other longer-care facilities such as rehab, home health care services, hospice?
- Would abrupt loss of supply cause shortages? Would it cause care disruption? How sever? Are alternative suppliers or preparation methods available for these products?

We look forward to meeting you at the FDA's White Oak Campus in Siver Spring, MD on December 19, 2012

Sincerely,

Heidi C. Marchand, Pharm.D.



nabp

National Association of Boards of Pharmacy

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TO: EXECUTIVE OFFICERS – STATE BOARDS OF PHARMACY
 FROM: Carmen A. Catizone, Executive Director/Secretary
 DATE: December 20, 2012
 RE: FDA Meeting Follow-up

Our thanks to the state boards of pharmacy that participated in the FDA Intergovernmental Meeting yesterday and presented critical information from the states' perspectives. The dialogue between the states and FDA was beneficial and will be even more beneficial if the FDA and the Commissioner accept the feedback and incorporate your recommendations into their present and future proposals and testimony.

NABP will be sending a letter to Commissioner outlining the primary recommendations of the states from yesterday's meeting and requesting that the Commissioner incorporate these recommendations into the FDA's activities and proposals. In listening to the summary reports, we identified some initial points for affirmation with the Commissioner and FDA that follow:

1. Definitions for compounding and manufacturing must be established in federal and state statutes and regulations that are concise and uniform. The basis for the distinction between these two activities is patient specificity. Patient specific activities are defined as compounding and non-patient specific activities are considered manufacturing. Although there can be a consideration of exceptions and a continuum, the continuum should be defined within the manufacturing sector and fall under the authority of the FDA with support from the states as requested and as qualified to do so.
2. Bidirectional communication must occur between FDA and the states. This is critical to the inspection of compounding pharmacies and manufacturers and especially necessary when regulatory or disciplinary actions are initiated, pursued, or finalized with pharmacies and manufacturers. FDA's participation in regional meetings and discussions and increased communication vehicles between the FDA and states are additional, important requests from the states.
3. Resources and special training in key areas are needed by the states to effectively assume the new responsibilities discussed and to assist the FDA with the challenges currently being faced to develop the needed regulatory structure.
4. The states desperately need a clarification of the FDA's registration of a manufacturer. Entities involved in the manufacture of drug products are indicating to the states and NABP that such registration with the FDA entitles them to manufacture any unapproved,

EXECUTIVE OFFICERS – STATE BOARDS OF PHARMACY

December 20, 2012

Page 2

not available commercially, or shortage drug product listed on the FDA's website. Information provided by an FDA staff person at the meeting yesterday, and in the research NABP has conducted, indicate that this is not true and that all manufacturers must hold an ANDA or NDA for every product that they manufacture.

5. The concept of non-traditional compounding is not defined in state statutes and is not something that the states will support as a third tier of drug production. We will request that the Commissioner not pursue establishing this third tier of activity.

We are reaching out to you and specifically the person who represented your state, to review the list above and to make any corrections or additions. It was evident at the meeting that not all states agreed on every detail of the items discussed at the meeting but there was overwhelming consensus for the points noted above.

NABP wants to continue to ensure that the states are heard throughout the discussion of compounding and manufacturing and that your recommendations are not lost amidst the clamor or other groups or interests. It is our firm belief that the states are integral to the solution of this problem and that primary impetus for this crisis are the drug shortages and the environment that fostered the rise of manufacturers operating under the guise of compounding pharmacies. The need to alleviate drug shortages and resulting pressures from a myriad of stakeholders certainly contributed to the approaches that were advanced, or not advanced, in the regulation of these entities. These issues must be addressed as the states indicated at yesterday's meeting and the problem misdirected to legitimate compounding regulated by the states. Nor should solutions focus on changing the authority of the states in regard to legitimate compounding when the problem and solutions lie beyond this area and draw heavily from drug shortages and manufacturing activities.

Thanks for your input and leadership!

cc: NABP Executive Committee

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KAHAN \diamond SHIR, P.L.
ATTORNEYS AT LAW

December 4, 2012

BRIAN A. KAHAN, ESQ.
bkahan@kahanshir.com

MEMORANDUM

To: Members of the Florida Board of Pharmacy
Mark Whitten, Executive Director
David D. Flynn, Esq., Asst. Attorney General

From: Brian A. Kahan, Esq

Subject: Revisions to Special Pharmacy

The following is intended for purposes of discussion regarding possible revisions to Section 64B16-28.800, F.A.C. and possibly the creation of a new 64B16-28.802, F.A.C.

Current

64B16-28.800 Special Pharmacies.

(1) Special pharmacies are pharmacies providing miscellaneous specialized pharmacy service functions. The Board of Pharmacy, by this rule, provides for the establishment of the following special pharmacy permits:

- (a) Special-Limited Community.
- (b) Special-Parenteral and Enteral.
- (c) Special-Closed System Pharmacy.
- (d) Special-Non Resident (Mail Service).
- (e) Special-End Stage Renal Disease.
- (f) Special-Parenteral/Enteral Extended Scope.
- (g) Special-ALF.

Proposed

64B16-28.800 **Special Pharmacies.**

(1) Special pharmacies are pharmacies providing miscellaneous specialized pharmacy service functions. The Board of Pharmacy, by this rule, provides for the establishment of the following special pharmacy permits:

- (a) Special-Limited Community.
- (b) Special-Parenteral, Enteral and Compounding.**
- (c) Special-Closed System Pharmacy.

- (d) Special-Non Resident (Mail Service).
- (e) Special-End Stage Renal Disease.
- (f) Special-Parenteral/Enteral Extended Scope.
- (g) Special-ALF.

64B16-28.802 Special-Parenteral, Enteral and Compounding Pharmacies.

(1) Special-Parenteral, Enteral and Compounding permits are categorized according to the capabilities, qualifications and oversight required of the permittee as follows:

- a. Type "A" – Providing sterile, non-sterile compounds and enteral products.**
- b. Type "B" - Providing sterile compounds and enteral products only.**
- c. Type "C" - Providing Non – sterile compounds and/or enteral products only.**

(2) Types "A" and "B" Special-Parenteral, Enteral and Compounding Pharmacies shall be required to engage a Florida certified consultant pharmacist providing monitoring and surveillance. And possible compliance with 64B16-28.820

(i.) "Monitoring and surveillance" shall include but not limited to, an on-site written evaluation of environmental and recordkeeping and compliance with the permittee's protocols, policies and procedures.

(3) The monitoring and surveillance report shall be maintained by the Special-Parenteral, Enteral and Compounding Pharmacy and made available for for inspection by the Deaprtment of Health.

TEMPORARY LICENSES
(Issued since last board meeting)

Scolari's

Gina Simon

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University of Nevada School of Medicine
Office of Continuing Medical Education and Professional Development
Activity Evaluation Form
Opioids Misuse and Abuse
10/1/2012

Based on my participation in this educational activity, I feel confident that I am able to:

	Strongly Agree	Agree	Disagree	Strongly Disagree	Did Not Attend
Differentiate medication use from abuse [93-4.60]	(57) 61.29%	(35) 37.63%	(1) 1.08%	(0)	(0)
Review the current state of the literature regarding management of medical conditions with cannabinoids [96-4.46]	(45) 46.88%	(50) 52.08%	(1) 1.04%	(0)	(0)
Identify and define brain mechanisms for the experience of pain and suffering [96-4.38]	(38) 39.58%	(56) 58.33%	(2) 2.08%	(0)	(0)
List side effects, complications and recognize the phenomenon of opioid-induced hyperalgesia [96-4.44]	(44) 45.83%	(50) 52.08%	(2) 2.08%	(0)	(0)
Identify trends in abuse of prescription drugs [96-4.68]	(65) 67.71%	(31) 32.29%	(0)	(0)	(0)
Define addictive disease and identify how it affects some patients with chronic pain [96-4.53]	(54) 56.25%	(39) 40.63%	(3) 3.13%	(0)	(0)
Discuss the extent of illegal narcotic abuse and the criminal justice impact [96-4.56]	(55) 57.29%	(40) 41.67%	(1) 1.04%	(0)	(0)
Discuss prescription drug abuse and the cultural issues [93-4.57]	(56) 60.22%	(34) 36.56%	(3) 3.23%	(0)	(0)
Review Nevada's Prescription Monitoring Program (PMP) and how to register and utilize the tool [96-4.49]	(54) 56.25%	(39) 40.63%	(1) 1.04%	(0)	(2) 2.08%

	Yes	No
The material was presented in a manner that was free from commercial bias. [96-2.00]	(96)100%	(0)

If no, please explain:

(1)

I would have like to have heard from some physicians/experts in favor of THC for pain.

Yes	No

As a result of your participation in this CME activity will you make any changes in your practice? [95-1.67] (64) 67.37% (31) 32.63%

If yes, please list three changes you plan to make in your practice:

- (47)
Caution on multi-problem patients. Insist on face-to-face encounters with non-compliant patients. Implement the one lost 'script policy.
- In writing prescription for post op analgesia, I am likely to write for a smaller number of pills.
- I have an ophthalmology practice so I think I will be more aware of "drug-seeking" behavior.
- I will be stricter on my patients who use marijuana
- Will use PMP more often and monthly put my own name in to see what comes up. Will delete my BNDD number from my prescriptions. Within limits use the 3month limitation on narcotics when appropriate. Discuss psychological issues of chronic pain with patients.
- Recognition and participation in PMP
- more thorough use of state pmp program and urine testing more careful consideration of potential medication abusers
- will check prescription monitoring more often.
- Will be more cognizant before just processing prescriptions for narcotics. Will try to educate patients more. And may request for ICD-9 on each new narcotic prescription.
- Prescribe less narcotics. Be more firm with my patients when they request narcotics and confront them more about their dependency issues. Run a PMP report on ALL patients that I prescribe narcotics for-- not just the suspicious patients.
- Listen to patients. Review refill history. Use PMP program.
- will attempt to utilize the PMP again - hopefully it is better than it has been in the past.
- less opiates, more time with patient, substitute other meds
- report "doctor shopping" because it is a felony in NV.
- 1. Be more diligent when filling narcotics and calling physicians if I suspect abuse.
- Screen patients more carefully for pain medications frequent follow ups Check with the DEA list on new patients.
- Use the pmp site more often refrain from use of short acting opioids as much as possible.
- Be more alert to the possibility of potential abuse/addiction.
- MOVE PMP USAGE; DRUG TESTING SPECIALTY CONSULTATION
- more pmp usage: drug testing;specialty consultation
- 1) Vigilance in PMP surveillance 2) Policy changes for office opioid prescribing

- tend to feel now that I will have less government persecution for under prescribing. It is about time!
- use the pmp program more often as I am already a user, but don't use it as often as they said on a weekly basis
- better patient education
- use of PMP program. initiate PHQ 9 screening along with urine drug screening. open debate among physician group that marijuana use is pain patients not acceptable.
- I will encourage long acting opioids over short acting to avoid abuse. As a pharmacist I already monitor frequency of controlled substances.
- I will be much more diligent when dealing with my "chronic pain" patients. I have been and will continue to get the DEA reports and doing drug screens, I will not prescribe when the patient is also taking or using THC that is not a Rx.
- more pmp usage, drug testing, specialty consultation
- query data bank more often
- I would be more likely to use a pain contract I would transition to longer acting opioids more quickly I would recommend patients lock their controlled substances
- Utilize Nevada's PMP more often. Be more aware of cases of misuse and abuse of controlled medications. Increase communication with prescribers regarding controlled medication Prescriptions.
- more alert to potential problems
- Run more task force requests Educate patients on using cannabis when on opioid rx's
No list opioid addiction without adequate history of addiction.
- 1. Use PMP to review potential narcotic abuse. 2. reduce quantities of tablets when prescribing narcotics. 3. always attempt to use alternatives to narcotic analgesics. 4. utilize pain management specialists when necessary.
- regular use of prescription monitoring program electronic prescription usage avoid long term opioid treatment
- 1. Use of PMP 2. Decrease use of short acting opioids 3. Written rx
- utilize PMP, be very vigilant in prescribing controlled substances, avoid prescribing methadone and soma
- I like the 3 month trial for opiates in treating chronic pain, then discontinue if no global improvement. I will be wary of prescribing Phenergan With Codeine. The information supports my reluctance to ever prescribe methadone or soma
- More conscious of the hyperalgesia issue, will continue to never give auto refills on narcotics, be less likely to give at all
- Avoid methadone initiation.
- Sign up for Nevada's PMP
- Retired

- DUR on all patients before there narcotic Rx is given
- Will attempt to more accurately track drug intoxication deaths by specific drug type rather than major drug categories.
- Run profiles Use fewer narcotics for pain Use non narcotic pain relievers

Please identify any barriers you perceive in implementing these changes (select all that apply).

- Cost [96] (5- 5.21%)
- Lack of time to assess/counsel patients [96] (24- 25.00%)
- Lack of administrative support resources [96] (17- 17.71%)
- Insurance/Reimbursement issues [96] (8- 8.33%)
- Patient compliance issues [96] (37- 38.54%)
- Lack of consensus on professional guidelines [96] (6- 6.25%)
- Other [96] (8- 8.33%)

Please describe:

(20)

n/a

- I do not do pain mgmt in my practice.
- The questions raised with the uses of medical cannabinoids
- Sometimes it takes too much time to explain (or fight) with patients about narcotic use/abuse in a busy ER.
- the PMP - in the past - has been notoriously outdated, inaccurate, slow and difficult to use/maintain - results in reduced usage....but I have an open mind and will try again.
- changes imminent
- none
- I never write prescriptions for narcotics for out patients. I am a neonatologist
- Corporate atmosphere and concurrent practice methods.
- Lack of consensus among providers who prescribe narcotics within my large clinic group.
- Insurance companies often require prior authorization for OxyContin which is sustained release and will pay for short acting Oxycodone which has a greater abuse problem
- Cost is a potential large factor when dealing with "self pay" patients when wanting to do drug screens.
- too difficult to access
- Unfortunately it is hard to differentiate users from abusers. I believe that more

education to the public is needed regarding the dangers of these medications if not used under very careful and direct supervision from trained professionals.

- Patients go elsewhere to get rxs.
- I will have to deal with angry patients not getting the prescription they want
- Barriers to patient obtaining a primary care physician or appropriate specialist with the current healthcare system.
- treating patients for hyperalgesia/chronic addiction and the associated costs and non-participation of insurance companies would appear to be a barrier to pt care
- Patients prefer narcotics

What would you rate as the most outstanding or useful part of the activity?

- (67)
lectures
- To help understand the scope of the problem and the role that physicians play.
- Staff organization and quality of speakers
- The discussion of "Medical Excuse" marijuana.
- I really enjoyed all of the information presented in this conference. A lot of this material was new to me and really valuable as both a physician and a mother. The statistics were staggering. Great job putting together a diverse group of speakers.
- The statistics of prescribing habits.
- The speakers were great.
- Dr. Pohl. I thought his talk was the best and that he covered his topic the best.
- Dr. Voth's presentation.
- I felt Dr. Voth's talk was most informative
- enlightenment over the amount of abuse that exists.
- All the statistics.
- Larry Pinson's presentation
- GREAT speakers!!!
- Review of the State Board of Pharmacy programs.
- First and last speaker
- Eric Voth presentation
- prescription drug abuse: an overview
- Personal experiences of the physician speakers
- lectures gave advice on treatment of pain
- The extent of medication abuse in our country
- I enjoyed the medical marijuana talk, I felt it was useful information that I had not

gotten elsewhere.

- The discussion of the extent of the problem of abuse, esp. among the youth.
- Eric Voth, Mel Pohl, and Larry Pinson were excellent speakers
- INFORMATION PROVIDED
- The last lecture from the Pharmacy Board President on prescriptions and abuse information given
- Disseminating information about the state PMP program, both in terms of current use, potential usefulness, and participation
- Concepts discussed by Dr. M Pohl
- DEA task force info
- The discussions by Dr. Voth and Pohl.
- government recognizing that there is a problem
- Eric Voth's presentation
- It was all very excellent I think most of the physicians in the audience don't do drug mills, but it was interesting to see what is out there.
- Value on the streets and statistics.
- I really enjoyed Dr. Voth's lecture.
- strong stance against marijuana use in chronic pain patient.
- I thought all the speakers had useful information. I especially liked Dr Voth's views on marijuana, with surprising facts of who was using and why people were getting medical marijuana cards. I also liked Dr Pinson's realistic talk.
- I learned the THC has no real place in treating chronic pain. I was under the impression that it was of some potential benefit
- speakers were excellent
- A good review for appropriate pain medication prescribing and update on marijuana
- The eye opening information regarding the epidemic of prescription drug abuse. Great broad coverage from many areas of expertise and experience. Well done!
- everything was well done and very helpful
- Many parts. The concept of pain increasing as the dose of op pain med is hiked up.
- information regarding the overwhelming increase in narcotic abuse
- course content
- All
- Medical marijuana without proven benefit
- Different perspectives from the pain management physician and the drug abuse/rehab treatment physician

- Format, good length, very good speakers
- Learning about literature or lack thereof in opioid use in medicine.
- Well-presented and explanatory
- update on meds
- The talk from the Pharmacist (the last talk of the evening)
- I found it all to be very interesting.
- I enjoyed Dr. Pohl and his outlook as a drug rehab physician and his stories of tackling the anxiety and fear of not having the medication.
- Alternative medications for pain management.
- Each of the speakers was excellent.
- Lecture by Pain specialist on best use of narcotics
- on-going education to all health care professionals
- Last speaker, well worth staying late for

How could the educational component of the activity be improved?

- (44)
n/a
- it couldn't
- Nothing
- I did not think that that Mr. Kallal talk was of much value. Made me worried about how his organization is really accomplishing much aside from revising administrative issues. The same for Mr. Bitsko. He told us about all these horrible things but not how these drug dealers and organizations were being stopped.
- No opinion.
- No I enjoyed the speakers.
- Complete slide sets for printing out. Specifically, there were some statistical info on slides presented by Dr. Pohl which were not available for printing out.
- Shorter handouts.
- Handouts
- very well already
- Time at end for questions
- good
- Better speakers. The dea speaker was not very good.
- Should have been a shorter conference. It started at 3:30 and went to 8:30. One hour should have been removed. People were tired and not paying attention and leaving in the middle of the last lecture.

Blank



Nevada State Board of Pharmacy

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December 13, 2012

Assemblyman Ira Hansen
Nevada Assembly
401 South Carson Street
Carson City, Nevada 89701-4747

Dear Assemblyman Hansen,

The Nevada State Board of Pharmacy is in receipt of your email yesterday regarding NRS 233B.050 requirements. We acknowledge your concerns regarding not only seemingly endless regulation, but also your efforts to bring all state agencies into compliance, and thank you for pointing out our lack of filing.

A comprehensive review of all of the regulations of the Board of Pharmacy was accomplished in December of 2011, the introduction to which is included with this letter. The body of the review, which is over 100 pages in length, we can send directly to you if you so desire, but will certainly file with the Legislative Counsel Bureau as soon as we can put together a report in the format mandated. We will accomplish that review and report every 10 years going forth to remain in compliance.

We will also immediately review our rules of practice and file the required report with the Secretary of State to come into compliance with NRS 233B.050, and will accomplish that review every 3 years going forth.

Again, thank you for pointing out our oversight. The Nevada State Board of Pharmacy is proud of its over 100 years of regulating our ever-changing, very detailed and complicated profession to ensure the protection of public health, safety and welfare.

Sincerely,

A handwritten signature in blue ink that reads "Larry L. Pinson, Pharm. D." with a stylized flourish at the end.

Larry L. Pinson, Pharm. D.
Executive Secretary

Cc: Beth Foster, Board President
Carolyn Cramer, General Counsel

Enclosure



Nevada State Board of Pharmacy

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COMPREHENSIVE REVIEW OF REGULATIONS

As a general statement, the Board of Pharmacy feels that the regulations subject to our enforcement has been, is, and always will be a non-static “working” set of regulations that have been constantly and appropriately amended to reflect the ever changing realm and technological advances within our scope. The world of medicine and the utilization of medications therein, are in a constant state of flux and, most often for the better. The Board of Pharmacy takes its regulatory responsibility seriously, and continuously reviews all of its regulations, oftentimes at the request of industry who needs regulatory change to progress their businesses. Many times a balance must be sought between the good and the evil of drug therapy, as is evidenced by our country’s alarming epidemic of prescription drug abuse. Regardless of our ever changing environment, the Board of Pharmacy takes pride in being one of the most efficient licensing boards in the nation with respect to swiftly, accurately and safely processing new applications for any of our 17 different licensing categories, including the licensing of new business entities in Nevada (i.e. pharmacies, wholesalers, manufacturers, medical device & gas companies). We are often complemented on our efficiency and willingness to work with new businesses to get them licensed.

As technology has moved forward, the Board of Pharmacy has been responsive, but always with public safety in mind. Accuracy in our field is paramount given the nature of many of our new and potent medications. Having said that, we presently have thirty-three regulations that have been adopted by the Board, approved by the Legislative Committee on Regulations, filed with the Secretary of State, but have not yet been codified by the Legislative Counsel Bureau. Among these approximately 200 pages of regulatory changes, is a 65 page compounding practices section that is the culmination of a five year regulatory effort to modernize the practice standards for the compounding of pharmaceuticals ensuring appropriate patient safety. One of the resulting challenges of regulations not being codified is the creation of confusion among our licensees and the general public in attempting to understand just what standards are in place. The regulations under enforcement by our Board include three chapters and with the above in mind, a review chapter by chapter of our regulations follows:

Chapter 453 – CONTROLLED SUBSTANCES

This chapter (controlled substances) is probably the most active with respect to revision, primarily due to its subject matter. Consequently, it has been continually reviewed and revised as is evidenced by our regulatory preparation for electronic prescribing; the strengthening of Nevada’s Prescription Monitoring Program (PMP); methamphetamine abuse and the role that over-the-counter products have played as precursors (pseudoephedrine); and finally, the scheduling of synthetic cannabinoids (“Spice”) and

“bath salts” or “synthetic cocaine”. We will continue to monitor the world of drug abuse and regulate accordingly for the protection of the public and in particular, our youth.

Chapter 454 – POISONS, DANGEROUS DRUGS, HYPODERMICS AND DEVICES

This chapter regulates the authority to possess and administer or use dangerous drugs and devices which obviously affects other licensing boards and has been statutorily updated as the need has arisen. (i.e. “medical assistants”)

Chapter 457 – CANCER

Although not usually one of our regulatory chapters, the Board of Pharmacy was mandated by the legislature to develop regulations for a “Cancer Drug Donation Program” this past year. That process has been completed, and there are currently two pharmacies that have agreed to participate.

Chapter 639 – PHARMACISTS AND PHARMACY

Chapter 639 is the heart of our regulatory responsibility, and again, is continually updated as health care moves forward. An example of our progressive regulatory activities is the relatively new immunization by pharmacists initiative which has proven quite effective. The impact of the availability of immunizations of all kinds through pharmacies by pharmacists appears to be significant. Nevada being one of the “worst immunized” states in the nation illustrates the importance of our efforts and its impact on public health.

The primary regulatory concern identified by the development of this report is the need for a complete overhaul of our institutional regulations. Present institution regulations do not reflect the modern practice of medicine in today's hospitals and correctional institutions. Present regulations were implemented over twenty years ago and apply to both hospitals and correctional facilities, which in today's world, have only one similarity, that being the number of beds. It is anticipated that changes are necessary in all three practice acts and will require a regulatory overhaul that will take several years and a ton of work. We cannot say what the final product will look like however this agency will not compromise the safety of the public, the health of Nevada's citizens, our public trust, or the respect of the pharmacists and pharmacies that we regulate. We will continue to make regulatory changes in the future to meet the demands of both the Legislature and the public we serve, but feel that the regulatory challenge of updating institutional regulations should be our focus.

Blank



Nevada State Board of Pharmacy

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NEVADA STATE BOARD OF PHARMACY

ACTIVITIES REPORT

DECEMBER 5TH AND 6TH, 2012 BOARD MEETING HELD IN RENO, NEVADA

This report is prepared and presented to keep interested legislators and others abreast of the activities of the Nevada State Board of Pharmacy. Following is a summary of the December, 2012 Board meeting.

Licensing Activity:

- 14 licenses were granted for Out-of-State MDEG (Medical Devices, Equipment and Gases) companies.
- 1 license was granted for a Nevada MDEG company pending attestation of an understanding of Nevada rules and regulations.
- 15 licenses were granted for Out-of-State pharmacies.
- 13 licenses were granted for Out-of-State wholesalers.
- 4 applications were approved for Nevada pharmacies pending inspection.

Disciplinary Action:

- Pharmacist SL was fined \$250 and ordered into remedial training for failure to clarify a prescription that resulted in errant directions. She was put on one year probation as well. Pharmacy SP was fined \$500 and mandated to revise their policy and procedures.
- Pharmacist AW was fined \$1000 and mandated to complete a continuing education course on prescription errors for mislabeling a prescription that resulted in patient harm.

Other Activity:

- The usual Board business reports were given, including recent and future speaking engagements.
- Discussions were held regarding prescription drug diversion through concealment in the pharmacy restroom.
- A report regarding the compounding fiasco in Massachusetts (NECC) was given.
- The annual audit was presented and approved.

- Pharmacist Al Kaiser was honored by the Board for achieving 50 years of registration with the Nevada State Board of Pharmacy.

Workshop

- A. **Amendment of Nevada Administrative Code 639.725** Use of mechanical counting device for dispensing medication to be taken orally.
- B. **Amendment of Nevada Administrative Code 453.510** Schedule I. Because of abuse of un-regulated products containing synthetic cannabinoids, law enforcement has requested that the Board of Pharmacy add additional compounds to Schedule 1.

**PROPOSED REGULATION OF THE
STATE BOARD OF PHARMACY**

LCB File No. R187-12

November 14, 2012

EXPLANATION – Matter in *italics* is new; matter in brackets [omitted material] is material to be omitted.

AUTHORITY: §1, NRS 453.146 and 639.070.

A REGULATION relating to controlled substances; adding certain substances to the controlled substances listed in schedule I; and providing other matters properly relating thereto.

Section 1. NAC 453.510 is hereby amended to read as follows:

453.510 1. Schedule I consists of the drugs and other substances listed in this section by whatever official, common, usual, chemical or trade name designated.

2. Unless specifically excepted or unless listed in another schedule, any of the following opiates, including, without limitation, their isomers, esters, ethers, salts and salts of isomers, esters and ethers, whenever the existence of such isomers, esters, ethers and salts is possible within the specific chemical designation:

Acetyl-alpha-methylfentanyl (N-[1-(1-methyl-2-phenethyl)-4-piperidinyl]-N-phenylacetamide);

Acetylmethadol;

Allylprodine;

Alphacetylmethadol (except levo-alphacetylmethadol, commonly referred to as levo-alpha-acetylmethadol, levomethadyl acetate or “LAAM”);

Alphameprodine;

Alphamethadol;

Alphamethylfentanyl (N-[1-(alpha-methyl-beta-phenyl)ethyl-4-piperidyl] propionanilide; 1-(1-methyl-2-phenylethyl)-4-(N-propanilido) piperidine);

Alpha-methylthiofentanyl (N-[1-methyl-2-(2-thienyl)ethyl-4-piperidinyl]-N-phenylpropanamide);

Benzethidine;

Betacetylmethadol;

Beta-hydroxyfentanyl (N-[1-(2-hydroxy-2-phenethyl)-4-piperidinyl]-N-phenylpropanamide);

Beta-hydroxy-3-methylfentanyl (other name: N-[1-(2-hydroxy-2-phenethyl)-3-methyl-4-piperidinyl]-N-phenylpropanamide);

Betameprodine;

Betamethadol;

Betaprodine;

Clonitazene;

Dextromoramide;

Diampromide;

Diethylthiambutene;

Difenoxin;

Dimenoxadol;
Dimepheptanol;
Dimethylthiambutene;
Dioxaphetyl butyrate;
Dipipanone;
Ethylmethylthiambutene;
Etonitazene;
Etoxeridine;
Furethidine;
Hydroxypethidine;
Ketobemidone;
Levomoramide;
Levophenacymorphan;
3-Methylfentanyl (N-[3-methyl-1-(2-phenylethyl)-4-piperidyl]-N-phenylpropanamide);
3-Methylthiofentanyl (N-[(3-methyl-1-(2-thienyl)ethyl-4-piperidinyl]-N-phenylpropanamide);
Morpheridine;
MPPP (1-methyl-4-phenyl-4-propionoxypiperidine);
Noracymethadol;
Norlevorphanol;
Normethadone;
Norpipanone;

Para-fluorofentanyl (N-(4-fluorophenyl)-N-[1-(2-phenethyl)-4-piperidinyl]propanamide);

PEPAP (1-(2-phenethyl)-4-phenyl-4-acetoxypiperidine);

Phenadoxone;

Phenampromide;

Phenomorphane;

Phenoperidine;

Piritramide;

Proheptazine;

Properidine;

Propiram;

Racemoramide;

Thiofentanyl (N-phenyl-N-[1-(2-thienyl)ethyl-4-piperidinyl]-propanamide);

Tilidine; or

Trimeperidine.

3. Unless specifically excepted or unless listed in another schedule, any of the following opium derivatives, including, without limitation, their salts, isomers and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation:

Acetorphine;

Acetyldihydrocodeine;

Benzylmorphine;
Codeine methylbromide;
Codeine-N-Oxide;
Cyprenorphine;
Desomorphine;
Dihydromorphine;
Drotebanol;
Etorphine (except hydrochloride salt);
Heroin;
Hydromorphinol;
Methyldesorphine;
Methyldihydromorphine;
Morphine methylbromide;
Morphine methylsulfonate;
Morphine-N-Oxide;
Myrophine;
Nicocodeine;
Nicomorphine;
Normorphine;
Pholcodine; or
Thebacon.

4. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following hallucinogenic substances, including, without limitation, their salts, isomers and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation:

Alpha-ethyltryptamine (some trade or other names: ET, Trip);

Alpha-methyltryptamine (some trade or other names: AMT);

1,4-Butanediol (some trade or other names: 1,4-butyleneglycol, dihydroxybutane, tetramethylene glycol, butane 1,4-diol, SomatoPro, Soma Solutions, Zen);

4-bromo-2,5-dimethoxyamphetamine (some trade or other names: 4-bromo-2,5-dimethoxy-alpha-methylphenethylamine; 4-bromo-2,5-DMA);

4-bromo-2,5-dimethoxyphenethylamine (some trade or other names: Nexus, 2C-B);

1-Butyl-3-(1-naphthoyl)indole-7173 (some trade or other names: JWH-073);

2-(4-Chloro-2,5-dimethoxyphenyl)ethanamine (some trade or other names: 2C-C);

1-cyclohexylethyl-3-(2-methoxyphenylacetyl)indole (some trade or other names: SR-18; BTM-8; RCS-8);

2,5-dimethoxyamphetamine (some trade or other names: 2,5-dimethoxy-alpha-methylphenethylamine; 2,5-DMA);

2,5-dimethoxy-4-ethylamphetamine (some trade or other names: DOET);

2-(2,5-Dimethoxy-4-ethylphenyl)ethanamine (some trade or other names: 2C-E)

2-(2,5-Dimethoxy-4-methylphenyl)ethanamine (some trade or other names: 2C-D);

2-(2,5-Dimethoxy-4-nitro-phenyl)ethanamine (some trade or other names: 2C-N);

2-(2,5-Dimethoxy-4-(n)-propylphenyl)ethanamine (some trade or other names: 2C-P);

2,5-dimethoxy-4-(n)-propylthiophenethylamine (some trade or other names: 2C-T-7);

2-(2,5-Dimethoxyphenyl)ethanamine (some trade or other names: 2C-H);

5-(1,1-Dimethylheptyl)-2-[(1R,3S)-3-hydroxycyclohexyl]-phenol-7297 (some trade or other names: CP-47,497);

5-(1,1-Dimethyloctyl)-2-[(1R,3S)-3-hydroxycyclohexyl]-phenol-7298 (some trade or other names: cannabicyclohexanol; CP-47,497 C8 homologue);

4-ethylnaphthalen-1-yl-(1-pentylindol-3-yl)methanone (some trade or other names: (4-ethyl-1-naphthalenyl)(1-pentyl-1H-indol-3-yl)-methanone; JWH-210);

2-[4-(Ethylthio)-2,5-dimethoxyphenyl]ethanamine (some trade or other names: 2C-T-2);

[1-(5-fluoropentyl)-1H-indol-3-yl]-1-naphthalenyl-methanone (some trade or other names: 1-(5-fluoropentyl)-3-(1-naphthoyl)indole; AM-2201);

[1-(5-fluoropentyl)-1H-indol-3-yl]-(2-iodophenyl)-methanone (some trade or other names: 1-(5-fluoropentyl)-3-(2-iodobenzoyl)indole; AM-694);

(1-(5-fluoropentyl)-1H-indol-3-yl)(2,2,3,3-tetramethylcyclopropyl)methanone (some trade or other names: XLR-11);

2-(4-Iodo-2,5-dimethoxyphenyl)ethanamine (some trade or other names: 2C-I);

2-[4-(Isopropylthio)-2,5-dimethoxyphenyl]ethanamine (some trade or other names: 2C-T-4);

1-hexyl-3-(1-naphthoyl)indole (some trade or other names: JWH-019);

4-methoxyamphetamine (some trade or other names: 4-methoxy-alpha-methylphenethylamine; para-methoxyamphetamine; PMA);

(4-methoxy-1-naphthalenyl)(1-pentyl-1H-indol-3-yl)-methanone (some trade or other names: JWH-081);

5-methoxy-3,4-methylenedioxyamphetamine;

5-methoxy-N, N-diisopropyltryptamine (some trade or other names: 5-meO-DIPT);

4-methyl-2,5-dimethoxyamphetamine (some trade or other names: 4-methyl-2,5-dimethoxy-alpha-methylphenethylamine; "DOM"; "STP");

(4-methyl-1-naphthalenyl)(1-pentyl-1H-indol-3-yl)-methanone (some trade or other names: JWH-122);

3,4-methylenedioxyamphetamine;

3,4-methylenedioxyamphetamine (MDMA);

3,4-methylenedioxy-N-ethylamphetamine (commonly referred to as N-ethyl-alpha-methyl-3,4(methylenedioxy) phenethylamine, N-ethyl MDA, MDE, MDEA);

1-[2-(4-Morpholinyl)ethyl]-3-(1-naphthoyl)indole-7200 (some trade or other names: JWH-200);

N-hydroxy-3,4-methylenedioxyamphetamine (commonly referred to as N-hydroxy-alpha-methyl-3,4(methylenedioxy) phenethylamine, N-hydroxy MDA);

2-(2-methoxyphenyl)-1-(1-pentylindol-3-yl)ethanone (some trade or other names: 1-(1-pentyl-1H-indol-3-yl)-2-(2-methoxyphenyl)-ethanone; 1-pentyl-3-(2-methoxyphenylacetyl)indole; JWH-250);

1-Pentyl-3-(2-chlorophenylacetyl)indole (some trade or other names: JWH-203);

1-Pentyl-3-(4-cholor-1-naphthoyl)indole (some trade or other names: JWH-398);

1-Pentyl-3-[(4-methoxy)-benzoyl]indole (some trade or other names: SR-19; BTM-4;

RCS-4);

1-Pentyl-3-(1-naphthoyl)indole-7118 (some trade or other names: JWH-018; AM678);

(1-pentylindol-3-yl)-(2,2,3,3-tetramethylcyclopropyl)methanone (some trade or other names: UR-144);

3,4,5-trimethoxyamphetamine;

Bufotenine (some trade or other names: 3-(beta-dimethylaminoethyl)-5-hydroxyindole;
3-(2-dimethyl-aminoethyl)-5-indolol; N, N-dimethylserotonin; 5-hydroxy-N, N-
dimethyltryptamine; mappine);

Diethyltryptamine (some trade or other names: DET; N,N-Diethyltryptamine);

Dimethyltryptamine (some trade or other names: DMT);

Gamma butyrolactone (some trade or other names: GBL, Gamma Buty Lactone, 4-
butyrolactone, dihydro-2(3H)-furanone, tetrahydro-2-furanone, Gamma G, GH Gold);

Gamma hydroxy butyric acid (some trade or other names: GHB);

Ibogaine (some trade or other names: 7-ethyl-6, 6 beta, 7, 8, 9, 10, 12, 13-octahydro-2-methoxy-6, 9-methano-5H-pyrido (1',2':1,2) azepino (5,4-b) indole; *Tabernanthe iboga*);

Lysergic acid diethylamide;

Marijuana;

Mescaline;

Parahexyl (some trade or other names: 3-Hexyl-1-hydroxy-7, 8, 9, 10-tetrahydro-6,6,9-trimethyl-6H-dibenzo[b,d]pyran; Synhexyl);

Peyote (meaning all parts of the plant presently classified botanically as *Lophophora williamsii* Lemaire, whether growing or not, the seeds thereof, any extract from any part of such plant, and every compound, manufacture, salts, derivative, mixture, or preparation of such plant, its seeds or extracts);

N-benzylpiperazine (some trade or other names: BZP, 1-benzylpiperazine);

N-ethyl-3-piperidyl benzilate;

N-methyl-3-piperidyl benzilate;

Psilocybin;

Psilocin;

Tetrahydrocannabinols (synthetic equivalents of the substances contained in the plant, or in the resinous extractives of *Cannabis*, sp. or synthetic substances, derivatives and their isomers with similar chemical structure and pharmacological activity such as the following:

Delta 1 cis or trans tetrahydrocannabinol, and their optical isomers,

Delta 6 cis or trans tetrahydrocannabinol, and their optical isomers,

Delta 3, 4 cis or trans tetrahydrocannabinol, and its optical isomers;

since nomenclature of these substances is not internationally standardized,

compounds of these structures, regardless of numerical designation of atomic

positions covered);

Ethylamine analog of phencyclidine (some trade or other names: N-ethyl-1-

phenylcyclohexylamine; (1-phenylcyclohexyl) ethylamine; N-(1-phenylcyclohexyl)

ethylamine; cyclohexamine; PCE);

Pyrrolidine analog of phencyclidine (some trade or other names: 1-(1-phenylcyclohexyl)-pyrrolidine; PCPy; PHP);

1-(1-(2-thienyl)-cyclohexyl)-pyrrolidine (some trade or other names: TCPy); or

Thiophene analog of phencyclidine (some trade or other names: 1-(1-(2-thienyl)-cyclohexyl)-piperidine; 2-thienyl analog of phencyclidine; TPCP; TCP).

For the purposes of this subsection, “isomer” includes, without limitation, the optical, position or geometric isomer.

5. All parts of the plant presently classified botanically as *Datura*, whether growing or not, the seeds thereof, any extract from any part of such plant or plants, and every compound, manufacture, salt derivative, mixture or preparation of such plant or plants, its seeds or extracts, unless substances consistent with those found in such plants are present in formulations that the Food and Drug Administration of the United States Department of Health and Human Services has approved for distribution.

6. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of phencyclidine, mecloqualone or methaqualone having a depressant effect on the central nervous system, including, without limitation, their salts, isomers and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation.

7. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including, without limitation, their salts, isomers and salts of isomers:

Aminorex;

Butylone (some trade or other names: β -keto-N-methylbenzodioxolylpropylamine, bk-MBDB;

Cathinone (some trade or other names: 2-amino-1-phenyl-1-propanone; α -aminopropiophenone; 2-aminopropiophenone; norephedrone);

Fenethylamine;

Fluoromethcathinone (some trade or other names: 4-Fluoromethcathinone (Flephedrone) and 3-Fluoromethcathinone (3-FMC);

Mephedrone (some trade or other names: Methylmethcathinone, 4-Methylmethcathinone, 4-MMC, 4-Methylephedrone);

Methamphetamine;

Methcathinone (some trade or other names: N-Methylcathinone, cat);

Methedrone (some trade or other names: Methoxymethcathinone, 4-Methoxymethcathinone, bk-PMMA, methoxyphedrine);

(\pm)cis-4-methylaminorex ((+)cis-4,5-dihydro-4-methyl-5-phenyl-2-oxazoline);

Methylenedioxypropylamphetamine (some trade or other names: 3,4-Methylenedioxypropylamphetamine, MDPV);

Methylone (some trade or other names: Methylenedioxy-N-methylcathinone, Methylenedioxymethcathinone, 3,4-Methylenedioxy-N-methylcathinone, bk-MDMA);

N,N-dimethylamphetamine (commonly referred to as N,N-alpha-trimethylbenzeneethanamine; N,N-alpha-trimethylphenethylamine); or

N-ethylamphetamine.

8. Unless specifically listed in another schedule, coca leaves, cocaine base or free base, or a salt, compound, derivative, isomer or preparation thereof which is chemically equivalent or identical to such substances, and any quantity of material, compound, mixture or preparation which contains coca leaves, cocaine base or cocaine free base or its isomers or any of the salts of cocaine, except decocainized coca leaves or extractions which do not contain cocaine or ecgonine.

**PROPOSED REGULATION OF
THE STATE BOARD OF PHARMACY**

LCB File No. R186-12

November 14, 2012

EXPLANATION – Matter in *italics* is new; matter in brackets [~~omitted material~~] is material to be omitted.

AUTHORITY: §1, NRS 639.070, 639.2655 and 639.2801.

A REGULATION relating to mechanical counting devices for dispensing medication; revising the information that must be affixed to the front of each cell of the device or that must be logged for each cell; requiring that certain records be kept for not less than 2 years; and providing other matters properly relating thereto.

Section 1. NAC 639.725 is hereby amended to read as follows:

639.725 1. A mechanical counting device that is used by a pharmacy for dispensing medication to be taken orally must use one of the following methods to identify the contents of the device:

(a) The following information must be affixed to the front of each cell of the device:

- (1) The generic name or trade name of the medication;
- (2) The manufacturer of the medication;
- (3) The strength of the medication;
- (4) The expiration date of the medication;
- (5) The lot number of the medication; ~~and~~
- (6) *The date on which the pharmacist last placed the medication into the device; and*

(7) The initials of the pharmacist who:

(I) Placed the medication into the device; or

(II) Verified the correctness of the drug placed into the device when the drug was placed by a pharmaceutical technician, a pharmaceutical technician in training or an intern pharmacist; or

(b) A label that shows the generic name or trade name and the strength of the medication must be affixed to each cell of the device and a log must be kept for each cell which contains:

(1) An identification of the cell by the name of the medication or the number of the cell;

(2) The name of the manufacturer of the medication;

(3) The expiration date of the medication;

(4) The lot number of the medication;

(5) The amount of the medication placed in the device; ~~and~~

(6) *The date on which the pharmacist last placed the medication into the device; and*

(7) The initials of the pharmacist who:

(I) Placed the medication into the device; or

(II) Verified the correctness of the drug placed into the device when the drug was placed by a pharmaceutical technician, a pharmaceutical technician in training or an intern pharmacist.

2. A record of any drug placed into a mechanical counting device must be maintained either electronically or manually for not less than 2 years and must include, without limitation, the information listed in paragraph (b) of subsection 1.

3. The Board may prohibit a pharmacy from using a mechanical counting device for dispensing medication to be taken orally if the pharmacy does not identify the contents of the device in accordance with the provisions of subsection 1.

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