



Nevada State Board of Pharmacy

431 W. PLUMB LANE • RENO, NEVADA 89509
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October 2, 2013

AGENDA

◆ PUBLIC NOTICE ◆

The Nevada State Board of Pharmacy will conduct a meeting beginning Wednesday, October 16, 2013 at 9:00 am. The meeting will continue, if necessary, on Thursday, October 17, 2013 at 9:00 am or until the Board concludes its business at the following location:

Hilton Garden Inn
7830 S Las Vegas Boulevard
Las Vegas, Nevada
New Location

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 September 4-5, 2013, Minutes for Possible Action
3. Applications for Out-of-State Pharmacy – Non Appearance for Possible Action:
 - A. Advanced Homecare Pharmacy – Redford, MI
 - B. Central Rx Pharmacy & Medical Supply LLC – Cleveland, OH
 - C. Clinical Compound Pharmacy – Naples, FL
 - D. Critical Care Systems – Salt Lake City, UT
 - E. CVS/Pharmacy Central Pharmacy Services – Lincoln, RI
 - F. Dalton Pharmacy – Muscle Shoals, AL
 - G. Eiris Health Services #6012 – Memphis, TN
 - H. Heritage Therapeutics LLC – Holmes, PA
 - I. Manhattan Beach Pharmacy – Brooklyn, NY
 - J. Orchard Pharmaceutical Services, LLC – North Canton, OH
 - K. Owens Healthcare #8 – Redding, CA
 - L. Parkdale Pharmaceuticals Corp – Pembroke Pines, FL
 - M. Philidor Rx Services, LLC – Hatboro, PA
 - N. Portable Medical Pharmacy of Arizona, LLC – Tucson, AZ
 - O. Portico Pharmacy – Meridian, ID
 - P. R & O Pharmacy – Camarillo, CA
 - Q. Santa Cruz Rx – Paso Robles, CA
 - R. Sav-Rx Pharmacy – Fremont, NE
 - S. Transition Pharmacy – Trevoise, PA
 - T. Valley Prescription & Compounding Pharmacy – Merced, CA
 - U. Woodland Hills Pharmacy – Woodland Hills, CA

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

- V. Allergy Laboratories, Inc. – Oklahoma City, OK
- W. DMS Pharmaceutical Group, Inc. – Park Ridge, IL
- X. H & H Wholesale Services, Inc. – Troy, MI
- Y. Humco Holding Group, Inc. – Texarkana, TX
- Z. Orexo US, Inc. – New York, NY
- AA. Reliance Wholesale, Inc. – Cordova, TN
- BB. Silvergate Pharmaceuticals, Inc. – Greenwood Village, CO
- CC. Sonexus Health Distribution Services, LLC – Lewisville, TX
- DD. Vidara Therapeutics Inc. – Roswell, GA

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

- EE. Analgesic Healthcare, Inc. – Tampa, FL
- FF. Regional Home Care Inc. – Leominster, MA

Applications for Nevada Pharmacy – Non Appearance for Possible Action:

- GG. Community Care Pharmacy – Las Vegas
- HH. Fidelis Specialty Pharmacy – Las Vegas
- II. Sierra Specialty Pharmacy – Reno

Applications for Nevada MDEG – Non Appearance for Possible Action:

- JJ. Accelerated Care Plus Lease – Reno
- KK. Nevada Orthotics & Prosthetics – Pahrump

◆ 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. | Brian H. Ward, R.Ph | (13-017-RPH-S) |
| B. | Monica A. Madrid, PT | (13-017-PT-S) |
| C. | Smith's Pharmacy #347 | (13-017-PH-S) |
| D. | Diana Laska, PT | (13-040-PT-S) |
| E. | Jacob D. Young, PTT | (13-042-PTT-S) |
| F. | Pornpot Chamnong, R.Ph | (12-016-RPH-S) |
| G. | CVS/pharmacy #2990 | (12-016-PH-S) |
| H. | Tina Teng-Lieuallen, R.Ph | (12-025-RPH-S) |
| I. | Von's Pharmacy #2395 | (12-025-PH-S) |

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

Well Care Compounding Pharmacy II – Las Vegas

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

- A. Conversio Health – San Luis Obispo, CA
- B. Fusion Rx Compounding Pharmacy – Los Angeles, CA
- C. Innovation Compounding, Inc. – Kennesaw, GA

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

Bethesda Lake Medical Supplies, Inc. – Las Vegas

8. Request for Pharmaceutical Technician in Training Registration – Appearance for Possible Action:

Marc Ashcraft
9. Request for Reinstatement of Practitioner Dispensing Registration – Appearance for Possible Action:

Angela Lorenzo, PA
10. Appearance Request for Possible Action:

Medication Review – Ron Erkins, R.Ph
11. Discussion and Determination for Possible Action:

The 14-Day Rule
12. General Counsel Report for Possible Action:
 - A. SB 453: Auto-Injectable Epinephrine
 - B. SB 410: Hypodermic Devices
13. Executive Secretary Report for Possible Action:
 - A. Financial Report
 - B. Temporary Licenses
 - C. Staff Activities
 1. Presentations: Elko, Carson City, Chicago, Sparks & Reno
 - D. Reports to Board
 1. NABP Executive Officer Forum – Chicago
 2. Compounding “Boot Camp” – October
 - E. Board Related News
 - F. Activities Report

W O R K S H O P for Possible Action

Thursday, October 17, 2013 – 9:00 am

14. **Proposed Regulation Amendment Workshop** – The purpose of the workshop is to solicit comments from interested persons on the following general topics that may be addressed in the proposed regulations.
 1. **Amendment of Nevada Administrative Code (NAC) 639.748**
Identification of person to whom controlled substance is dispensed.
Regarding identification required to obtain controlled substance medication.

2. **Amendment of Nevada Administrative Code (NAC) Chapter 639.** The proposed amendment would bring certain sections of NAC Chapter 639 relating to the advanced practice of nursing in line with the statutory amendments enacted by the Nevada Legislature through AB 170. The proposed amendments would replace the term “advanced practitioner of nursing” with “advanced practice registered nurse” and make various other changes to provisions relating to the advanced practice of nursing.

3. **Amendment of Nevada Administrative Code (NAC) Chapter 639.7105.** The proposed amendment would allow a pharmacist who receives an electronic prescription to keep a paper or electronic copy of the prescription at the pharmacy in a manner that is readily accessible for inspection by the Board, rather than requiring the pharmacist to print and keep on hand a paper copy of the electronic prescription.

PUBLIC HEARING for Possible Action

Thursday, October 17, 2013 – 9:00 am

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

1. **Amendment of Nevada Administrative Code 453.710 Delivery of Prescription Drugs** Repealing the current provisions governing the delivery of drugs will expand the ability to have prescription medications delivered from a pharmacy to a patient.

2. **Amendment of Nevada Administrative Code 639.050 Storage and Destruction of Certain Controlled Substances** The amendment will allow practitioners and pharmacies to destroy certain controlled substances without an agent of the Board present.

16. Next Board Meeting:

December 4-5, 2013 – Reno

17. **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 supporting materials or additional information regarding the meeting is invited to call Shirley Hunting at (775) 850-1440 or email at shunting@pharmacy.nv.gov.

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
Washoe County Courthouse – Reno

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



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MINUTES

BOARD MEETING

Hyatt Place
1790 East Plumb Lane
Reno, NV

September 4 – 5, 2013

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

Board Members Present:

Kam Gandhi	Leo Basch	Jack Dalton	Jody Lewis
Russell Smith	Kirk Wentworth		

Board Members Absent:

Cheryl Blomstrom

Board Staff Present:

Larry Pinson Dave Wuest Paul Edwards Shirley Hunting Joseph Depczynski

1. Public Comment

No public comment.

2. Approval of July 24-25, 2013 Minutes

Mr. Pinson noted that agenda Item 9 (page 24) of the July minutes indicates that Jody Lewis voted on the motion. Ms. Lewis was not present for the vote. The minutes were corrected and posted to the website subsequent to the distribution of the Board book.

Board Action:

Motion: Kirk Wentworth moved to approve the minutes with the correction as noted.

Second: Jack Dalton

Action: Passed Unanimously

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

- A. Alliance Pharmacy – Fort Worth, TX
- B. Atlantic Medical, LLC – Hernando, MS
- C. EntrustRx – Spring Hill, TN
- D. Hawkins Pharmacy, LLC – Olive Branch, MS
- E. Leedstone, Inc. – Melrose, MN
- F. Linden Care, LLC – Syosset, NY
- G. Novixus Pharmacy Services – Novi, MI
- H. Pillpack, Inc. – Manchester, NH
- I. Pipeline Rx – Rosemont, IL
- J. Rx To You Pharmacy, Inc. – Stuart, FL
- K. Shared Solutions Pharmacy – Olathe, KS
- L. Sunflower Discount Pharmacy – Ruleville, MS
- M. Sunquest Pharmaceuticals, Inc. – Syosset, NY
- N. Walgreen Co. – Muscle Shoals, AL

Applications for Out-of-State Wholesaler – Non Appearance

- O. Dusa Pharmaceuticals, Inc. – Wilmington, MA
- P. Health Coalition, Inc. – Miami, FL
- Q. Healthpoint, Ltd. – Fort Worth, TX
- R. MedVantx, Inc. – Sioux Falls, SD
- S. Recordati Rare Diseases Inc. – Lebanon, NJ
- T. Smith & Nephew, Inc. – Fort Worth, TX
- U. Smarthealth Distribution Company – Phoenix, AZ
- V. Teva Pharmaceuticals USA, Inc. – Kutztown, PA
- W. Tris Pharma Inc – Monmouth Junction, NJ
- X. UPS Supply Chain Solutions, Inc. – Durham, NC

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

- Y. A&B Supply – Lake Havasu City, AZ
- Z. PME Home Health – Phoenix, AZ

Applications for Nevada Pharmacy – Non Appearance

- AA. C & K Pharmacy, LLC – Las Vegas
- BB. Patient Care Infusion of Nevada – Las Vegas
- CC. St Marys Outpatient Surgery Center at Galena – Reno
- DD. True Care Pharmacy #3 – Las Vegas
- EE. Willow Springs Center – Reno

Russ Smith recused from participation on Item 3 N due to his employment with Walgreens.

Mr. Pinson referred to Agenda Item 15 D.2 (Application Form Changes) in the Board book. The Application for Out-of-State Pharmacy License has been modified to further clarify the type of pharmacy and the services they will be providing. Mr. Edwards has drafted a letter and affidavit which will be sent to out-of-state pharmacies who submit applications. The affidavit is required to be completed by an authorized representative of the pharmacy certifying that the pharmacy will not sell or ship compounded sterile products into the state of Nevada.

The Consent Agenda includes only those pharmacies that will be shipping non-sterile compounded products into Nevada. Out-of-state pharmacies listed in Agenda Items 12 A-D and 13 A-K were sent the affidavit.

Board Action:

Motion: Jody Lewis found the Consent Agenda application information to be accurate and complete and moved for approval excluding Item 3.N (Walgreen Company).

Second: Leo Basch

Action: Passed Unanimously

Board Action:

Motion: Kirk Wentworth moved to approve the application for Walgreen Company (Item 3.N.).

Second: Leo Basch

Action: Passed Unanimously

President Gandhi informed the Board that the pharmacies listed in Items 13 B, E, G, H, I, J, and K submitted an affidavit to the Board Office attesting that they will not be shipping sterile compounded products into Nevada. Action on these applications will be taken under the Consent Agenda.

Board Action:

Motion: Leo Basch moved to approve the applications for Anderson Compounding Pharmacy (13.B), FPR Specialty Pharmacy, LLC (13.E), Medley Compounding Pharmacy (13.G), Nucara Pharmacy #1 (13.H), PharmBlue, LLC (13.I), Stapley Pharmacy (13.J), and Vicksburg Special Care Pharmacy and Compounding (13.K).

Second: Jody Lewis

Action: Passed Unanimously

4. Disciplinary Cases

- | | | |
|----|----------------------------|------------------|
| A. | Michael M. Hautekeet, R.Ph | (12-058-RPH-A-N) |
| B. | Howard M. Fond, R.Ph | (12-058-RPH-B-N) |
| C. | Mike's Pharmacy | (12-058-PH-N) |

Continued to the December 4, 2013 meeting.

- | | | |
|----|--------------------------------|----------------|
| D. | Angelique Cheyenne Stinson, PT | (13-016-PT-N) |
| E. | Ludwig Joseph, PTT | (13-016-PTT-N) |
| F. | Amber Shore, R.Ph | (13-016-RPH-N) |
| G. | Walgreens #12488 | (13-016-PH-N) |

Angelique Stinson, Ludwig Joseph, and Amber Shore appeared and were sworn by President Gandhi prior to answering questions or offering testimony.

William Stilling was present as counsel representing Ms. Stinson, Mr. Joseph, Ms. Shore and Walgreens #12488.

Russ Smith recused from participation in this matter due to his employment with Walgreens.

Paul Edwards presented a Stipulated Agreement for the Board's consideration. The Respondents admit to the factual allegations made in the Notice of Intended Action and Accusation, including the First, Second, Third and Fourth Causes of Action regarding unlicensed pharmacy personnel performing tasks that require a current license or registration. Mr. Edwards recommended that Ms. Stinson pay a fine of \$480.00 (\$20/day for each of the twenty-four days she worked without a current pharmaceutical technician registration); Mr. Joseph pay a fine of \$100.00 (\$20/day for each of the five days that he worked without a current pharmaceutical technician-in-training registration); Ms. Shore pay a fine of \$250.00 for allowing Ms. Stinson and Mr. Joseph to work under her supervision without a current registration; Walgreens #12488 pay a fine of \$500.00 and an administrative fee of \$395.00 for allowing Ms. Stinson and Mr. Joseph to work in its store without a current registration. Walgreens shall establish policies and procedures to prevent unlicensed and/or unregistered personnel from performing tasks that require a license or registration. Walgreens shall demonstrate to the Board Office within thirty days that all of its pharmacists, intern pharmacists, pharmaceutical technicians, and pharmaceutical technicians-in-training have read and agree to strictly comply with those policies and procedures.

Mr. Stilling explained that Walgreens requires their store managers to register as pharmaceutical technicians in order to be able to assist in the pharmacy during busy periods. Walgreens has a system in place for verification of the regularly scheduled

pharmacy technicians' registrations. Verification of the registration for the staff who float through the pharmacy "fell through the cracks."

Board Action:

Motion: Jody Lewis moved to accept the Stipulated Agreement as presented.

Second: Leo Basch

Action: Passed Unanimously

H. Mark Robert Neufeld (13-013-IN-S)

Respondent withdrew the Application for a Rehearing.

5. Application for Controlled Substance Registration – Appearance

Thomas J. Sanders, MD

Thomas Sanders appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Hal Taylor was present as counsel representing Dr. Sanders.

Dr. Sanders explained that over a period of five years, he prescribed for himself a controlled substance (hydrocodone) for self-use due to knee pain, and developed an addiction to pain medication. The DEA conducted an investigation, and summarily suspended his DEA registration in November 2012. The Medical Board in turn suspended Dr. Sanders' medical license. Dr. Sanders enrolled in Hazelden, an addiction treatment program in Oregon. He successfully completed the program and entered into an agreement with the DEA to reinstate his DEA registration contingent upon being relicensed by the Medical Board and the Board of Pharmacy. The Medical Board approved a settlement agreement under which Dr. Sanders must comply with the Medical Board's Nevada Professional Assistance Program for five years to include random drug testing. Dr. Sanders can only practice as an emergency room physician (no private practice), and prescribe controlled substances only to his emergency room patients.

Dr. Sanders answered questions to the Board's satisfaction.

Board Action:

Motion: Kirk Wentworth moved to approve the Controlled Substance Application for Thomas Sanders, and to require that Dr. Sanders self-report to the Pharmacy Board any violation of his contract with the Nevada Professional Assistance Program.

Second: Leo Basch

Gandhi offered a friendly amendment that Dr. Sanders also be required to submit a letter of support from the Nevada Professional Assistance Program.

Wentworth and Basch accepted the friendly amendment.

Action: Passed Unanimously

6. Application for Pharmaceutical Technician in Training License – Appearance

Scott Kearney

Scott Kearney and Larry Espadero, Director of PRN-PRN, appeared and were sworn by President Gandhi prior to answering questions or offering testimony.

Russ Smith disclosed that he is employed by Walgreens but has no knowledge of Mr. Kearney.

Mr. Kearney's application was tabled at the June meeting pending a PRN-PRN evaluation. Mr. Kearney explained that he attends monthly PRN-PRN meetings, attends AA meetings two times per week, and submits to random urine screening. Mr. Kearney said that he has a good relationship with his family, is the youth director at this church, and in good spiritual, mental, and physical condition.

Mr. Espadero stated that Mr. Kearney voluntarily entered into a faith-based treatment program in 2011, and has been sober since July 2011. Mr. Kearney signed a five year contract with PRN-PRN in June 2013. Mr. Kearney has a strong family support system and utilizes his sponsor. His urine screens have been negative to date. Mr. Espadero indicated that he is comfortable with Mr. Kearney being allowed to work in a pharmacy with the condition that he continues to participate in the PRN-PRN Program.

The Board discussed their concerns regarding Mr. Kearney's history of repeated offenses with alcohol and marijuana. The general consensus was to require that Mr. Kearney successfully complete a minimum of one year of his five year contract with PRN-PRN and reappear before the Board.

Board Action:

Motion: Kirk Wentworth moved to deny Scott Kearney's Pharmaceutical Technician in Training application. Mr. Kearney must complete one year of PRN-PRN without any violations. Mr. Kearney will be required to reappear at a future Board meeting with the results of the PRN-PRN evaluation and support from a potential employer.

Second: Leo Basch

Ayes: Wentworth, Dalton, Basch

Nays: Smith, Lewis

Action: Motion Carried

7. Requests for Reinstatement of Pharmacist License – Appearance

A. William J. Mumbert

William Mumbert and Larry Espadero, Director of PRN-PRN, appeared and were sworn by President Gandhi prior to answering questions or offering testimony.

Kirk Wentworth disclosed that he is employed by Raley's Pharmacy. Mr. Wentworth said that he is not acquainted with Mr. Mumbert and his participation in this matter will be unbiased.

Mr. Mumbert explained that he developed an addiction to hydrocodone following a "painful" divorce. His addiction escalated and he began diverting controlled substances from his employing pharmacy. Mr. Mumbert was arrested and his pharmacist license was revoked in December 2010. Mr. Mumbert enrolled in a thirty-day inpatient treatment facility approximately one year ago. He completed that program and entered into a "clean and sober" residence facility for five months.

Mr. Espadero informed the Board that this is a repeat situation for Mr. Mumbert. Mr. Mumbert relapsed two years ago and contacted Mr. Espadero. Mr. Mumbert was not ready to participate in the PRN-PRN Program at that time. In February 2013, he re-enrolled in PRN-PRN. Mr. Mumbert's urine screens have been negative to date. Mr. Espadero expressed concerns that Mr. Mumbert does not do well unless he is under supervision. Mr. Mumbert currently has minimal family and social support. Mr. Espadero recommended that Mr. Mumbert enter into a ten year contract with PRN-PRN with increased urine screens of up to four per month for two years.

The Board questioned Mr. Mumbert regarding his career goals, support network and the details of his arrest. Mr. Mumbert was charged with felony embezzlement. The judge deferred sentencing contingent upon the successful completion of his probation, which ends in July 2014, at which time the charges will be dismissed. Mr. Mumbert's probation officer has informed him that his probation status may change as early as January 2014. Mr. Mumbert has paid restitution to Raley's.

After discussion, the Board did not feel comfortable reinstating Mr. Mumbert's pharmacist license until he successfully completes a minimum of one year of his ten year contract with PRN-PRN.

Board Action:

Motion: Kirk Wentworth moved to deny William Mumbert's request for reinstatement of his pharmacist license. Mr. Mumbert must complete one year of PRN-PRN without any violations and provide to the Board his probation status which will be determined in January 2014. Mr. Mumbert may request an appearance at the March 2014 Board meeting if these conditions are met.

President Gandhi explained to Mr. Mumbert that in lieu of a Motion to deny his request for reinstatement of his license, Mr. Mumbert has the option of requesting this matter be tabled until the next meeting following his completion of one year in the PRN-PRN Program. Mr. Mumbert will be required to reappear at that time with the results of the PRN-PRN evaluation. President Gandhi recommended that Mr. Mumbert also provide letters of support including a letter from his probation officer.

Mr. Mumbert requested that this matter be tabled until the March 2014 meeting. The Board granted Mr. Mumbert's request.

Mr. Wentworth withdrew the Motion.

B. Constance Willman

Constance Willman appeared and was sworn by President Gandhi prior to answering questions or offering testimony. Mr. Espadero was reminded he was still under oath.

Ms. Willman stated that her Nevada pharmacist license was suspended in 2009 due to her dependency on prescription medications. In 2007, she was treated for ocular scleritis and prescribed high doses of steroids and pain medications. She was treated with the medications for sixteen months and developed a dependency to pain medications. In 2009, Ms. Willman was hospitalized for attempting suicide. Ms. Willman then enrolled into a twenty-one day rehabilitation program. She completed the program and began psychiatric treatment. Ms. Willman said that she joined PRN-PRN in May 2011, but was released in August 2011, due to her use of Xanax, which was prescribed to her as a sleep aid. She re-enrolled into PRN-PRN in November 2011, and is currently participating in the program. Ms. Willman is currently under the care of a psychiatrist.

Mr. Espadero stated that though there has been some improvement, he does not feel that Ms. Willman is ready to work in a pharmacy at this time. Ms. Willman continues to periodically test positive for (prescribed) benzodiazepines and opiates. She currently has a prescription for Norco. Mr. Espadero said that he would like to see more negative urine test results and a letter from her psychiatrist regarding her progress.

After discussion, the Board did not feel it is in the public's best interest to reinstate Ms. Willman's pharmacist license at this time.

Board Action:

Motion: Kirk Wentworth moved to deny reinstatement of Constance Willman's pharmacist license.

Second: Jody Lewis

Action: Passed Unanimously

8. Applications for Nevada Pharmacy – Appearance

A. Desert Parkway Behavioral Healthcare Hospital – Las Vegas

Lane Cheramie, Managing Pharmacist, and Steve Shell, CEO, appeared and were sworn by President Gandhi prior to answering questions or offering testimony.

Mr. Cheramie explained that Desert Parkway is an eighty-three bed psychiatric facility providing behavioral health services for adults and adolescents. The hospital formulary consists primarily of psychotropic medications. The pharmacy will not be doing sterile compounding.

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

Board Action:

Motion: Russ Smith moved to approve the application for Desert Parkway Behavioral Healthcare Hospital pending a satisfactory inspection.

Second: Kirk Wentworth

Action: Passed Unanimously

B. Meditech Laboratories, Inc. – Las Vegas

Michael Bitar, managing pharmacist, and Kim Tran Ham, owner, appeared and were sworn by President Gandhi prior to answering questions or offering testimony.

Mr. Bitar explained that Meditech Laboratories is a closed-door pharmacy specializing primarily in men's health products, and providing pain creams for patient's on Workman's Comp. Sterility and potency testing are done by an outside laboratory on every IV batch. Products are patient-specific and shipped directly to the patient. Meditech also sells products to physicians for office administration.

Ms. Tran provided a copy of their most recent inspection for Board review.

Ms. Tran and Mr. Bitar answered questions to the Board's satisfaction.

Board Action:

Motion: Russ Smith moved to approve Meditech Laboratories, Inc. Application for Nevada Pharmacy pending a satisfactory inspection.

Second: Kirk Wentworth

Action: Passed Unanimously

9. Application for Nevada MDEG – Appearance

United Respiratory Care – Las Vegas

Claudia O'Neill, owner, appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Ms. O'Neill explained that United Respiratory Care specializes in sleep apnea products (CPAPs/BiPaps). Ms. O'Neill is the facility administrator. There is a manager on staff as well as respiratory therapists and certified technicians. Ms. O'Neill also owns United Sleep Centers in Las Vegas and provides consulting for HME and other sleep laboratories.

Ms. O'Neill answered questions to the Board's satisfaction.

Board Action:

Motion: Jody Lewis moved to approve United Respiratory Care's Application for Nevada Medical Device, Equipment & Gases (MDEG) pending a satisfactory inspection.

Second: Jack Dalton

Action: Passed Unanimously

10. Application for Nevada Wholesaler – Appearance

Southern Anesthesia & Surgical, Inc. – Reno

Gregg Erickson, VP of Operations, appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Mr. Pinson informed the Board that representatives from Southern Anesthesia & Surgical met with Board Staff prior to submitting their application to ensure they were in compliance with the regulations. Mr. Pinson supports approval of the application.

Mr. Erickson explained that Southern Anesthesia & Surgical specializes in the distribution of oral surgery products including pharmaceuticals, dental disposables and dental anesthesia. The company has been in business for thirty years and is licensed in all fifty states. All states are currently serviced from their South Carolina facility. Twenty-percent of their market is on the west coast. They have purchased a facility in Reno to better serve their customers.

Board Action:

Motion: Leo Basch moved to approve the Application for Nevada Wholesaler for Southern Anesthesia & Surgical, Inc.

Second: Jody Lewis

Action: Passed Unanimously

11. Legislative Wrap-Up – Appearance

Fred Hillberby & Mike Hillerby

Mr. Pinson introduced Mike Hillerby. Mr. Hillerby was the former Chief of Staff for Governor Kenny Guinn. He is currently in partnership with Fred Hillerby as lobbyists representing the Board of Pharmacy.

Mr. Hillerby commented that the Board of Pharmacy staff has an excellent reputation and relationship with the Legislature. The Legislature recognizes that the Board does a good job of protecting the public and providing a fair and transparent regulatory scheme for their licensees. Mr. Hillerby provided an overview of the regulations from the recent session including tax initiatives, medical marijuana dispensaries, bills affecting regulatory boards in general, and regulations that directly impact the Board of Pharmacy.

Mr. Hillerby agreed to provide more detailed reports specific to issues impacting the Board. Mr. Hillerby will also attend Board meetings to keep the Board apprised of pending changes, particularly during the Legislative session.

The Board expressed their appreciation to Mr. Hillerby.

Public Comment

Liz Macmenamin, RAN, commented that prescription drug abuse is a nationwide problem involving the entire medical field. Mr. Pinson has been in the forefront by

educating pharmacists and physicians. Ms. Macmenamin offered RAN's assistance and recommended forming a task force to further address the issue of prescription drug abuse. She invited a member of the Pharmacy Board and Board Staff to participate.

12. Applications for Out-of-State Pharmacy – Appearance

A. Empower Pharmacy – Houston, TX

Shawn Noorian, owner, appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Mr. Noorian explained that Empower Pharmacy specializes in hormone replacement therapy, urology and fertility treatments. Empower Pharmacy provides non-sterile and high risk compounds. All products are patient specific. The pharmacy is 797 compliant and is inspected every six months by a third party certification company.

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

Board Action:

Motion: Kirk Wentworth moved to approve Empower Pharmacy's Application for Out-of-State Pharmacy pending receipt and review of their most recent inspection by Board Staff.

Second: Leo Basch

Action: Passed Unanimously

B. OmniPlus Pharmacy – Houston, TX

Branko Milosevic, Director of Operations, and Amy McNeely, Director of Pharmacy Services, appeared and were sworn by President Gandhi prior to answering questions or offering testimony.

Ms. McNeely explained that OmniPlus Pharmacy is a compounding pharmacy providing non-sterile compounding and specialty products. Non-sterile compounded products primarily include pain creams, scar creams, and wound creams. All products are patient specific and shipped directly to the patient. OmniPlus Pharmacy will not be shipping high-risk sterile compounds into Nevada.

Mr. Milosevic and Ms. McNeely answered questions to the Board's satisfaction.

Board Action:

Motion: Kirk Wentworth moved to approve OmniPlus Healthcare's Application for Out-of-State Pharmacy License contingent upon receipt of the signed

Affidavit certifying that OminiPlus Healthcare will not sell or ship compounded sterile products into Nevada.

Second: Jody Lewis

Action: Passed Unanimously

C. Prescription Dynamics – Montvale, NJ

Ronnie Moore, managing corporate officer, appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Mr. Moore explained that Prescription Dynamics prepares both sterile and non-sterile compounded medications. Ninety-five percent of the business is non-sterile compounded products primarily topical pain creams, scar creams, and wound care creams. Five-percent of the business is sterile compounding mainly testosterone replacement medications. All compounded sterile products are tested by an outside laboratory for sterility, endotoxins and potency. The clean room meets ISO 5 standards and is 797 compliant.

Board Action:

Motion: Kirk Wentworth moved to approve the Application for Out-of-State Pharmacy License for Prescription Dynamics pending receipt and review of their most recent New Jersey Board of Pharmacy inspection by Board Staff.

Second: Jody Lewis

Action: Passed Unanimously

D. SCA Pharmaceuticals, LLC – Little Rock, AR

Gene Graves, President/CEO, appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Mr. Graves explained that SCA Pharmaceuticals specializes in providing sterile admixture services, prefilled oral syringes, and sterile products on the FDA drug shortage list to hospital pharmacies nationwide. Products are not patient specific. SCA Pharmaceuticals will be applying to the FDA as a manufacturer when their new facility is certified as GMP compliant.

After discussion, the Board determined that upon licensure by the FDA, SCA Pharmaceuticals can apply for a Nevada out-of-state wholesaler license. An appearance at that time will not be required. The current application fee that SCA

Pharmaceuticals submitted with their Application for Out-of-State Pharmacy License will be applied to their Application for Out-of-State Wholesaler License.

Mr. Graves withdrew the application.

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

A. Alvarado Discount Pharmacy – Los Angeles, CA

A representative from Alvarado Discount Pharmacy was not present. No action was taken.

B. Anderson Compounding Pharmacy Inc. – Bristol, TN

Affidavit submitted; appearance not required. Moved to the Consent Agenda

C. Biorx LLC – Carlsbad, CA

Debbie Spoonaur, staff pharmacist, appeared and was sworn by President Gandhi prior to answering questions or offering testimony. She provided a letter from the managing pharmacist, Patti Walsh, authorizing Ms. Spoonaur to speak on behalf of Biorx, LLC.

Ms. Spoonaur explained that there are two branches of the pharmacy, Biorx and ThriveRx. Biorx is the pharmaceutical side specializing in IGG, products for Hereditary Angioedema and Alpha-1 Antitrypsin Deficiency and factor products for hemophilia. ThriveRx provides nutritional therapy for individuals on TPN and enteral products for patients at home. The pharmacy is 797 compliant and certified by the Accreditation Commission for Health Care. Biorx was inspected and licensed by the California Board of Pharmacy in May, 2013.

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

Board Action:

Motion: Russ Smith moved to approve Biorx, LLC's Application for Out-of-State Compounding Pharmacy pending receipt and review by Board Staff of their most recent California Board of Pharmacy inspection.

Second: Jody Lewis

Action: Passed Unanimously

D. Central Rexall Drugs, Inc. – Hammond, LA

A representative from Alvarado Discount Pharmacy was not present. No action was taken.

E. FPR Specialty Pharmacy, LLC – Victor, NY

Affidavit submitted; appearance not required. Moved to the Consent Agenda

F. KVP Pharmacy, Inc. – Glendale, CA

Khauhatur Pogosyan, owner, appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Mr. Pogosyan explained that KVP Pharmacy specializes in pain management medications primarily for the treatment of Workmans' Comp patients. The pharmacy compounds non-sterile products only, and all medications are patient specific. The pharmacy was inspected by the California Board of Pharmacy in May, 2013.

Board Action:

Motion: Kirk Wentworth moved to approve KVP Pharmacy's Application for Out-of-State Pharmacy License contingent upon receipt of the signed Affidavit certifying that KVP Pharmacy will not sell or ship compounded sterile products into Nevada, and pending receipt and review by Board Staff of their most recent California Board of Pharmacy inspection.

Second: Russ Smith

Action: Passed Unanimously

G. Medley Compounding Pharmacy – Bellaire, TX

Affidavit submitted; appearance not required. Moved to the Consent Agenda

H. Nucara Pharmacy #1 – Coralville, IA

Affidavit submitted; appearance not required. Moved to the Consent Agenda

I. PharmBlue LLC – Warrendale, PA

Affidavit submitted; appearance not required. Moved to the Consent Agenda

J. Stapley Pharmacy – St George, UT

Affidavit submitted; appearance not required. Moved to the Consent Agenda

K. Vicksburg Special Care Pharmacy and Compounding – Vicksburg, MS

Affidavit submitted; appearance not required. Moved to the Consent Agenda

14. General Counsel Report

No report.

15. Executive Secretary Report

A. Financial Report

Larry Pinson presented the financial reports to the Board's satisfaction.

B. Temporary Licenses

One temporary license was issued since the last meeting.

C. Staff Activities

1. Presentation: 8/21-Fallon

Mr. Pinson reported that presentations were conducted in Fallon by Dave Wuest; Paul Edwards will present at the APRN's regional meeting in October; Larry Pinson will present to the Northern Nevada Dental Society in Reno on October 10th. Board members interested in conducting continuing education are invited to contact Mr. Pinson for details.

D. Reports to Board

1. Derek Sapone

Mr. Pinson informed the Board that Derek Sapone did not disclose on his pharmacist application that he has a history of drug abuse and an arrest record for driving under the influence. Mr. Sapone is licensed in Florida and North Carolina and did not disclose that the Florida Board of Pharmacy took disciplinary action against his pharmacist license. Mr. Pinson contacted Mr. Sapone. In lieu of disciplinary action, Mr. Pinson accepted Mr. Sapone's voluntary surrender of his Nevada pharmacist license.

2. Application Form Changes

Mr. Pinson referenced the Application for Out-of-State Pharmacy License which has been modified to further clarify the type of pharmacy and the services provided. He noted that "citation/fine" will be included in question 3 at President Gandhi's recommendation.

The Board members commended Staff for expediting this process.

Mr. Pinson thanked Mr. Edwards for his efforts in drafting the letter and affidavit.

3. Kenneth J. Ryan

Mr. Ryan was invited to receive his 50 year certificate as a registered pharmacist with this Board. Mrs. Ryan notified the Board that Mr. Ryan passed away in May, 2013. Mr. Pinson referenced the letter in the Board book which was sent to Mrs. Ryan in recognition of Mr. Ryan's achievements. A commemorative certificate honoring Mr. Ryan's 50 years of registration and service to his community was included with the letter sent to Mrs. Ryan.

E. Board Related News

Mr. Pinson was invited to appear on Ralston Reports. He was interviewed on the news program by Dana Gentry. Mr. Pinson addressed questions regarding prescription drug abuse, the CVS prescriber "blacklist", and Purdue's list of prescribers who they have deemed do not appropriately prescribe their drug (Oxycontin). Interviews with Dr. Mel

Pohl and Senator Hardy followed Mr. Pinson's. Dr. Pohl and Senator Hardy both supported Mr. Pinson's responses.

F. Activities Report

16. Proposed Regulation Amendment Workshop

1. **Addition of regulations to Nevada Administrative Code Chapter 453**

NEW LANGUAGE To realize purpose and intent of 2013 Legislative Amendments to NRS Chapter 453 (per AB 39) regarding the sale and transfer of products that are precursors to methamphetamine.

Chris Ferrari and Kevin Kraushaar, Consumer Products Healthcare Association and Jim Acquisto, Appriss, appeared and spoke in support of AB39 and the NPLeX System. They suggested minor changes to the proposed regulation and requested that the Board consider NPLeX as Nevada's real-time stop sale system.

Liz Macmenamin, RAN, spoke in support of the NPLeX System. She recommended minor changes to the proposed regulation. Ms. Macmenamin expressed RAN's appreciation to the Board for their efforts in addressing this issue.

Mr. Acquisto, Mr. Ferrari and Mr. Kraushaar answered questions regarding the NPLeX System to the Board's satisfaction.

Board Action:

Motion: Russ Smith moved to adopt the addition of the proposed regulation to Nevada Administrative Code Chapter 453, and include the minor changes as discussed.

Second: Jack Dalton

Action: Passed Unanimously

Board Action:

Motion: Kirk Wentworth moved to approve the NPLeX real-time, stop sale system for use by Nevada pharmacies.

Second: Jody Lewis

Action: Passed Unanimously

Board Action:

Motion: Russ Smith moved that the proposed regulation to Nevada Administrative Code Chapter 453 go forward to Public Hearing.

Second: Jack Dalton

Action: Passed Unanimously

2. **Amendment of Nevada Administrative Code Chapter 639 NEW LANGUAGE** To realize purpose and intent of 2013 Legislative Amendments to NRS Chapter 639 (SB 327) regarding telemedicine, electronic refill log and 90-day refills of dangerous drugs.

Tim Clausen spoke on behalf of Banner Health System. He expressed his appreciation for the Board's effort in drafting this regulation. Banner Health System looks forward to working with the Board on the adoption of the regulation.

After discussion, minor changes were recommended to the proposed language. The Board referenced Section 1, 10(c), and requested that Board Staff review NRS 449.0151 to ensure that the list is updated to include rural clinics.

Board Action:

Motion: Russ Smith moved to adopt the addition of the proposed regulation to Nevada Administrative Code Chapter 639, and include the minor changes as discussed.

Second: Jack Dalton

Action: Passed Unanimously

3. **Amendment of Nevada Administrative Code 639.926 Transmission of information regarding dispensing of controlled substances to certain persons.** Amends the rule that presently establishes the data fields and frequency of the controlled substance information transmitted to the Board. Amendment will improve the timeliness of the data to improve the quality of the data provided to practitioners and pharmacies pursuant to NRS 453.1545.

Mr. Pinson provided to the Board the NCPDP Recommendations for Improving Prescription Drug Monitoring (PDMP). The recommendations included the standardization of a monitoring system to be adopted by all states and real-time or daily transmission of data. Physicians complain that information is not provided in a timely manner to effectively make decisions before writing a prescription. Six states currently report PMP data daily; one state reports within five minutes of the dispensed prescription. Mr. Pinson noted that waivers can be granted to pharmacies that may not be able to comply with daily reporting due to computer system limitations.

Lisa Adams, Nevada Prescription Monitoring Program (PMP) Administrator, noted that RelayHealth, Nevada's current PMP reporting vendor, is going out of business.

Effective November 2013, Nevada's new PMP vendor will be Appriss, the company that also provides the NPLeX Program. Ms. Adams stated that the latest data field format for transmitting PMP data, 2011 ASAP Version 4.2 Standard for Prescription Monitoring Programs, is now available. Version 4.2 includes several refinements to improve the data collected by prescription monitoring programs. Nevada currently requires that pharmacies transmit information weekly. Ms. Adams explained that the law states that the data needs to be transmitted no later than Wednesday for the week ending the previous Saturday, which provides data that is up to eleven days old. The average "doctor shopper" seeks drugs every three to four days. Daily monitoring will identify potential issues which can be addressed in a more timely and effective manner. Ms. Adams stated that Costco, CVS, Kroger, Target, Walgreens and Walmart are reporting daily in the six states that currently require daily reporting. Kmart pharmacies in Nevada now report daily to the PMP. System conversion to daily reporting will be a seamless process at no cost to the user.

Liz Macmenamin, RAN, expressed concerns regarding the economic impact the change to daily reporting will have on the industry. She requested a business impact statement be provided that state agencies proposing regulations are required to submit. She would like the opportunity to obtain input from RAN members regarding the proposed change in PMP reporting frequency and the economic impact before the Board moves forward with the proposed regulation.

After discussion, Board Staff offered to send a letter to all pharmacies in Nevada advising them that the PMP system will be more effective in addressing prescription drug abuse if data is transmitted on a daily basis versus weekly. The letter will demonstrate that the Board has made a concerted effort in determining the economic impact on business. Based on the industry's responses, a determination can be made on moving forward with the proposed regulation.

Ms. Macmenamin spoke in support of the Board Staff letter.

Ms. Adams asked the Board to consider moving forward with the approval to adopt ASAP Version 4.2.

Board Action:

Motion: Kirk Wentworth moved to adopt the proposed amendment to NAC 639.936, excluding section 3, and go forward to Public Hearing.

Second: Jody Lewis

Action: Passed Unanimously

4. Amendment of Nevada Administrative Code 639.7425 Dispensing Technician; Requirements; application and fee for registration; provisional registration; issuance of certificate of registration. Adding a mandatory law CE requirement for dispensing technicians.

Mr. Pinson stated that pharmaceutical technicians are required to complete one hour of an approved Nevada law credit every two-year period between renewals. The regulation for dispensing technicians currently does not require a law CE. The proposed amendment will add a mandatory law CE requirement for dispensing technicians.

Board Action:

Motion: Kirk Wentworth moved to adopt the proposed amendment to NAC 639.7425 and go forward to Public Hearing.

Second: Russ Smith

Action: Passed Unanimously

5. Amendment of Nevada Administrative Code 639.748 Identification of person to whom controlled substance is dispensed. Regarding identification required to obtain controlled substance medication.

Liz Macmenamin spoke in support of the proposed amendment. She expressed concern regarding the new driver authorization identification card (ID) and questioned if it is acceptable as a valid ID for obtaining controlled substance prescriptions.

Mr. Pinson pointed out that the example of the ID card used by Utah clearly states that the card is not a valid form of identification. Mr. Wuest added that the Department of Motor Vehicles has not finalized the format and language on the Nevada ID card. The cards will be available beginning January 1, 2014. The intent of the card is for driving privileges and not for use as legal identification.

After discussion, the Board decided to table this matter until the DMV has finalized the ID cards. Mr. Edwards will determine the generic legal description for ID cards for inclusion into the proposed amendment. Mr. Pinson will contact law enforcement to clarify what type of ID they require for investigations.

6. Amendment of Nevada Administrative Code 639.262 Application for registration; issuance of certificate of registration; maintenance of records relating to internship. Regarding increasing the state requirement of 1500 hours for intern pharmacists to 1740 to match the national standard.

Mr. Pinson advised the Board that this amendment will increase the State requirement of 1,500 hours for intern pharmacists to 1,740 hours to match the national standard.

Board Action:

Motion: Leo Basch moved to adopt the proposed amendment to NAC 639.7425 and go forward to Public Hearing.

Second: Jack Dalton

Action: Passed Unanimously

17. Public Hearing to Act Upon a Regulation

Amendment of Nevada Administrative Code 453.510 Schedule I Because of abuse of unregulated products containing synthetic cannabinoids, law enforcement has requested that the Board of Pharmacy add additional compounds to Schedule I.

President Gandhi opened the Public Hearing.

There was no public comment.

President Gandhi closed the Public Hearing.

Leo Basch asked what the economic impact is to the Board to update this regulation. Mr. Pinson estimated between \$1,000 and \$2,000.

Board Action:

Motion: Russ Smith moved to adopt the regulation as amended.

Second: Jody Lewis

Action: Passed Unanimously

18. Next Board Meeting:

October 16-17, 2013 – Las Vegas

19. Public Comment

No public comment.

Blank

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

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

Application must be printed legibly or typed

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Advanced Homecare Pharmacy

Physical Address: 12699 Farley Street, Redford, MI 48239

Mailing Address: 12699 Farley Street

City: Redford State: MI Zip Code: 48239

Telephone: 313-532-4500 Fax: 313-532-3011

Toll Free Number: 866-251-7149 (Required per NAC 639.708)

E-mail: mm@asaprx.com Website: www.asaprx.com

Managing Pharmacist: Heidi Martha Sheedy License Number: 530241187

Hours of Operation:

Monday thru Thursday <u>8</u> am <u>3</u> pm Friday: <u>8am-4pm</u> Sunday <u>8</u> am <u>12</u> pm	Saturday <u>8</u> am <u>12</u> pm 24 Hours <u>On Call</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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☒ New Pharmacy

☐ Ownership Change

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

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

☒ Partnership - Pages 1,2,5,7

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

☐ Sole Owner – Pages 1,2,6,7

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Central Rx pharmacy & Medical Supply LLC

Physical Address: 2475 East 22nd St Cleveland Ohio 44115

Mailing Address: 2475 East 22nd St Cleveland

City: Cleveland State: Ohio Zip Code: 44115

Telephone: 216-621-7700 Fax: 216-621-7855-2875/216-621-7701

Toll Free Number: 855-856-9582 (Required per NAC 639.708)

E-mail: RxLemna@aol.com Website: _____

Managing Pharmacist: David Miller License Number: 03211500-2

Hours of Operation:

Monday thru Friday 9 am 5 pm

Saturday 8 am 1 pm

Sunday X am X pm

24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

☒ Retail

☐ Off-site Cognitive Services

☐ Hospital (# beds _____)

☐ Parenteral

☐ Internet

☐ Parenteral (outpatient)

☐ Nuclear

☐ Outpatient/Discharge

☐ Out of State

☒ Mail Service

☐ Ambulatory Surgery Center

☐ Long Term Care

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- | | |
|---|--|
| <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 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: Stoney's Pharmacy PLC dba Clinical Compound Pharmacy

Physical Address: 2612 Tamiami Trl N, Naples, FL 34103

Mailing Address: 2612 Tamiami Trl N, Naples, FL 34103

City: _____ State: _____ Zip Code: _____

Telephone: 239-331-3441 Fax: 239-789-5636

Toll Free Number: 888-616-4472 (Required per NAC 639.708)

E-mail: clinicalcompound@gmail.com Website: _____

Managing Pharmacist: Chad Stoneburner License Number: _____

Hours of Operation:

Monday thru Friday 9 am 6 pm

Saturday _____ am _____ pm

Sunday _____ am _____ pm

24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

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

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

*non
sterile X
compounding*

64459

NEVADA STATE BOARD OF PHARMACY
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<input 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 checked="" type="checkbox"/> Ownership Change (Please provide current license number if making changes: PH <u>01797</u>) <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: Critical Care Systems

Physical Address: 2233 S. Presidents Drive, Suite B

Mailing Address: PO Box 377 Deerfield, IL 60015

City: Salt Lake City State: UT Zip Code: 84120

Telephone: (801) 978-9600 Fax: (801) 978-0020

Toll Free Number: 866-978-9600 (Required per NAC 639.708)

E-mail: michelle.mazzenga@walgreens.com Website: www.walgreenshealth.com

Managing Pharmacist: Alesia Hansen License Number: 287187-1701

Hours of Operation:

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

Sunday _____ am _____ pm 24 Hours on call 24/7

TYPE OF PHARMACY

SERVICES PROVIDED

<input type="checkbox"/> Retail <input type="checkbox"/> Hospital (# beds _____) <input type="checkbox"/> Internet <input type="checkbox"/> Nuclear <input checked="" type="checkbox"/> Out of State <input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Off-site Cognitive Services <input type="checkbox"/> Parenteral <input checked="" 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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| <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: CVS Pharmacy, Inc. DBA:CVS/pharmacy Central Pharmacy Services

Physical Address: 25 Blackstone Valley Place, Lincoln, RI 02865

Mailing Address: One CVS Dr., MD#23062A

City: Woonsocket State: RI Zip Code: 02895

Telephone: 401-770-7361 Fax: 401-652-1078

Toll Free Number: 888-607-4287 (Required per NAC 639.708)

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

Managing Pharmacist: Kristin Alves License Number: RPH03760

Hours of Operation:

Monday thru Friday <u>8:00</u> am <u>11:00</u> pm	Saturday <u>8:30</u> am <u>5:00</u> pm
Sunday <u>n/a</u> 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 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)
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<input checked="" type="checkbox"/> Mail Service
<input type="checkbox"/> Long Term Care |
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<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: Dalton Pharmacy
Physical Address: 1640 S. Wilson Dam Road Suite A
Mailing Address: 1640 S. Wilson Dam Road Suite A
City: Muscle Shoals State: Alabama Zip Code: 35661
Telephone: 256-978-5102 Fax: 256-978-5108
Toll Free Number: 855-339-1862 (Required per NAC 639.708)
E-mail: daltonpharmacy@aol.com Website: N/A
Managing Pharmacist: Charles W. Williams License Number: 7645

Hours of Operation:

Monday thru Friday 8 am 6 pm Saturday 8 am 2 pm
Sunday closed — 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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non sterile, x compounding

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Eiris Health Services # 6012

Physical Address: 4284 New Setwell Rd.

Mailing Address: _____

City: Memphis State: TN Zip Code: 38118

Telephone: 901-367-9484 Fax: 901-365-9820

Toll Free Number: 855-394-2930 (Required per NAC 639.708)

E-mail: oglenne@fredsinc.com Website: N/A

Managing Pharmacist: Tracy McFee, PharmD License Number: TN-11409

Hours of Operation:

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

TYPE OF PHARMACY

SERVICES PROVIDED

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

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<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: HERITAGE THERAPEUTICS LLC
Physical Address: 2173 MacDade Blvd Units C+D Holmes, PA 19043
Mailing Address: Same AS ABOVE
City: Holmes State: PA Zip Code: 19043
Telephone: 855-343-2136 Fax: 855-658-2707
Toll Free Number: 855-343-2136 (Required per NAC 639.708)
E-mail: draffaelc@heritagethp.com Website: none
Managing Pharmacist: Ralph J. Yates RPh License Number: RP027038 L

Hours of Operation: (EST)

Monday thru Friday 9:30am 5:30pm
Saturday 9:30am 5:30pm
Sunday closed on call 24 hrs / day
7 days / week 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

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

NEVADA STATE BOARD OF PHARMACY
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<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 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: MANHATTAN BEACH PHARMACY

Physical Address: 1224 AVE U BROOKLYN NY 11229

Mailing Address: SAME AS ABOVE

City: _____ State: _____ Zip Code: _____

Telephone: (718) 332-2210 Fax: (718) 332-5510

Toll Free Number: (877) 332-2210 (Required per NAC 639.708)

E-mail: MBPHARM87@YAHOO.COM Website: _____

Managing Pharmacist: JANET DUBROVSKY License Number: 046452

Hours of Operation:

Monday thru Friday <u>9</u> am <u>7</u> pm	Saturday <u>Closed</u> am _____ pm
Sunday <u>Closed</u> am _____ 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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- | | |
|---|--|
| <input 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* | <input checked="" type="checkbox"/> Ownership Change
(Please provide current license number if making changes: PH <u>02478</u>)

<input type="checkbox"/> Partnership - Pages 1,2,5,7
<input type="checkbox"/> Sole Owner – Pages 1,2,6,7 |
|---|--|
- Please check box for type of ownership and complete correct part of the application.

*Limited Liability Company

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Orchard Pharmaceutical Services, LLC

Physical Address: 7835 Freedom Avenue N.W., North Canton, OH 44720

Mailing Address: P.O. Box 3094

City: North Canton State: Ohio Zip Code: 44720

Telephone: (330) 491-4200 Fax: (866) 909-5171

Toll Free Number: (866) 909-5170 (Required per NAC 639.708)

E-mail: customerservice@orchardrx.com Website: www.orchardrx.com

Managing Pharmacist: Chris Albert Gasser License Number: RPH.03318549-3 (Ohio)

Hours of Operation:

Monday thru Friday 8:00 am 10:00 pm Saturday 8:30 am 4:30 pm

Sunday n/a am n/a pm closed 24 Hours *A pharmacist is on call 24 hours per day, 7 days per week.

TYPE OF PHARMACY

SERVICES PROVIDED

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

NEVADA STATE BOARD OF PHARMACY
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<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: Owens Healthcare #8

Physical Address: 2025 Court Street, Ste B

Mailing Address: 2025 Court Street, Ste. B

City: Redding State: CA Zip Code: 96001

Telephone: (530) 244-8669 Fax: (530) 243-0687

Toll Free Number: (877) 790-2598 (Required per NAC 639.708)

E-mail: bbaldwin@owenshealthcare.com Website: www.myowens.com

Managing Pharmacist: Aaron Smith License Number: CA 61622

Hours of Operation:

Monday thru Friday 9 am 6 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 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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NEVADA STATE BOARD OF PHARMACY

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

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☐ New Pharmacy

☐ Ownership Change

(Please provide current license number if making changes: PH_____)

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

☐ Partnership - Pages 1,2,5,7

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

☐ Sole Owner – Pages 1,2,6,7

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: PARKDALE PHARMACEUTICALS CORP

Physical Address: 6714 PINES BLVD PEMBROKE PINES, FL 33024

Mailing Address: 247 SW 8TH STREET #248

City: MIAMI State: FLORIDA Zip Code: 33130

Telephone: (954) 505-7122 Fax: (954) 374-6956

Toll Free Number: 1-800-477-1477 (Required per NAC 639.708)

E-mail: PARKDALEPHARM@GMAIL.COM Website: WWW.PDPHARMACY.COM

Managing Pharmacist: EDY PAYOUTE License Number: PS 37775

Hours of Operation:

Monday thru Friday 9 am 5 pm

Saturday CLOSED am CLOSED pm

Sunday CLOSED am CLOSED pm

24 Hours NO

TYPE OF PHARMACY

SERVICES PROVIDED

☒ Retail

☐ Off-site Cognitive Services

☐ Hospital (# beds _____)

☐ Parenteral

☐ Internet

☐ Parenteral (outpatient)

☐ Nuclear

☐ Outpatient/Discharge

☐ Out of State

☒ Mail Service

☐ Ambulatory Surgery Center

☐ Long Term Care

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<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	<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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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: Philidor Rx Services, LLC

Physical Address: 330 South Warminster Road, Suite 350, Hatboro, PA 19040

Mailing Address: 330 South Warminster Road, Suite 350, Hatboro, PA 19040

City: Hatboro State: PA Zip Code: 19040

Telephone: 855-744-5791 Fax: 267-965-2010

Toll Free Number: 855-744-5791 (Required per NAC 639.708)

E-mail: FabFc@philidorrxservices.com Website: www.PhilidorRxServices.com

Managing Pharmacist: David F. Ostrow License Number: RP033694L

Hours of Operation:

Monday thru Friday 8 am 8 pm Saturday 8 am 8 pm

Sunday -- am -- pm 24 Hours no

TYPE OF PHARMACY

SERVICES PROVIDED

<input type="checkbox"/> Retail <input type="checkbox"/> Hospital (# beds _____) <input type="checkbox"/> Internet <input type="checkbox"/> Nuclear <input checked="" type="checkbox"/> Out of State <input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Off-site Cognitive Services <input type="checkbox"/> Parenteral <input type="checkbox"/> Parenteral (outpatient) <input type="checkbox"/> Outpatient/Discharge <input checked="" type="checkbox"/> Mail Service <input type="checkbox"/> Long Term Care
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NEVADA STATE BOARD OF PHARMACY
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<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: Portable Medical Pharmacy of Arizona, LLC
Physical Address: 6250 E. Grant Rd. #388, Tucson, AZ, 85712
Mailing Address: 5538 West Duncan Drive
City: Las Vegas, NV State: NV Zip Code: 89130
Telephone: 520-296-0317 Fax: 520-296-0417
Toll Free Number: 877-419-6501 (Required per NAC 639.708)
E-mail: bdephillips@spectrumpharmacyaz.com Website: N/A
Managing Pharmacist: Sandra Brownstein License Number: 10619

Hours of Operation:

Monday thru Friday <u>9</u> am <u>8:30</u> pm	Saturday <u>9</u> am <u>5:30</u> pm
Sunday <u>9</u> am <u>5:30</u> 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 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 checked="" type="checkbox"/> Long Term Care
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* Non-sterile Compounding only

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

Physical Address: 3355 E. LOULSE DR.

Mailing Address: Same

City: MERIDIAN State: ID Zip Code: 83642

Telephone: 208-288-4341 Fax: 208-288-4374

Toll Free Number: 855-899-7258 (Required per NAC 639.708)

E-mail: angela@hbventures.org Website: porticopharmacy.com

Managing Pharmacist: Charles Ashton License Number: P5987 (ID)
CS 11537

Hours of Operation:

Monday thru Friday 9 am 7 pm

Saturday 10 am 2 pm

Sunday am pm

24 Hours NA

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

non
sterile.
compounding

NEVADA STATE BOARD OF PHARMACY
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<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: R & O Pharmacy

Physical Address: 651 Via Alondra #708 and #709

Mailing Address: same

City: Camarillo State: CA Zip Code: 93012

Telephone: 805-319-7260 Fax: 805-987-7280

Toll Free Number: 855-557-2683 (Required per NAC 639.708)

E-mail: russeller-r-pharmacy.com Website: n/a - pending

Managing Pharmacist: Russell R. Reitz, Pharm.D. License Number: RPH 029145

Hours of Operation:

Monday thru Friday 9 am 7 pm

Saturday 9 am 6 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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non sterile compounding

NEVADA STATE BOARD OF PHARMACY
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<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: Santa Cruz Rx
Physical Address: 3600 Dry Creek Rd, Ste E-3
Mailing Address: Same
City: Paso Robles State: CA Zip Code: 93446
Telephone: (805) 237-0200 Fax: (805) 237-0798
Toll Free Number: (800) 457-3801 (Required per NAC 639.708)
E-mail: magnusonp@scbt.com Website: www.scbt.com/ad-pharmacy.html
Managing Pharmacist: Paul Magnuson RPh License Number: 30018

Hours of Operation:

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

TYPE OF PHARMACY

SERVICES PROVIDED

<input checked="" type="checkbox"/> Retail <input type="checkbox"/> Hospital (# beds _____) <input type="checkbox"/> Internet <input type="checkbox"/> Nuclear <input type="checkbox"/> Out of State	<input type="checkbox"/> Off-site Cognitive Services <input type="checkbox"/> Parenteral <input type="checkbox"/> Parenteral (outpatient) <input type="checkbox"/> Outpatient/Discharge <input type="checkbox"/> Mail Service
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Santa Cruz Rx is a veterinary pharmacy that offers both Out-Of-State Mail Order and Retail walk in services in our California location. Santa Cruz Rx does not offer compounding or controlled substances/schedule II.

NEVADA STATE BOARD OF PHARMACY
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- | | |
|---|--|
| <input type="checkbox"/> New Pharmacy
(Please provide current license number if making changes: PH 02447) | <input checked="" 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: A & A Drug Co. d/b/a Sav-Rx Pharmacy

Physical Address: 224 North Park Avenue

Mailing Address: 224 North Park Avenue

City: Fremont State: Nebraska Zip Code: 68025

Telephone: 402-753-2800 Fax: 88-810-1394

Toll Free Number: 800-228-3108 (Required per NAC 639.708)

E-mail: provider@savrx.com Website: www.savrx.com

Managing Pharmacist: Christy Piti License Number: 16456

Hours of Operation:

Monday thru Friday 7:30 am 4:00 pm Saturday am pm
Sunday am pm 24 Hours

TYPE OF PHARMACY

SERVICES PROVIDED

- | | |
|---|---|
| <input type="checkbox"/> Retail
<input type="checkbox"/> Hospital (# beds <u> </u>)
<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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- | | |
|--|--|
| <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: Transition Pharmacy

Physical Address: 4 Neshaminy Interplex Drive, Ste 111

Mailing Address: 4 Neshaminy Interplex Drive, Ste 111

City: Trevoze State: PA Zip Code: 19053

Telephone: 215-639-6162 Fax: 215-639-6209

Toll Free Number: 866-694-2555 (Required per NAC 639.708)

E-mail: transitionrx@comcast.net Website: N/A

Managing Pharmacist: Michelle S. Giovannucci R.Ph License Number: RP440876

Hours of Operation:

Monday thru Friday <u>9</u> am <u>5</u> pm	Saturday <u>9</u> am <u>1</u> pm
Sunday <u>X</u> am <u>X</u> pm	24 Hours <u>X</u>

TYPE OF PHARMACY

SERVICES PROVIDED

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

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

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- | | |
|---|--|
| <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: VALLEY PRESCRIPTION & COMPOUNDING PHARMACY
Physical Address: 330 E. 13TH ST.
Mailing Address: SAME
City: MERCED State: CA Zip Code: 95341
Telephone: 209-722-5765 Fax: 209-722-3296
Toll Free Number: 855-303-5443 (Required per NAC 639.708) 800-546-7239 (FAX)
E-mail: JEFF26BB@YAHOO.COM Website: VALLEYRXANDCOMPOUNDING.COM
Managing Pharmacist: JEFFREY HILL, Pharm.D. License Number: 36981 (CA)
18621 (NV)

Hours of Operation:

Monday thru Friday 9 am 6 pm Saturday Closed am _____ pm
Sunday Closed am _____ pm 24 Hours N/A

TYPE OF PHARMACY

SERVICES PROVIDED

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

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

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

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

Application must be printed legibly or typed

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: WOODLAND HILLS PHARMACY

Physical Address: 23299 VENTURA BLVD SUITE 200 WOODLAND HILLS, CA 91364

Mailing Address: 23299 VENTURA BLVD SUITE 200

City: WOODLAND HILLS, State: CA Zip Code: 91364

Telephone: 855-876-3060 Fax: 866-893-9320

Toll Free Number: 855-876-3060 (Required per NAC 639.708)

E-mail: info@woodlandhillspharmacy.com Website: http://woodlandhillspharmacy.com/

Managing Pharmacist: STEVEN A. LEVIN License Number: CA PHA 46443
NV 11563

Hours of Operation:

Monday thru Friday 9 am 6 pm Saturday 9 am 6 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 checked="" type="checkbox"/> Out of State <input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Off-site Cognitive Services <input type="checkbox"/> Parenteral <input type="checkbox"/> Parenteral (outpatient) <input type="checkbox"/> Outpatient/Discharge <input checked="" type="checkbox"/> Mail Service <input type="checkbox"/> Long Term Care
--	---

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

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

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

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

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

GENERAL INFORMATION

Facility Name: Allergy Laboratories, Inc.
Physical Address: 1005 BW 2nd Street
Mailing Address: same
City: Oklahoma City State: OK Zip Code: 73109
Telephone: 405-235-1451 Fax: 405-232-4840
Toll Free Number: 800-654-3971
E-mail: Rjohnson@allergy labs. com Website: www.AllergyLabs.com
Facility Manager: Rebecca Johnson
Professional qualifications and experience of facility manager: 12 years President & Pharmacist of this company. Pharmacist x 20 years.

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: _____

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

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

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

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

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

GENERAL INFORMATION

Facility Name: DMS Pharmaceutical Group, Inc.

Physical Address: 810 Busse Highway, Park Ridge, IL 60068

Mailing Address: Same

City: Park Ridge State: IL Zip Code: 60068

Telephone: 847-518-1100 Fax: 847-518-1105

Toll Free Number: 877-788-1100

E-mail: shennegan@dmspharma.com Website: www.dmspharma.com

Facility Manager: William Anderson

Professional qualifications and experience of facility manager: Started-up the company in 1995 and has worked in every area of the business since inception.

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

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

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

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

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

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

GENERAL INFORMATION

Facility Name: H & H WHOLESale SERVICES, INC.

Physical Address: 1099 ROCHESTER ROAD, TROY, MI 48083

Mailing Address: C/O STATE LICENSE SERVICING, 321 ROUTE 94 SOUTH, WARWICK, NY 10990

City: TROY State: MICHIGAN Zip Code: 48083

Telephone: (248) 616-3030 Fax: (248) 616-3434

Toll Free Number: (800) 955-5750

E-mail: HHW@SLSNY.COM Website: WWW.HHWHOLESALE.COM

Facility Manager: ANDREW SWEET

Professional qualifications and experience of facility manager: PLEASE SEE THE ATTACHED

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:

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

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

Facility Name: Humco Holding Group, Inc.
Physical Address: 7400 AlumaX dr. Texarkana, TX 75501 PL
Mailing Address: 7400 AlumaX dr. Texarkana, TX 75501 PL
City: Texarkana State: TX Zip Code: 75501
Telephone: 903 334-6233 Fax: 903 334-6333
Toll Free Number: 800 662 3435 x 233
E-mail: flozano@humco.com Website: www.humco.com
Facility Manager: Francisco J. Lozano

Professional qualifications and experience of facility manager: BS Chemistry
MBA, RAPS RAC. 25+ yrs experience in Pharmaceutical Industry

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

Physical Address: 220 East 42nd Street, Suite 409A, New York, NY 10017

Mailing Address: 220 East 42nd Street, Suite 408A

City: New York State: NY Zip Code: 10017

Telephone: 855-673-9687 Fax: 855-879-3647

Toll Free Number: N/A

E-mail: statelicense@orexo.com Website: www.orexo.com

Facility Manager: Robert A. DeLuca

Professional qualifications and experience of facility manager: More than 15 years of pharmaceutical industry executive management experience, including development and implementation of commercial plans for sales of pharmaceutical/medical products; experience in market access, sales, global operations and marketing in pharmaceutical companies; registered licensed pharmacist since 1984.

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

☐ Poisons or Chemicals

☐ Controlled Substances (include copy of DEA)

☐ Other: _____

☐ Hypodermic Devices

☐ Veterinary Legend Drugs

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

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<input type="checkbox"/> New Wholesaler	<input checked="" type="checkbox"/> Ownership Change (Please provide current license number if making changes: WH01450)
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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.	

GENERAL INFORMATION

Facility Name: Reliance Wholesale, Inc.

Physical Address: 9325 Cordova Park Road

Mailing Address: same

City: Cordova State: TN Zip Code: 38018

Telephone: 866 901-755-9761 Fax: 901-755-9973

Toll Free Number: 866-210-1591

E-mail: tres@reliancecmw.com Website: www.reliancecmw.com

Facility Manager: Amresh Narine

Professional qualifications and experience of facility manager: see attached.

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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

Application must be printed legibly or typed

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

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

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

GENERAL INFORMATION

Facility Name: Silvergate Pharmaceuticals, Inc.

Physical Address: 6251 Greenwood Plaza Blvd., Suite 101

Mailing Address: 6251 Greenwood Plaza Blvd., Suite 101

City: Greenwood Village State: CO Zip Code: 80111

Telephone: 720-266-4524 Fax: 720-439-3037

Toll Free Number: n/a

E-mail: robert.mauro@silvergatepharma.com Website: www.silvergatepharma.com

Facility Manager: Frank Segrave

Professional qualifications and experience of facility manager: B.S. in Pharmacy: more than 25 years of leadership experience in pharmacy, sales, supply chain and logistics management, drug manufacturing and specialty drug distribution

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 checked="" type="checkbox"/> Other: <u>mail order facilities</u>			

Type of Products to be handled or wholesaled by firm:

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

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

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

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

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

GENERAL INFORMATION

Facility Name: Sonexus Health Distribution Services, LLC

Physical Address: 2730 S. Edmonds Lane Suite #300 Lewisville TX 75067

Mailing Address: 2730 S. Edmonds Lane Suite #300

City: Lewisville State: Texas Zip Code: 75067

Telephone: 972.350.9600 Fax: 214.294.4126

Toll Free Number: NA

E-mail: ~~info~~^{cmartinez}@sonexushealth.com

Website: Sonexushealth.com

Facility Manager: David Cheetham

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:

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

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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

Application must be printed legibly or typed

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

☒ New Wholesaler

☐ Ownership Change

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

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

☐ Partnership - Pages 1,2,3,6

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

☐ Sole Owner – Pages 1,2,3,7

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

GENERAL INFORMATION

Facility Name: Vidara Therapeutics Inc.

Physical Address: 1000 Holcomb Woods Parkway, Suite 270

Mailing Address: 1000 Holcomb Woods Parkway, Suite 270

City: Roswell State: GA Zip Code: 30076

Telephone: 678-205-5444 Fax: n/a

Toll Free Number: n/a

E-mail: bjennette@vidararx.com Website: www.vidararx.com

Facility Manager: Richard McElheny, Vice President Business Development & Sales Operations

Professional qualifications and experience of facility manager: more than 14 years of pharmaceutical industry experience with emphases in supply chain management, business development and strategic planning

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies

☐ Practitioners

☐ Hospitals

☒ Wholesalers

☒ Other: specialty pharmacies

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 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: ANALGESIC HEALTHCARE, INC.

Physical Address: 7823 N DALE MABRY HWY STE 202
(This must be a business address, we can not issue a license to a home address)

Mailing Address: Same

City: TAMPA State: FL Zip Code: 33614

Telephone: 800-749-1188 Fax: 813-915-9427

E-mail: dhartzner@ANALGESICHEALTHCARE.com Website: ANALGESICHEALTHCARE.COM

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

Fri: 8:00 to 5:00 Sat: N/A to Sun: N/A to Holidays: N/A

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: ROY EDGERTON

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>TENS & TENS SUPPLIES (MAIL-ORDER)</u> |

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

Name: N/A Telephone: N/A

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change
(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: Regional Home Care Inc.

Physical Address: 125 Tolman Ave
(This must be a business address, we can not issue a license to a home address)

Mailing Address: " "

City: Leominster State: MA Zip Code: 01453

Telephone: 978-840-0113 Fax: 978-840-0115

E-mail: mcgratthe@regionalhc.com Website: www.regionalhc.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 _____

N/A - Mail Order
Orders
Only

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 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>Step apnea 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: _____

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: Community Care Pharmacy

Physical Address: 1820 E Lake Mead ste: N Las Vegas, NV-89030

Mailing Address: 9801 Winter Palace Dr

City: Las Vegas State: NV Zip Code: 89145

Telephone: 702-301-6503 Fax: 702-387-8612.

Toll Free Number: —

E-mail: Shaansunny@yahoo.com Website: N/A

Managing Pharmacist: Bharat Patel License Number: 9202.

Hours of Operation:

Monday thru Friday 9 am 6:30 pm Saturday 9 am 3 pm

Sunday _____ am _____ pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

<input checked="" type="checkbox"/> Retail	<input type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> Parenteral
<input type="checkbox"/> Internet	<input type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> Nuclear	<input type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> Out of State	<input 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 NEVADA PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Fidelis Specialty Pharmacy

Physical Address: 5275 Arville St Suite 156

Mailing Address: 5275 Arville St Suite 156

City: Las Vegas State: NV Zip Code: 89118

Telephone: (702) 815-0800 Fax: (702) 815-0801

Toll Free Number: (866) 643-3547

E-mail: rlubrani@fidelis-rx.com Website: www.fidelis-rx.com

Managing Pharmacist: Russell Lubrani License Number: 15929

Hours of Operation:

Monday thru Friday	<u>9:00</u> am <u>6:00</u> pm	Saturday	<u>N/A</u> am <u>N/A</u> pm
Sunday	<u>N/A</u> am <u>N/A</u> pm	24 Hours	<u>N/A</u>

TYPE OF PHARMACY

SERVICES PROVIDED

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

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

64654

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: Sierra Specialty Pharmacy

Physical Address: 9738 S. Virginia St, Suite F

Mailing Address: 9738 S. Virginia St, Suite F

City: Reno State: NV Zip Code: 89511

Telephone: 775-853-3502 Fax: 775-853-3501

Toll Free Number: _____

E-mail: Sierra@SierraFamilyRx.com Website: SierraFamilyPharmacies.com

Managing Pharmacist: David Vasenden License Number: 13914

Hours of Operation:

Monday thru Friday 9 am 6 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 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 type="checkbox"/> Mail Service
<input type="checkbox"/> Ambulatory Surgery Center	<input checked="" type="checkbox"/> Long Term Care

NEVADA STATE BOARD OF PHARMACY

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

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

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

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

Application must be printed legibly or typed

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

<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change	<input checked="" type="checkbox"/> Name Change	<input type="checkbox"/> Location 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 1,2,3,5a,5b	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

MDEG Name: Accelerated Care Plus Lease

Physical Address: 4850 Joule ST Bid A-1, Reno NV
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 4850 Joule ST Bid A-1

City: Reno State: NV Zip Code: 89502

Telephone: 775-336-1827 Fax: 800-350-1102

E-mail: PPARKER@hanger.com Website: WWW.ACPLUS.COM

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

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

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: PATRICK PARKER

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>Rehabilitation 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: _____

64456

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: Nevada Orthotics & Prosthetics

Physical Address: 2250 Postal Road #7, Jarvis NV 89032
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 3440 W Cheyenne Ave Suite 300

City: North Las Vegas State: NV Zip code: 89032

Telephone: 702 233-5500 Fax: 702 233-2131

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

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: by Appt to by Appt Tue: by Appt to by Appt Wed: 9 to 4 Thu: by Appt to by Appt Fri: by Appt to by Appt Sat: on call to on call Sun: on call to on call Holidays: on call to on call

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Michelle Reluaga

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. Name: Michelle Reluaga Telephone: 702 233-5500

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

V.

BRIAN H. WARD, RPH

Certificate of Registration No. 10498

MONICA ANDREA MADRID, PT

Certificate of Registration No. PT03086

SMITH'S PHARMACY #347

Certificate of Registration No. PH01356

Respondents.

CASE NOS. 13-017-RPH-S

13-017-PT-S

13-017-PH-S

NOTICE OF INTENDED ACTION AND ACCUSATION

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

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because Respondent Brian H. Ward is a registered pharmacist with the Board; Respondent Monica Andrea Madrid is a registered pharmaceutical technician with the Board; and Respondent Smith's Pharmacy #347 (Smith's Pharmacy) is a registered pharmacy with the Board. Each respondent was registered with the Board at the time of the events alleged herein.

II.

On or about March 18, 2013, a physician saw ten-year-old patient HS and prescribed two medications; Azithromycin oral tablets 250 mg. (Prescription No. 6878780) and Fluticasone propionate HFA oral inhalation aerosol 110 mcg/ACT (Prescription No. 6878782). HS's father tendered both prescriptions to Smith's Pharmacy, and picked up the medications the same day.

III.

Respondent Ms. Madrid was the pharmaceutical technician who input the original prescription data for both prescriptions into Smith's Pharmacy's computer system. Respondent Mr. Ward was the verifying pharmacist for both prescriptions. Smith's Pharmacy records confirm that HS's father signed the patient counseling log indicating that counseling was provided for both of the medications.

1. ALLEGATIONS REGARDING THE PRESCRIPTION FOR AZITHROMYCIN ORAL TABLETS (PRESCRIPTION NO. 6878780).

IV.

HS's physician prescribed for HS a three day supply (three tablets) of azithromycin oral tablets 250 mg., with instructions to take a children's dose of **one tablet** by mouth every day for three days.

V.

When Respondent Ms. Madrid conducted a 24 hour "post fill audit" of the dispensed azithromycin prescription, she discovered that the dosing instructions and the quantity dispensed did not match the original prescription as written. During data entry, Ms. Madrid erred by selecting "azithromycin 250 (5 day course)" with dosing instructions to **"TAKE TWO TABLETS BY MOUTH AS ONE DOSE ON THE FIRST DAY THEN TAKE ONE TABLET DAILY THEREAFTER,"** which is the standard adult dose of azithromycin. Based on that error, Smith's Pharmacy dispensed six tablets, rather than the three tablets prescribed.

VI.

In a subsequent written statement, Ms. Madrid admitted that she "didn't pay attention to the directions on the written prescription." She "was trying to hurry through the typing process due to a shorthanded staff." Ms. Madrid said that she informed Respondent Mr. Ward of the error after the "post fill audit" of the prescription.

VII.

During the investigation, the Board Investigator learned that after discovering the error, Respondent Ms. Madrid called HS's physician's office to verify the prescription written for HS. In her written statement, Ms. Madrid stated: "I documented on the hard copy that indeed it was to be azithromycin 250 mg. 1 everyday for 3 days."

VIII.

Contrary to Respondent Ms. Madrid's statement, Respondent Mr. Ward first became aware of the misfill when he overheard Ms. Madrid talking to HS's father by telephone about an error on the azithromycin prescription. Upon overhearing that conversation, Mr. Ward "took over the phone" from Ms. Madrid. He then apologized to HS's father and advised him of the correct dosage. HS's father informed Mr. Ward that HS had already taken the first dose (two tablets) per the incorrect instructions on the label. Mr. Ward later learned that Ms. Madrid called HS's physician to request authorization to change the prescription to the (misfilled) adult dosage. Ms. Madrid placed the calls to HS's father and to the physician's office without Mr. Ward's direction or knowledge.

FIRST CAUSE OF ACTION

IX.

In failing to strictly follow the instructions of HS's physician by verifying and dispensing a quantity of six azithromycin 250 mg. oral tablets with incorrect dosing instructions, Respondent Brian Ward violated Nevada Administrative Code (NAC) 639.945(1)(d) and/or (i), which violations are grounds for action pursuant to Nevada Revised Statute (NRS) 639.210(4), (12) and/or NRS 639.255.

SECOND CAUSE OF ACTION

X.

In contacting HS's physician to request a change in HS's prescription to an adult dose, rather than the children's dose prescribed, Respondent Ms. Madrid operated outside of the scope

of her authority as a pharmaceutical technician in violation of NAC 639.245(3)(a) and/or NAC 639.945(1)(h) and/or (k), which violations are grounds for action pursuant to NRS 639.210(4), (12) and/or NRS 639.255.

THIRD CAUSE OF ACTION

XI.

In owning and operating the pharmacy in which the violations alleged in the First Cause of Action occurred, Smith's Pharmacy #347 violated NAC 639.945(1)(i) and/or (2), which violations are grounds for action pursuant to NRS 639.210(4), (12) and/or NRS 639.255.

2. **ALLEGATIONS REGARDING THE PRESCRIPTION FOR FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 110 MCG/ACT (PRESCRIPTION NO. 6878782).**

XII.

Patient HS's physician prescribed for HS fluticasone propionate HFA oral inhalation aerosol 110 mcg/ACT, with instructions to take orally two puffs twice a day every day. The physician wrote the prescription allowing the pharmacy to dispense a quantity of three inhalers (a ninety-day supply). The physician also authorized one refill.

XIII.

HS's mother realized prior to administering the fluticasone to HS that the prescription label indicated fluticasone **nasal spray**, not the fluticasone **oral inhalation** prescribed. Smith's Pharmacy dispensed **nasal spray** and labeled it with instructions to "**inhale 2 puffs by mouth** two times a day." Upon discovering the error, HS's mother contacted Smith's Pharmacy and spoke with Respondent Mr. Ward, who apologized for the misfill.

XIV.

During data entry, Respondent Ms. Madrid erred by inputting a unit of one fluticasone nasal spray with three refills into Smith's Pharmacy's computer system. Mr. Ward later stated to the Board Investigator that during verification of the fluticasone prescription, he was thinking

“nasal” and not “oral,” as prescribed. He corrected the refills to “1”, and thought that he had already performed all of the verification checks, when in fact, he had not.

XV.

The computer system screen prints provided by Smith’s District Manager indicate that during pre-verification, a Drug Utilization Review (DUR) warning appeared on the screen stating: “PA-PEDIATRIC PRECAUTION Severity Level: 3 – Warning Use of FLUTICASONE PROP 50 MCG SPRAY may be a concern in pediatric patients (4 years to 18 years old).” The evidence shows that Mr. Ward reviewed the warning.

XVI.

During counseling, Respondent Mr. Ward informed HS’s father “that this was a nasal spray steroid and failed to notice that the directions said by mouth.”

FOURTH CAUSE OF ACTION

XVII.

In failing to strictly follow the instructions of HS’s physician by verifying and dispensing fluticasone propionate 50 mcg nasal spray, rather than the fluticasone propionate HFA oral inhalation aerosol 110 mcg/ACT prescribed, Respondent Brian Ward violated NAC 639.945(1)(d) and/or (i), which violations are grounds for action pursuant to NRS 639.210(4), (12) and/or NRS 639.255.

FIFTH CAUSE OF ACTION

XVIII.

In failing to provide accurate counseling for HS’s new prescription, Respondent Brian Ward violated NAC 639.707(4)(e) and/or 639.945(1)(i), which violations are grounds for action pursuant to NRS 639.210(4) and/or (12), and/or NRS 639.255.


SIXTH CAUSE OF ACTION

XIX.

In owning and operating the pharmacy in which the alleged violations occurred, Smith's Pharmacy violated NAC 639.707(4)(e) and/or 639.945(1)(i) and/or (2), which violations are grounds for action pursuant to NRS 639.210(4), (12) and/or NRS 639.255.

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

Signed this 28th day of August, 2013.


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

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

BRIAN H. WARD, RPH

Certificate of Registration No. 10498

Respondent.

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CASE NO . 13-017-RPH-S

STATEMENT TO THE

RESPONDENT

NOTICE OF INTENDED ACTION

AND ACCUSATION

RIGHT TO HEARING

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. 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.

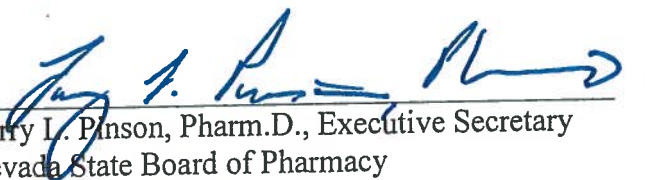
III.

The Board has reserved Wednesday, October 16, 2013, as the date for a hearing on this matter at the Hilton Garden Inn, 7830 South Las Vegas Boulevard, 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 28th day of August, 2013.


Larry I. Pinson, Pharm.D., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)

Petitioner,)

v.)

BRIAN H. WARD, RPH)

Certificate of Registration No. 10498)

Respondent. /

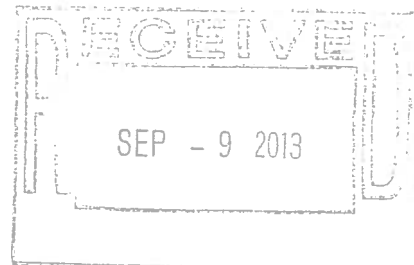
CASE NO. 13-017-RPH-S

ANSWER AND

NOTICE OF DEFENSE

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 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 4 day of September, 2013.

Brian H. Ward RPH
BRIAN H. WARD, RPH

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	
	)	CASE NOS. 13-017-RPH-S
Petitioner,	)	13-017-PT-S
v.	)	13-017-PH-S
)	
BRIAN H. WARD, RPH)	
Certificate of Registration No. 10498	)	NOTICE OF INTENDED ACTION
	)	AND ACCUSATION
MONICA ANDREA MADRID, PT)	
Certificate of Registration No. PT03086)	
)	
SMITH'S PHARMACY #347)	
Certificate of Registration No. PH01356)	
)	
Respondents.)	
	/	

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

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because Respondent Brian H. Ward is a registered pharmacist with the Board; Respondent Monica Andrea Madrid is a registered pharmaceutical technician with the Board; and Respondent Smith's Pharmacy #347 (Smith's Pharmacy) is a registered pharmacy with the Board. Each respondent was registered with the Board at the time of the events alleged herein.

II.

On or about March 18, 2013, a physician saw ten-year-old patient HS and prescribed two medications; Azithromycin oral tablets 250 mg. (Prescription No. 6878780) and Fluticasone propionate HFA oral inhalation aerosol 110 mcg/ACT (Prescription No. 6878782). HS's father tendered both prescriptions to Smith's Pharmacy, and picked up the medications the same day.

III.

Respondent Ms. Madrid was the pharmaceutical technician who input the original prescription data for both prescriptions into Smith's Pharmacy's computer system. Respondent Mr. Ward was the verifying pharmacist for both prescriptions. Smith's Pharmacy records confirm that HS's father signed the patient counseling log indicating that counseling was provided for both of the medications.

1. ALLEGATIONS REGARDING THE PRESCRIPTION FOR AZITHROMYCIN ORAL TABLETS (PRESCRIPTION NO. 6878780).

IV.

HS's physician prescribed for HS a three day supply (three tablets) of azithromycin oral tablets 250 mg., with instructions to take a children's dose of **one tablet** by mouth every day for three days.

V.

When Respondent Ms. Madrid conducted a 24 hour "post fill audit" of the dispensed azithromycin prescription, she discovered that the dosing instructions and the quantity dispensed did not match the original prescription as written. During data entry, Ms. Madrid erred by selecting "azithromycin 250 (5 day course)" with dosing instructions to **"TAKE TWO TABLETS BY MOUTH AS ONE DOSE ON THE FIRST DAY THEN TAKE ONE TABLET DAILY THEREAFTER,"** which is the standard adult dose of azithromycin. Based on that error, Smith's Pharmacy dispensed six tablets, rather than the three tablets prescribed.

VI.

In a subsequent written statement, Ms. Madrid admitted that she "didn't pay attention to the directions on the written prescription." She "was trying to hurry through the typing process due to a shorthanded staff." Ms. Madrid said that she informed Respondent Mr. Ward of the error after the "post fill audit" of the prescription.

VII.

During the investigation, the Board Investigator learned that after discovering the error, Respondent Ms. Madrid called HS's physician's office to verify the prescription written for HS. In her written statement, Ms. Madrid stated: "I documented on the hard copy that indeed it was to be azithromycin 250 mg. 1 everyday for 3 days."

VIII.

Contrary to Respondent Ms. Madrid's statement, Respondent Mr. Ward first became aware of the misfill when he overheard Ms. Madrid talking to HS's father by telephone about an error on the azithromycin prescription. Upon overhearing that conversation, Mr. Ward "took over the phone" from Ms. Madrid. He then apologized to HS's father and advised him of the correct dosage. HS's father informed Mr. Ward that HS had already taken the first dose (two tablets) per the incorrect instructions on the label. Mr. Ward later learned that Ms. Madrid called HS's physician to request authorization to change the prescription to the (misfilled) adult dosage. Ms. Madrid placed the calls to HS's father and to the physician's office without Mr. Ward's direction or knowledge.

FIRST CAUSE OF ACTION

IX.

In failing to strictly follow the instructions of HS's physician by verifying and dispensing a quantity of six azithromycin 250 mg. oral tablets with incorrect dosing instructions, Respondent Brian Ward violated Nevada Administrative Code (NAC) 639.945(1)(d) and/or (i), which violations are grounds for action pursuant to Nevada Revised Statute (NRS) 639.210(4), (12) and/or NRS 639.255.

SECOND CAUSE OF ACTION

X.

In contacting HS's physician to request a change in HS's prescription to an adult dose, rather than the children's dose prescribed, Respondent Ms. Madrid operated outside of the scope

of her authority as a pharmaceutical technician in violation of NAC 639.245(3)(a) and/or NAC 639.945(1)(h) and/or (k), which violations are grounds for action pursuant to NRS 639.210(4), (12) and/or NRS 639.255.

THIRD CAUSE OF ACTION

XI.

In owning and operating the pharmacy in which the violations alleged in the First Cause of Action occurred, Smith's Pharmacy #347 violated NAC 639.945(1)(i) and/or (2), which violations are grounds for action pursuant to NRS 639.210(4), (12) and/or NRS 639.255.

2. ALLEGATIONS REGARDING THE PRESCRIPTION FOR FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 110 MCG/ACT (PRESCRIPTION NO. 6878782).

XII.

Patient HS's physician prescribed for HS fluticasone propionate HFA oral inhalation aerosol 110 mcg/ACT, with instructions to take orally two puffs twice a day every day. The physician wrote the prescription allowing the pharmacy to dispense a quantity of three inhalers (a ninety-day supply). The physician also authorized one refill.

XIII.

HS's mother realized prior to administering the fluticasone to HS that the prescription label indicated fluticasone **nasal spray**, not the fluticasone **oral inhalation** prescribed. Smith's Pharmacy dispensed **nasal spray** and labeled it with instructions to "**inhale 2 puffs by mouth** two times a day." Upon discovering the error, HS's mother contacted Smith's Pharmacy and spoke with Respondent Mr. Ward, who apologized for the misfill.

XIV.

During data entry, Respondent Ms. Madrid erred by inputting a unit of one fluticasone nasal spray with three refills into Smith's Pharmacy's computer system. Mr. Ward later stated to the Board Investigator that during verification of the fluticasone prescription, he was thinking

“nasal” and not “oral,” as prescribed. He corrected the refills to “1”, and thought that he had already performed all of the verification checks, when in fact, he had not.

XV.

The computer system screen prints provided by Smith’s District Manager indicate that during pre-verification, a Drug Utilization Review (DUR) warning appeared on the screen stating: “PA-PEDIATRIC PRECAUTION Severity Level: 3 – Warning Use of FLUTICASONE PROP 50 MCG SPRAY may be a concern in pediatric patients (4 years to 18 years old).” The evidence shows that Mr. Ward reviewed the warning.

XVI.

During counseling, Respondent Mr. Ward informed HS’s father “that this was a nasal spray steroid and failed to notice that the directions said by mouth.”

FOURTH CAUSE OF ACTION

XVII.

In failing to strictly follow the instructions of HS’s physician by verifying and dispensing fluticasone propionate 50 mcg nasal spray, rather than the fluticasone propionate HFA oral inhalation aerosol 110 mcg/ACT prescribed, Respondent Brian Ward violated NAC 639.945(1)(d) and/or (i), which violations are grounds for action pursuant to NRS 639.210(4), (12) and/or NRS 639.255.

FIFTH CAUSE OF ACTION

XVIII.

In failing to provide accurate counseling for HS’s new prescription, Respondent Brian Ward violated NAC 639.707(4)(e) and/or 639.945(1)(i), which violations are grounds for action pursuant to NRS 639.210(4) and/or (12), and/or NRS 639.255.

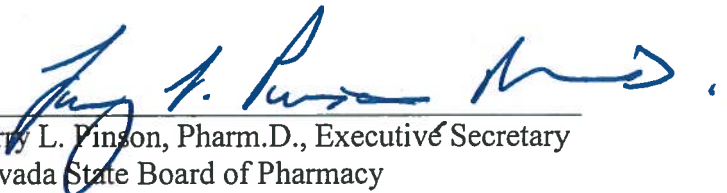
SIXTH CAUSE OF ACTION

XIX.

In owning and operating the pharmacy in which the alleged violations occurred, Smith's Pharmacy violated NAC 639.707(4)(e) and/or 639.945(1)(i) and/or (2), which violations are grounds for action pursuant to NRS 639.210(4), (12) and/or NRS 639.255.

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

Signed this 28th day of August, 2013.


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

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	
	)	CASE NO . 13-017-PT-S
Petitioner,)	
v.)	
	)	STATEMENT TO THE
MONICA ANDREA MADRID, PT	)	RESPONDENT
Certificate of Registration No. PT03086	)	NOTICE OF INTENDED ACTION
	)	AND ACCUSATION
Respondent.	/	RIGHT TO HEARING

TO THE RESPONDENT ABOVE-SAMED: 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. 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.

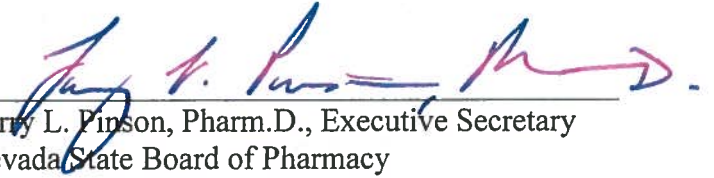
III.

The Board has reserved Wednesday, October 16, 2013, as the date for a hearing on this matter at the Hilton Garden Inn, 7830 South Las Vegas Boulevard, 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 28th day of August, 2013.


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

NEVADA STATE BOARD OF PHARMACY,

V.

Respondent.

ANSWER AND NOTICE OF DEFENSE

RECEIVED
SEP 23 2013

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

I admit to the technician involved as the Data entry, and I did post audit. I did catch the mistake upon the "post audit ave", under the supervision and request of my pharmacist, I did ask what we should do. About calling the Doctors office, as he was busy he said "yes, get them on the phone and see if that's what they wanted... I just did all what my pharmacist told me. I did not try to change the Rx, I just called and talked to the front end sir! that, that's what they wrote. and pts weight due to pharmacist requests. I did not call anyone else, Pharmacist called parent.

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

DATED this 15 day of September, 2013.


MONICA ANDREA MADRID, PT

5-29-13

To Whom it may concern,

I am writing a statement due to the incident that occurred with our Patient miss. Hannah Spears. As it occurred on that day there were three new prescriptions dropped off at our Store, Smiths Pharmacy, Store 347. As I can recall, the day these new prescriptions were brought in it was a Monday morning. There were three employees on at that time, The Pharmacy Manager, a Floater Technician and myself. It was a very busy day that day with about 200 prescriptions processed. As I was the Data entry station, I input the three new prescriptions for Hannah Spears. It came to my attention during the "Post Fill Audit", 24 hours audit, I noticed there was a mistake on the Azithromycin prescription. It occurred to me that the Rx read "Azithromycin 250, 1 everyday for 3 days. As I read and matched up what we processed it was typed and filled with Z-pack (Azithromycin 250), 5-day course, input with short sig. Zith- 5 day course directions. At that point I brought this to my Pharmacy Manager's attention. I specifically went to him at his work station and said "Hey Brian, I think we messed up, we did this wrong." I then stated to him this prescription is a 3 day course not the 5 day course for 250mg. Z-pack. At that point Brian told me the prescription was already picked up. I then asked Brian, what should we do, should we call the Doctor's office to see if they meant the Z-pack, because a 3-day course is normally a Tri-pack, 3 tabs of 500mg.

Brian then, said yes to call the Doctor's office. So, at that point I pursued to call the Doctor's office. I documented on the Hard copy that indeed it was to be Azithromycin 250mg. 1 every day for 3 days. I also documented the Patient's weight due to the fact that the prescription was already picked up, just in case the medication was taken as dispensed for Z-pack. At the time I called and spoke with the Doctor's office, Brian was then looking up information on Clinical Pharmacology for dosing/weight info and pursued to call the Patient's parents in regards to the misfill on the Azithromycin prescription. I then was ending my shift for the day. As I was leaving and packing up I overheard Brian speaking with a Parent of Henrah Spears. I heard him talking about possible side-effects, like diarrhea. At that moment, I realized the Patient did in fact took the first dose of Z-pack. I knew Brian was handling the situation so I then left for the day.

Me as a Pharmacy Technician have realized what went wrong with this misfill after I had caught the mistake during "Post Fill Audit". I picked the first highlighted generic for Z-pack (250 Azithromycin) and proceeded with Short Sig, Zith. I didn't pay attention to the directions on written prescription. I know I probably was trying to hurry through the typing process due to an

Short handed staff and quick wait time. I know this misfired could have been prevented. I could have paid attention more to all the information written on the prescription. I now know its very imperative to pay close attention, take my time when processing a prescription. I am trusted by my Pharmacist when I am the one who's data entry on a new prescription.

I feel horrible that this incident occurred, especially for the parents and Patient involved. I apologize for my part in not paying good, close attention. I have taken steps to making my workflow and work ethic to making sure nothing like this ever happens like this again.

As far as the misfill on the Fluoriscane prescription involved, I wasn't aware of that incident until the Staff Pharmacist brought it to my attention the next day. I was told the Pharmacist, Brian had know of that situation and spoke with the parents that night about both incidents.

Thank you
Monica Madrid

Monica Madrid
Smiths 347

Blank

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	
	)	CASE NOS. 13-017-RPH-S
Petitioner,	)	13-017-PT-S
v.	)	13-017-PH-S
)	
BRIAN H. WARD, RPH)	
Certificate of Registration No. 10498	)	NOTICE OF INTENDED
	)	ACTION
MONICA ANDREA MADRID, PT	)	AND ACCUSATION
Certificate of Registration No. PT03086)	
)	
SMITH'S PHARMACY #347)	
Certificate of Registration No. PH01356)	
)	
Respondents.)	
	/	

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

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because Respondent Brian H. Ward is a registered pharmacist with the Board; Respondent Monica Andrea Madrid is a registered pharmaceutical technician with the Board; and Respondent Smith's Pharmacy #347 (Smith's Pharmacy) is a registered pharmacy with the Board. Each respondent was registered with the Board at the time of the events alleged herein.

II.

On or about March 18, 2013, a physician saw ten-year-old patient HS and prescribed two medications; Azithromycin oral tablets 250 mg. (Prescription No. 6878780) and Fluticasone propionate HFA oral inhalation aerosol 110 mcg/ACT (Prescription No. 6878782). HS's father tendered both prescriptions to Smith's Pharmacy, and picked up the medications the same day.

III.

Respondent Ms. Madrid was the pharmaceutical technician who input the original prescription data for both prescriptions into Smith's Pharmacy's computer system. Respondent Mr. Ward was the verifying pharmacist for both prescriptions. Smith's Pharmacy records confirm that HS's father signed the patient counseling log indicating that counseling was provided for both of the medications.

1. ALLEGATIONS REGARDING THE PRESCRIPTION FOR AZITHROMYCIN ORAL TABLETS (PRESCRIPTION NO. 6878780).

IV.

HS's physician prescribed for HS a three day supply (three tablets) of azithromycin oral tablets 250 mg., with instructions to take a children's dose of **one tablet** by mouth every day for three days.

V.

When Respondent Ms. Madrid conducted a 24 hour "post fill audit" of the dispensed azithromycin prescription, she discovered that the dosing instructions and the quantity dispensed did not match the original prescription as written. During data entry, Ms. Madrid erred by selecting "azithromycin 250 (5 day course)" with dosing instructions to "**TAKE TWO TABLETS BY MOUTH AS ONE DOSE ON THE FIRST DAY THEN TAKE ONE TABLET DAILY THEREAFTER,**" which is the standard adult dose of azithromycin. Based on that error, Smith's Pharmacy dispensed six tablets, rather than the three tablets prescribed.

VI.

In a subsequent written statement, Ms. Madrid admitted that she "didn't pay attention to the directions on the written prescription." She "was trying to hurry through the typing process due to a shorthanded staff." Ms. Madrid said that she informed Respondent Mr. Ward of the error after the "post fill audit" of the prescription.

VII.

During the investigation, the Board Investigator learned that after discovering the error, Respondent Ms. Madrid called HS's physician's office to verify the prescription written for HS. In her written statement, Ms. Madrid stated: "I documented on the hard copy that indeed it was to be azithromycin 250 mg. 1 everyday for 3 days."

VIII.

Contrary to Respondent Ms. Madrid's statement, Respondent Mr. Ward first became aware of the misfill when he overheard Ms. Madrid talking to HS's father by telephone about an error on the azithromycin prescription. Upon overhearing that conversation, Mr. Ward "took over the phone" from Ms. Madrid. He then apologized to HS's father and advised him of the correct dosage. HS's father informed Mr. Ward that HS had already taken the first dose (two tablets) per the incorrect instructions on the label. Mr. Ward later learned that Ms. Madrid called HS's physician to request authorization to change the prescription to the (misfilled) adult dosage. Ms. Madrid placed the calls to HS's father and to the physician's office without Mr. Ward's direction or knowledge.

FIRST CAUSE OF ACTION

IX.

In failing to strictly follow the instructions of HS's physician by verifying and dispensing a quantity of six azithromycin 250 mg. oral tablets with incorrect dosing instructions, Respondent Brian Ward violated Nevada Administrative Code (NAC) 639.945(1)(d) and/or (i), which violations are grounds for action pursuant to Nevada Revised Statute (NRS) 639.210(4), (12) and/or NRS 639.255.

SECOND CAUSE OF ACTION

X.

In contacting HS's physician to request a change in HS's prescription to an adult dose, rather than the children's dose prescribed, Respondent Ms. Madrid operated outside of the scope

of her authority as a pharmaceutical technician in violation of NAC 639.245(3)(a) and/or NAC 639.945(1)(h) and/or (k), which violations are grounds for action pursuant to NRS 639.210(4), (12) and/or NRS 639.255.

THIRD CAUSE OF ACTION

XI.

In owning and operating the pharmacy in which the violations alleged in the First Cause of Action occurred, Smith's Pharmacy #347 violated NAC 639.945(1)(i) and/or (2), which violations are grounds for action pursuant to NRS 639.210(4), (12) and/or NRS 639.255.

2. ALLEGATIONS REGARDING THE PRESCRIPTION FOR FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 110 MCG/ACT (PRESCRIPTION NO. 6878782).

XII.

Patient HS's physician prescribed for HS fluticasone propionate HFA oral inhalation aerosol 110 mcg/ACT, with instructions to take orally two puffs twice a day every day. The physician wrote the prescription allowing the pharmacy to dispense a quantity of three (a ninety-day supply). The physician also authorized one refill.

XIII.

HS's mother realized prior to administering the fluticasone to HS that the prescription label indicated fluticasone **nasal spray**, not the fluticasone **oral inhalation** prescribed. Smith's Pharmacy dispensed **nasal spray** and labeled it with instructions to "**inhale 2 puffs by mouth** two times a day." Upon discovering the error, HS's mother contacted Smith's Pharmacy and spoke with Respondent Mr. Ward, who apologized for the misfill.

XIV.

During data entry, Respondent Ms. Madrid erred by inputting a unit of one fluticasone nasal spray with three refills into Smith's Pharmacy's computer system. Mr. Ward later stated to the Board Investigator that during verification of the fluticasone prescription, he was thinking

“nasal” and not “oral,” as prescribed. He corrected the refills to “1”, and thought that he had already performed all of the verification checks, when in fact, he had not.

XV.

The computer system screen prints provided by Smith’s District Manager indicate that during pre-verification, a Drug Utilization Review (DUR) warning appeared on the screen stating: “PA-PEDIATRIC PRECAUTION Severity Level: 3 – Warning Use of FLUTICASONE PROP 50 MCG SPRAY may be a concern in pediatric patients (4 years to 18 years old).” The evidence shows that Mr. Ward reviewed the warning.

XVI.

During counseling, Respondent Mr. Ward informed HS’s father “that this was a nasal spray steroid and failed to notice that the direction said by mouth.”

FOURTH CAUSE OF ACTION

XVII.

In failing to strictly follow the instructions of HS’s physician by verifying and dispensing fluticasone propionate 50 mcg nasal spray, rather than the fluticasone propionate HFA oral inhalation aerosol 110 mcg/ACT prescribed, Respondent Brian Ward violated NAC 639.945(1)(d) and/or (i), which violations are grounds for action pursuant to NRS 639.210(4), (12) and/or NRS 639.255.

FIFTH CAUSE OF ACTION

XVIII.

In failing to provide accurate counseling for HS’s new prescription, Respondent Brian Ward violated NAC 639.707(4)(e) and/or 639.945(1)(i), which violations are grounds for action pursuant to NRS 639.210(4) and/or (12), and/or NRS 639.255.


SIXTH CAUSE OF ACTION

XIX.

In owning and operating the pharmacy in which the alleged violations occurred, Smith's Pharmacy violated NAC 639.707(4)(e) and/or 639.945(1)(i) and/or (2), which violations are grounds for action pursuant to NRS 639.210(4), (12) and/or NRS 639.255.

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

Signed this 28th day of August, 2013.


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

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**SMITH'S PHARMACY #347
Certificate of Registration No. PH01108**

Respondent.

)
) **CASE NO . 13-017-PH-S**
)
)
) **STATEMENT TO THE**
) **RESPONDENT**
) **NOTICE OF INTENDED ACTION**
) **AND ACCUSATION**
) **RIGHT TO HEARING**

TO THE RESPONDENT ABOVE-SAMED: 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. 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, October 16, 2013, as the date for a hearing on this matter at the Hilton Garden Inn, 7830 South Las Vegas Boulevard, Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

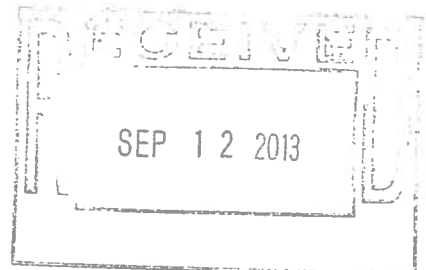
IV.

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 28th day of August, 2013.



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



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 10th day of September, 2013.

Blair S. Woolf, Pharmacy Director
Print or Type name

Blair S. Woolf
For SMITH'S PHARMACY #347

IV.

Ms. Laska also admitted to processing fraudulent refunds through the cash register and collecting the money for herself. Ms. Laska has been processing fraudulent cash refunds since late 2011. Smith's investigation revealed that Ms. Laska embezzled approximately \$2,293.29 during the period January 5, 2013 through June 10, 2013. The total dollar amount embezzled by Ms. Laska from late 2011, through July 8, 2013, has not yet been determined.

FIRST CAUSE OF ACTION

V.

In diverting controlled substances, namely, hydrocodone/APAP 10-500, Diana Laska violated Nevada Revised Statute (NRS) 453.331(1)(d), NRS 453.336(1), NRS 453.338(1), and/or Nevada Administrative Code (NAC) 639.945(1)(g) and/or (h), which violations are grounds for action against Ms. Laska's registration pursuant to NRS 639.210(1), (4), (11), and/or (12), as well as NRS 639.255.


SECOND CAUSE OF ACTION

VI.

In embezzling money from CVS Pharmacy #8804, Diana Laska violated NAC 639.945(1)(h), which violations are grounds for action pursuant to NRS 639.210(1) and/or (4), , as well as NRS 639.255.

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 23rd day of August, 2013.


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

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

DIANA LASKA, PT

Certificate of Registration No. PT10354

Respondent.

)

) **CASE NO. 13-040-PT-S**

)

)

) **STATEMENT TO THE RESPONDENT**

) **NOTICE OF INTENDED ACTION**

) **AND ACCUSATION**

) **RIGHT TO HEARING**

)

/

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

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B, 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 Board 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 Board within fifteen (15) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.

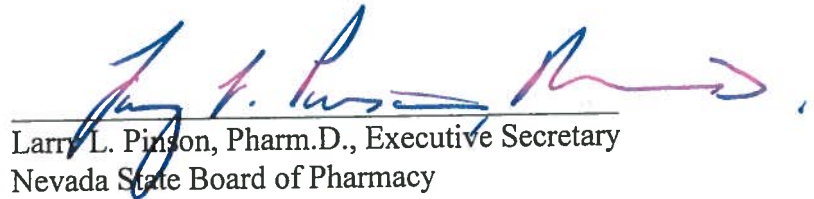
III.

The Board has reserved Wednesday, October 16, 2013, as the date for a hearing on this matter at the Hilton Garden Inn, 7830 South Las Vegas Boulevard, 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 23 day of August, 2013.



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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	
	)	CASE NO. 13-040-PT-S
Petitioner,)	
v.)	
)	
DIANA LASKA, PT	)	ANSWER AND NOTICE
Certificate of Registration No. PT10354	)	OF DEFENSE
)	
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 _____, 2013.

DIANA LASKA, PT

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	
	)	CASE NO. 13-042-PTT-S
Petitioner,)	
v.)	
)	
JACOB DONALD YOUNG, PTT	)	NOTICE OF INTENDED ACTION
Certificate of Registration No. PT14241	)	AND ACCUSATION
)	
)	
Respondent.)	
	/	

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

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because Respondent Jacob Donald Young, PTT, was a registered pharmaceutical technician in training with the Board at the time of the events alleged herein.

II.

On or about August 19, 2013, Board Staff received written notification from Matthew Ray, CVS/Caremark Pharmacy Supervisor, that CVS had terminated Jacob Young from his employment as a pharmaceutical technician in training at CVS Pharmacy #8794, located at 1600 North Buffalo Drive, Las Vegas, Nevada. Mr. Young was terminated for diversion of controlled substances.

III.

During an interview conducted by CVS/Caremark's Regional Loss Prevention Manager, and in a subsequent written statement, Mr. Young admitted to diverting 30 tramadol 100 mg. extended release tablets, approximately 35-65 hydrocodone /APAP 10-325 tablets and approximately 15-35 carisoprodol 350 mg. tablets. Mr. Young diverted the controlled substances from March, 2013 through August 5, 2013.

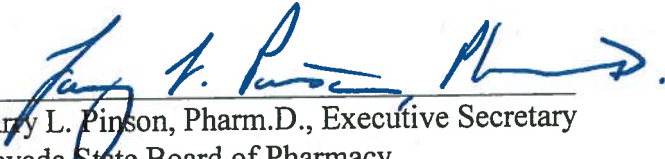
FIRST CAUSE OF ACTION

IV.

In diverting controlled substances, namely, hydrocodone/APAP 10-325, tramadol 100 mg. extended release tablets, and carisoprodol 350 mg. tablets, Jacob Young violated Nevada Revised Statute (NRS) 453.331(1)(d) and/or NRS 453.336(1), and/or Nevada Administrative Code (NAC) 639.945(1)(g) and/or (h), which violations are grounds for action pursuant to NRS 639.210(1), (4), (11), and/or (12), as well as NRS 639.255.

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 23rd day of August, 2013.


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

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	
	)	CASE NO. 13-042-PTT-S
Petitioner,)	
v.)	
)	
JACOB DONALD YOUNG, PTT	)	ANSWER AND NOTICE
Certificate of Registration No. PT14241	)	OF DEFENSE
)	
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 _____, 2013.

JACOB DONALD YOUNG, PTT

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

V.

JACOB DONALD YOUNG, PTT
Certificate of Registration No. PT14241

Respondent.

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CASE NO. 13-042-PTT-S

STATEMENT TO THE RESPONDENT

NOTICE OF INTENDED ACTION

AND ACCUSATION

RIGHT TO HEARING

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

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B, 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 Board 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 Board within fifteen (15) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.

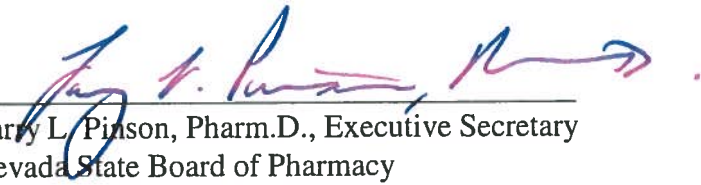
III.

The Board has reserved Wednesday, October 16, 2013, as the date for a hearing on this matter at the Hilton Garden Inn, 7830 South Las Vegas Boulevard, 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 23rd day of August, 2013.



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

system, and scanned the hard copy of the prescription to create an image. Ms. Spath interpreted the medication written on the prescription, Norco, as Norvasc (amlodipine), and input amlodipine 10 mg. tablets with instructions to take one tablet by mouth twice daily. A drug utilization review (DUR) alert screen appeared after Ms. Spath entered the prescription information. CVS's software allowed Ms. Spath to override the DUR alert from her computer, which she did.

V.

The pharmaceutical technician at the Production step of CVS's filling process filled the prescription for pharmacist verification. During verification, Pharmacist Chamnong reviewed the prescription bottle against the scanned prescription image in the computer. He failed to recognize the medication error, and verified the prescription. Mr. Chamnong also overrode the DUR alert he received, rather than contacting the physician to verify the prescription.

FIRST CAUSE OF ACTION

VI.

In failing to strictly follow the instructions of Ms. Freitas' physician by verifying and dispensing her prescription written for Norco 10 mg. tablets with amlodipine (Norvasc) 10 mg. tablets, Pharmacist Chamnong violated NRS 639.210(4) and/or (12) and/or NAC 639.945(1)(d) and/or (i).

SECOND CAUSE OF ACTION

VII.

In failing to provide counseling for Ms. Freitas' new prescription, Pharmacist Chamnong and CVS Pharmacy #2990 violated NRS 639.210(4) and/or (12) and/or 639.266(1) and/or NAC 639.707(1)(a) and/or (6) and/or 639.945(1)(i).

THIRD CAUSE OF ACTION

VIII.

In allowing a pharmaceutical technician to override a DUR alert, CVS Pharmacy #2990 violated NRS 639.210(4) and/or (12) and/or NAC 639.245(3)(a) and/or NAC 639.945(1)(i).


FOURTH CAUSE OF ACTION

IX.

In owning and operating the pharmacy in which the violations alleged above occurred, CVS Pharmacy #2990 violated NRS 639.210(4) and/or (12) and/or NAC 639.945(1)(i) and/or (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 19th day of March, 2013.


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

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	
	)	CASE NO . 12-016-RPH-S
Petitioner,)	
v.)	
	)	STATEMENT TO THE RESPONDENT
PORNPOT CHAMNONG, RPH	)	NOTICE OF INTENDED ACTION
Certificate of Registration No. 11484	)	AND ACCUSATION
	)	RIGHT TO HEARING
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 (Board) 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 Board 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 Board 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, April 17, 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 19th day of March, 2013.


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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	
	)	CASE NO. 12-016-RPH-S
Petitioner,)	
v.)	
	)	ANSWER AND
PORNPOT CHAMNONG, RPH	)	NOTICE OF DEFENSE
Certificate of Registration No. 11484)	
)	
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 _____, 2013.

Pornpot Chamnong, R.Ph.

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NEVADA STATE BOARD OF PHARMACY,

v.

CVS PHARMACY #2990
Certificate of Registration No. PH01671

Respondents

)
)
) CASE NO. 12-016-RPH-S
) CASE NO. 12-016-PH-S
)
) NOTICE OF INTENDED ACTION
) AND ACCUSATION
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I.

II.

III.

IV.

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system, and scanned the hard copy of the prescription to create an image. Ms. Spath interpreted the medication written on the prescription, Norco, as Norvasc (amlodipine), and input amlodipine 10 mg. tablets with instructions to take one tablet by mouth twice daily. A drug utilization review (DUR) alert screen appeared after Ms. Spath entered the prescription information. CVS's software allowed Ms. Spath to override the DUR alert from her computer, which she did.

V.

The pharmaceutical technician at the Production step of CVS's filling process filled the prescription for pharmacist verification. During verification, Pharmacist Chamnong reviewed the prescription bottle against the scanned prescription image in the computer. He failed to recognize the medication error, and verified the prescription. Mr. Chamnong also overrode the DUR alert he received, rather than contacting the physician to verify the prescription.

FIRST CAUSE OF ACTION

VI.

In failing to strictly follow the instructions of Ms. Freitas' physician by verifying and dispensing her prescription written for Norco 10 mg. tablets with amlodipine (Norvasc) 10 mg. tablets, Pharmacist Chamnong violated NRS 639.210(4) and/or (12) and/or NAC 639.945(1)(d) and/or (i).

SECOND CAUSE OF ACTION

VII.

In failing to provide counseling for Ms. Freitas' new prescription, Pharmacist Chamnong and CVS Pharmacy #2990 violated NRS 639.210(4) and/or (12) and/or 639.266(1) and/or NAC 639.707(1)(a) and/or (6) and/or 639.945(1)(i).

THIRD CAUSE OF ACTION

VIII.

In allowing a pharmaceutical technician to override a DUR alert, CVS Pharmacy #2990 violated NRS 639.210(4) and/or (12) and/or NAC 639.245(3)(a) and/or NAC 639.945(1)(i).


FOURTH CAUSE OF ACTION

IX.

In owning and operating the pharmacy in which the violations alleged above occurred, CVS Pharmacy #2990 violated NRS 639.210(4) and/or (12) and/or NAC 639.945(1)(i) and/or (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 19th day of March, 2013.



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


NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

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 19th day of March, 2013.


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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	
	)	CASE NO. 12-016-PH-S
Petitioner,)	
v.)	
	)	ANSWER AND
CVS PHARMACY #2990	)	NOTICE OF DEFENSE
Certificate of Registration No. PH01671)	
)	
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 _____, 2013.

Type or print name

Authorized Representative For
CVS Pharmacy #2990

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NEVADA STATE BOARD OF PHARMACY,)

Petitioner,)

V.

TINA TENG-LIEUALLEN, RPH
Certificate of Registration No. 13367

VON'S PHARMACY #2395
Certificate of Registration No. PH01253

Respondents.)

**CASE NOS. 12-025-RPH-S
12-025-PH-S**

NOTICE OF INTENDED ACTION AND ACCUSATION

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

L.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, Respondent Teng-Lieuallen was a registered pharmacist with the Board and Respondent Von's Pharmacy #2395 was a registered pharmacy with the Board.

II.

On or about February 24, 2012, four-year-old Welsh Terrier Marlee Marshall was seen by his veterinarian at the Ark Animal Clinic. Marlee's veterinarian prescribed ten (10) azathioprine 50 mg. tablets with instructions to take **one-half tablet** by mouth every twenty-four hours. CM, Marlee's owner, tendered the prescription to Von's Pharmacy #2395 and pickup up Marlee's medication the same day.

III.

CM, Marlee's owner, administered the medication to Marlee on February 24, 2012 and February 25, 2012, per the dosing instructions on the prescription label.

IV.

CM took the medication to Marlee's next appointment at the Ark Animal Clinic. During that appointment, Marlee's veterinarian discovered that Marlee's prescription had been filled with azathioprine 50 mg. tablets as directed, but with instructions to take **two tablets (100 mg.)** every twenty-four hours, rather than the prescribed **one-half tablet (25 mg.)** every twenty-four hours.

V.

During the investigation, the Board Investigator learned that a pharmaceutical technician input the original prescription data into the computer system. The quantity for the daily dosage on the written prescription read "ss" (roman numeral for 1/2). The pharmaceutical technician interpreted the two dots above the "ss" to be "ii" (roman numeral for 2). The technician consulted with her supervising pharmacist, Respondent Ms. Teng-Lieuallen, who verified the quantity as "two" tablets.

VI.

The "Transaction List Detail" generated from Von's Pharmacy's electronic counseling documentation system indicates that patient counseling was accepted. When interviewed by the Board Investigator, CM said that he signed for picking up the prescription, but counseling was not provided. When interviewed by the Board Investigator, Ms. Teng-Lieuallen acknowledged that counseling for Marlee's caregiver (CM) most likely did not occur. In a written statement, Ms. Teng-Lieuallen indicated that the incident occurred "during a shift change when the pharmacy volume and transition was not as smooth as normally and the volume of work may have been a factor."

FIRST CAUSE OF ACTION

VII.

In failing to strictly follow the instructions of Marlee Marshall's veterinarian, Tina Teng-Lieuallen violated Nevada Administrative Code (NAC) 639.945(1)(d) and/or (i),

which violations are grounds for action pursuant to Nevada Revised Statute (NRS) 639.210(4), (11), and/or (12), as well as NRS 639.255.

SECOND CAUSE OF ACTION

VIII.

In failing to provide counseling for Marlee Marshall's new prescription, Tina Teng-Lieuallen violated NRS 639.266(1) and/or NAC 639.707(1)(a), (4)(e) and/or NAC 639.945(1)(i), which violations are grounds for action pursuant to NRS 639.210(4), (11) and/or (12) and/or and/or NRS 639.255.


THIRD CAUSE OF ACTION

IX.

In owning and operating the pharmacy in which the alleged violations occurred, Von's Pharmacy #2395 violated NAC 639.945(1)(i) and/or (2), which violations are grounds for action pursuant to NRS 639.210(4), (11) and/or (12) and/or NRS 639.255.

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 28th day of August, 2013.


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

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

TINA TENG-LIEUALLEN, RPH

Certificate of Registration No. 13367

Respondent.

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CASE NO . 12-025-RPH-S

STATEMENT TO THE RESPONDENT

NOTICE OF INTENDED ACTION

AND ACCUSATION

RIGHT TO HEARING

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. 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, October 16, 2013, as the date for a hearing on this matter at the Hilton Garden Inn, 7830 South Las Vegas Boulevard, 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 29th day of August, 2013.


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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	
	)	CASE NO. 12-025-RPH-S
Petitioner,)	
v.)	
	)	ANSWER AND
TINA TENG-LIEUALLEN, RPH	)	NOTICE OF DEFENSE
Certificate of Registration No. 13367)	
)	
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 _____, 2013.

TINA TENG-LIEUALLEN, RPH

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	
	)	CASE NOS. 12-025-RPH-S
Petitioner,	)	12-025-PH-S
v.)	
)	
TINA TENG-LIEUALLEN, RPH	)	NOTICE OF INTENDED ACTION
Certificate of Registration No. 13367	)	AND ACCUSATION
)	
VON'S PHARMACY #2395)	
Certificate of Registration No. PH01253)	
)	
Respondents.)	
)	
	/	

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

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, Respondent Teng-Lieuallen was a registered pharmacist with the Board and Respondent Von's Pharmacy #2395 was a registered pharmacy with the Board.

II.

On or about February 24, 2012, four-year-old Welsh Terrier Marlee Marshall was seen by his veterinarian at the Ark Animal Clinic. Marlee's veterinarian prescribed ten (10) azathioprine 50 mg. tablets with instructions to take **one-half tablet** by mouth every twenty-four hours. CM, Marlee's owner, tendered the prescription to Von's Pharmacy #2395 and pickup up Marlee's medication the same day.

III.

CM, Marlee's owner, administered the medication to Marlee on February 24, 2012 and February 25, 2012, per the dosing instructions on the prescription label.

IV.

CM took the medication to Marlee's next appointment at the Ark Animal Clinic. During that appointment, Marlee's veterinarian discovered that Marlee's prescription had been filled with azathioprine 50 mg. tablets as directed, but with instructions to take **two tablets (100 mg.)** every twenty-four hours, rather than the prescribed **one-half tablet (25 mg.)** every twenty-four hours.

V.

During the investigation, the Board Investigator learned that a pharmaceutical technician input the original prescription data into the computer system. The quantity for the daily dosage on the written prescription read "ss" (roman numeral for ½). The pharmaceutical technician interpreted the two dots above the "ss" to be "ii" (roman numeral for 2). The technician consulted with her supervising pharmacist, Respondent Ms. Teng-Lieuallen, who verified the quantity as "two" tablets.

VI.

The "Transaction List Detail" generated from Von's Pharmacy's electronic counseling documentation system indicates that patient counseling was accepted. When interviewed by the Board Investigator, CM said that he signed for picking up the prescription, but counseling was not provided. When interviewed by the Board Investigator, Ms. Teng-Lieuallen acknowledged that counseling for Marlee's caregiver (CM) most likely did not occur. In a written statement, Ms. Teng-Lieuallen indicated that the incident occurred "during a shift change when the pharmacy volume and transition was not as smooth as normally and the volume of work may have been a factor."

FIRST CAUSE OF ACTION

VII.

In failing to strictly follow the instructions of Marlee Marshall's veterinarian, Tina Teng-Lieuallen violated Nevada Administrative Code (NAC) 639.945(1)(d) and/or (i),

which violations are grounds for action pursuant to Nevada Revised Statute (NRS) 639.210(4), (11), and/or (12), as well as NRS 639.255.

SECOND CAUSE OF ACTION

VIII.

In failing to provide counseling for Marlee Marshall's new prescription, Tina Teng-Lieuallen violated NRS 639.266(1) and/or NAC 639.707(1)(a), (4)(e) and/or NAC 639.945(1)(i), which violations are grounds for action pursuant to NRS 639.210(4), (11) and/or (12) and/or and/or NRS 639.255.


THIRD CAUSE OF ACTION

IX.

In owning and operating the pharmacy in which the alleged violations occurred, Von's Pharmacy #2395 violated NAC 639.945(1)(i) and/or (2), which violations are grounds for action pursuant to NRS 639.210(4), (11) and/or (12) and/or NRS 639.255.

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 28th day of August, 2013.


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

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

VON'S PHARMACY #2395

Certificate of Registration No. PH01253

Respondent.

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CASE NO . 12-025-PH-S

STATEMENT TO THE RESPONDENT

NOTICE OF INTENDED ACTION

AND ACCUSATION

RIGHT TO HEARING

TO THE RESPONDENT ABOVE-SAMED: 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. 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.

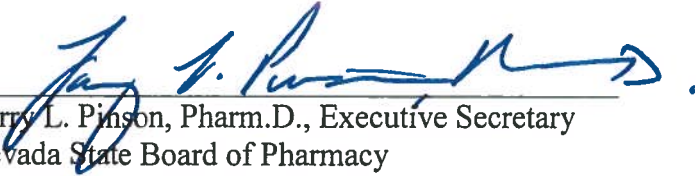
III.

The Board has reserved Wednesday, October 16, 2013, as the date for a hearing on this matter at the Hilton Garden Inn, 7830 South Las Vegas Boulevard, 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 28th day of August, 2013.



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

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

- Vons admits to the pharmacist not counseling the dog's owner.
- the way the prescription was written by the veterinarian was not clear as to the directed amounts to be given to the dog.

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 12th day of September, 2013.

PAUL KNER
Print or Type name

Paul Kner
For VON'S PHARMACY #2395

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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: WELL CARE COMPOUNDING PHARMACY II

Physical Address: 542 S. DECATUR BLVD

Mailing Address: " " "

City: LAS VEGAS State: NV Zip Code: 89107

Telephone: 702 576 9545 Fax: 702 946-0353

Toll Free Number: 855-4-WELLRX

E-mail: INFO@MYWELLCAREPHARMACY.COM Website: WWW.MYWELLCAREPHARMACY.COM

Managing Pharmacist: MARCELINO CASIM License Number: 13672

Hours of Operation:

Monday thru Friday 9 am 7 pm Saturday closed am pm
Sunday closed am pm 24 Hours

TYPE OF PHARMACY

SERVICES PROVIDED

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

This page must be submitted for all types of ownership.

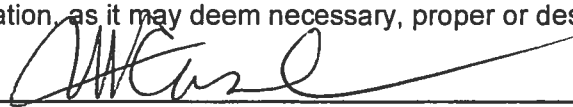
Within the last five (5) years:

- 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

Marcelino Casal
Print Name of Authorized Person

Sept. 18. 2013
Date

Board Use Only

Received: 9/30/13 Amount: \$500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: NEVADA
Parent Company if any: WELL CARE DISCOUNT PHARMACY, LLC
Corporation Name: WELL CARE DISCOUNT PHARMACY, LLC
Mailing Address: 4101 WAGON TRAIL AVE
City: LAS VEGAS State: NV Zip: 89118
Telephone: 702 516 9545 Fax: 702 946-0353
Contact Person: MARCELINO CASAL

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>MARCELINO CASAL</u>	<u>2768 TYNDAL AVE</u>	<u>HENDERSON, NV 89044</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:	<u>N/A</u>	%:	<u></u>
Name:	<u>N/A</u>	%:	<u></u>

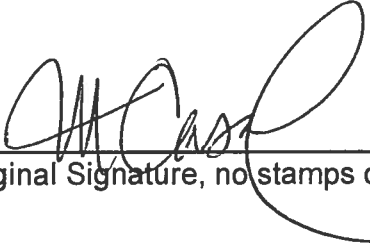
STATEMENT OF RESPONSIBILITY - Pharmacy
For Corporations, Partnership or Sole Owners

I, Marcelino Casal
Responsible Person of well core Discount Pharmacy, LLC
hereby acknowledge and understand that in addition to the corporation's, any owner(s),
shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy
law that may occur in a pharmacy owned or operated by said company.

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

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

I further acknowledge and understand that upon the change of managing pharmacist in the
pharmacy, the owners must assure that an accountability audit of all controlled substances shall
be performed jointly by the departing managing pharmacist and the new managing pharmacist.


Original Signature, no stamps or copies

Sept. 18. 2013
Date

Statement of Responsibility

Managing Pharmacist

Pharmacist Name: marcelino casal License #: 13612

Pharmacy Name: Well Care Discount Pharmacy, LLC

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	<input type="checkbox"/>	<input type="checkbox"/>
2. been the subject of an administrative action whether completed or pending in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If you marked YES to any of the numbered questions above, please include the following information		
Board Administrative Action:	State: _____	Date: _____ Case #: _____
And/or Criminal Action:	State: _____	Date: _____ Case #: _____
County	_____	Court: _____

Blank

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR 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
(Please provide current license number if making changes: PH <u>02877</u>) | <input checked="" 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 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: INTEGRATED HEALTH CONCEPTS DBA CONVERSIO HEALTH

Physical Address: 720 AEROVISTA PLACE, SUITE D

Mailing Address: 720 AEROVISTA PLACE, SUITE A

City: SAN LUIS OBISPO State: CA Zip Code: 93401

Telephone: (866) 239-3784 Fax: (800) 977-9255

Toll Free Number: (866) 239-3784 (Required per NAC 639.708)

E-mail: DHENDERSON@IHCMEDS.COM Website: WWW.IHCMEDS.COM

Managing Pharmacist: KATHRYN ANDRUSKO-FURPHY License Number: CA# RPH40143

Hours of Operation:

Monday thru Friday 8:00 am 5:00 pm PST Saturday ON CALL am _____ pm

Sunday ON CALL am _____ pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

- | | |
|--|---|
| <input checked="" type="checkbox"/> Retail
<input type="checkbox"/> 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 |
|--|---|

Pharmacy Name: Conversio Health

TYPE OF PHARMACY AND		SERVICES PROVIDED
Yes/No		Yes/No
x <input type="checkbox"/> Retail		<input type="checkbox"/> x Off-site Cognitive Services
<input type="checkbox"/> x Hospital (# beds ____)		<input type="checkbox"/> x Parenteral **
<input type="checkbox"/> x Internet		<input type="checkbox"/> x Parenteral (outpatient)
<input type="checkbox"/> x Nuclear		<input type="checkbox"/> x Outpatient/Discharge
<input type="checkbox"/> x Ambulatory Surgery Center		x <input type="checkbox"/> Mail Service
x <input type="checkbox"/> Other: <u>Non-resident</u>		<input type="checkbox"/> x Long Term Care
		x <input type="checkbox"/> Sterile Compounding **
		<input type="checkbox"/> x Non Sterile Compounding
		x <input type="checkbox"/> Mail Service Sterile
		x <input type="checkbox"/> Other Services:
Compounding **		
Supplies – Ostomy, urologic, wound care, diabetic testing, CPAP equipment & supplies.		

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

APPLICATION FOR OUT-OFSTATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

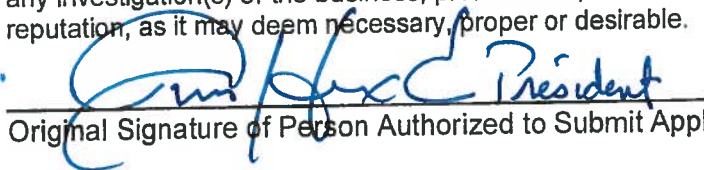
Within the last five (5) years:

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

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

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

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


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

JAMES HOXTER, PRESIDENT
Print Name of Authorized Person

8/27/2013
Date

Board Use Only

Received:

9/16/13

Amount:

\$500.00

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

State of Incorporation: CALIFORNIA
Parent Company if any: CONVERSIO HEALTH, LLC
Corporation Name: INTEGRATED HEALTH CONCEPTS, INC.
Mailing Address: 720 AEROVISTA PLACE SUITE A
City: SAN LUIS OBISPO State: CA Zip: 93401
Telephone: (866) 239-3784 Fax: (800) 977-9255
Contact Person: DEBBIE HENDERSON, (866) 239-3784 x209

For any corporation non publicly traded, disclose the following:

- 1) List top 4 persons to whom the shares were issued by the corporation?
 - a) JAMES HOXTER* 2475 IRONSTONE LOOP, TEMPLETON, CA 93465 (100%)
Name Address
*NOTE: ON OR AROUND SEPT. 30, 2013, IHC WILL ISSUE SHARES TO KIRK
 - b) CLOVE COMPRISING 50% OF THE OWNERSHIP OF THE CORPORATION. ON THE
Name Address
SAME DATE, BOTH J. HOXTER AND K. CLOVE WILL TRANSFER 100% OF SHARES
 - c) TO CONVERSIO HEALTH LLC (SEE SECS. 3 & 4, ATTACHED, FOR MORE INFO).
Name Address
 - d) _____
Name Address
- 2) Provide the number of shares issued by the corporation. 20,000
- 3) What was the price paid per share? NO PAR
- 4) What date did the corporation actually receive the cash assets? FEB. 13, 2001
- 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, JAMES HOXTER, PRESIDENT,
Responsible Person of INTEGRATED HEALTH CONCEPTS, 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 HOXTER, PRESIDENT
Print Name of Authorized Person

8/27/2013
Date

Blank

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

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

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

Application must be printed legibly or typed

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

- | | |
|---|--|
| <input checked="" type="checkbox"/> New Pharmacy
(Please provide current license number if making changes: PH _____) | <input type="checkbox"/> Ownership Change |
| <input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7 | <input type="checkbox"/> Partnership - Pages 1,2,5,7 |
| <input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages <u>1,2,4,7</u> | <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: Dr. N. Vahedi Pharmacy, Inc. DBA Fusion Rx Compounding

Physical Address: 2001 Westwood Blvd Ste A LA CA 90025 Pharmace

Mailing Address: 2001 Westwood Blvd #A

City: Los Angeles State: CA Zip Code: 90025

Telephone: 310 204 6676 Fax: 310 204 6678

Toll Free Number: 888 792 6676 (Required per NAC 639.708)

E-mail: info@fusionrx.net Website: fusionrx.net

Managing Pharmacist: David Vahedi License Number: RPH 59537

Hours of Operation:

Monday thru Friday 9 am 6:30 pm

Saturday Closed am _____ pm

Sunday Closed am _____ pm

24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

- | | |
|---|---|
| <input checked="" type="checkbox"/> Retail
<input type="checkbox"/> Hospital (# beds _____)
<input type="checkbox"/> Internet
<input type="checkbox"/> Nuclear
<input 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 |
|---|---|

Pharmacy Name: Fusion Rx Compounding Pharmacy

TYPE OF PHARMACY AND		SERVICES PROVIDED
Yes/No		Yes/No
<input checked="" type="checkbox"/> <input type="checkbox"/> Retail		<input type="checkbox"/> <input type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> <input type="checkbox"/> Hospital (# beds ____)		<input type="checkbox"/> <input type="checkbox"/> Parenteral **
<input type="checkbox"/> <input type="checkbox"/> Internet		<input type="checkbox"/> <input type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> <input type="checkbox"/> Nuclear		<input type="checkbox"/> <input type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> <input type="checkbox"/> Ambulatory Surgery Center		<input type="checkbox"/> <input type="checkbox"/> Mail Service
<input type="checkbox"/> <input type="checkbox"/> Other: _____		<input type="checkbox"/> <input type="checkbox"/> Long Term Care
		<input checked="" type="checkbox"/> <input type="checkbox"/> Sterile Compounding **
		<input checked="" type="checkbox"/> <input type="checkbox"/> Non Sterile Compounding
		<input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service Sterile
		<input type="checkbox"/> <input type="checkbox"/> Other Services: _____

Compounding **

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

Fax

- 775-850-1444

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

David Vahedi
Print Name of Authorized Person

9/13/13
Date

Board Use Only

Received: 9/19/13

Amount: \$500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: California
Parent Company if any: N/A
Corporation Name: Dr. N. Vahedi Pharmacy, Inc.
Mailing Address: 2001 Westward Blvd #A
City: Los Angeles State: CA Zip: 90025
Telephone: (310) 204 6676 Fax: 310 204 6678
Contact Person: David Vahedi

For any corporation non publicly traded, disclose the following:

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

a) David Vahedi (100%) 10707 Missouri Ave # 401 LA CA 90025
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. 1,000

3) What was the price paid per share? \$0.01

4) What date did the corporation actually receive the cash assets? 3/16/09

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: N/A %: _____

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

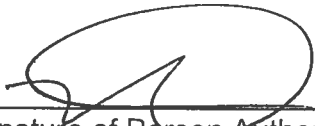
I, Navid Vahedi

Responsible Person of Fusion Rx 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

Navid Vahedi

Print Name of Authorized Person

9/13/13

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

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GOVERNOR EDMUND G. BROWN JR.

July 25, 2013

FUSION RX COMPOUNDING PHARMACY
2001 WESTWOOD BLVD SUITE A
LOS ANGELES, CA 90025

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: FUSION RX COMPOUNDING PHARMACY

License Type: PHARMACY

License Number: PHY 49937

Status: ACTIVE

Issue Date: 06/09/09

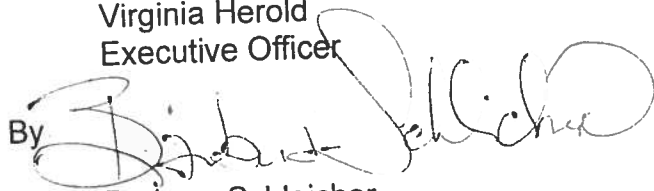
Expiration Date: 06/01/14

Address of Record: 2001 WESTWOOD BLVD SUITE A LOS ANGELES, CA 90025

Disciplinary Action: NO RECORD OF DISCIPLINARY ACTION

Virginia Herold
Executive Officer

By


Barbera Schleicher
Public Inquiry Analyst
(916) 574-7922

Barbera.Schleicher@dca.ca.gov

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: Innovation Compounding, Inc.

Physical Address: 10095 Pine Mountain Rd NW Ste 108

Mailing Address: Same

City: Kennesaw State: GA Zip Code: 30152

Telephone: 770-421-1399 Fax: 770-426-1965

Toll Free Number: 800-547-1399 (Required per NAC 639.708)

E-mail: pharmacist@innovationcompounding.com Website: www.innovationcompounding.com

Managing Pharmacist: Shawn Hodges License Number: RPH023486

Hours of Operation:

Monday thru Friday 9 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 <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 checked="" type="checkbox"/> Parenteral <input checked="" type="checkbox"/> Parenteral (outpatient) - <i>injections only</i> <input type="checkbox"/> Outpatient/Discharge <input type="checkbox"/> Mail Service <input type="checkbox"/> Long Term Care
---	---

APPLICATION FOR OUT-OFSTATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

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

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

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



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

Shawn E. Hodges, PharmD
Print Name of Authorized Person

3/25/13
Date

Board Use Only

Received: _____

Amount: \$500.00

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

State of Incorporation: Georgia
Parent Company if any: N/A
Corporation Name: Innovation Compounding, Inc.
Mailing Address: 6095 Pine Mountain Rd NW Ste 108
City: Kennesaw State: GA Zip: 30152
Telephone: 770-421-1399 Fax: 770-426-1965
Contact Person: Shawn Hodges

For any corporation non publicly traded, disclose the following:

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

a) Shawn Hodges 1972 Barrett Knoll Circle Kennesaw, GA 30152
Name Address

b) Joseph Clark Aaron 1425 Ridgeway Blvd # 1004 Kennesaw
Name Address GA 30152

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. 1,000,000

3) What was the price paid per share? \$3.825

4) What date did the corporation actually receive the cash assets? 1/31/2007

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.

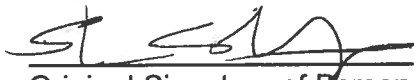
List of officers and directors

CORPORATE STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Shawn E. Hodges, PharmD
Responsible Person of Innovation Compounding, 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

Shawn E. Hodges, PharmD
Print Name of Authorized Person

3/34/13
Date



The Office of Secretary of State
Professional Licensing Boards Division

Date Mailed: September 6, 2012

Pharmacy

Innovation Compounding
6095 Pine Mountain Rd, NW Ste 108
Kennesaw, GA 30152

Full Name:	Innovation Compounding Inc	Date Issued:	04/25/2007
Type of License:	Retail Pharmacy	Obtained By:	Transfer
License No.:	PHRE009149	Expiration Date:	06/30/2013
License Status:	Active		
Public Board			
Order:	None		

VERIFICATION OF LICENSURE

The information above is the only licensure certification information provided by this Division. If other information is needed, it must be obtained from the above-named individual or the agency or institution which initially generated the information. If this verification indicates that a board order exists, please visit our website at <https://secure.sos.state.ga.us/myverification/> to obtain a copy of the board order.

Lisa W. Durden
Division Director

PROFESSIONAL LICENSING BOARDS

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.

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

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input 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 to be completed by all types of ownership

MDEG Name: BETHESDA LAKE MEDICAL SUPPLIES, INC.

Physical Address: 1336 S Decatur Blvd., Las Vegas NV 89102-8510
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 1336 S Decatur Blvd.

City: Las Vegas State: NV Zip Code: 89102-8510

Telephone: (702) 255-2174 Fax: (702) 255-2964

E-mail: bethesdalakemedical@gmail.com Website: NONE

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

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

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: JANET PATCHETT

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

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

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

64658

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

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

Medicare - will apply for provider number _____

Medicaid - will apply _____

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

<input type="checkbox"/> Practitioner	Name: <u>N/A</u>
<input type="checkbox"/> Advanced Practitioner of Nursing	Name: _____
<input type="checkbox"/> Physician's Assistant	Name: _____
<input type="checkbox"/> Physical Therapist	Name: _____
<input type="checkbox"/> Occupational Therapist	Name: _____
<input type="checkbox"/> Registered Nurse	Name: _____
<input type="checkbox"/> Respiratory Therapist	Name: _____

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

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

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

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

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

x

Joseph C. Buban

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

JOSEPH C BUBAN

Print Name of Authorized Person

09-04-2013

Date

Board Use Only

Received: 9/30/13

Amount: \$ 500.00

APPLICATION FOR NEVADA MDEG LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: NEVADA
Parent Company if any: N/A
Corporation Name: BETHESDA LAKE MEDICAL SUPPLIES, INC.
Mailing Address: 1336 S. Decatur Blvd.
City: Las Vegas State: NV Zip: 89102-8510
Telephone: (702)255-2174 Fax: (702)255-2964
Contact Person: JOSEPH CHRISTIAN BUBAN

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>JOSEPH CHRISTIAN BUBAN</u>	<u>9655 Las Vegas Blvd#119 Las Vegas NV</u>
	Name	Address 89123
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. 100
3) What was the price paid per share? - 0 -
4) What date did the corporation actually receive the cash assets? 09-18-13
5) Provide a copy of the corporation's stock register evidencing the above information
Pls see attached

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

✓ Date 09-04-13

GENERAL INSTRUCTIONS

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

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

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

Application for Medical Equipment and Supplies

Nature of License

BETHESDA LAKE MEDICAL SUPPLY, 1336 South Decatur Blvd, Las Vegas NV 89102

Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name	First Name	Middle Name
BUBAN	JOSEPH	CHRISTIAN

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

N/A

Present Residence Address-Street or RFD	Dates	City	State/Zip
9655 Las Vegas Blvd	03-2011 to present	Las Vegas	NV 89123

Present Business Address	Dates	City	State/Zip
1336 South Decatur Blvd	09-2013 to present	Las Vegas	NV 89102-8511

Occupation

College Student

Phone: Residence (702) _____

Business (702) 255-2174

Date of Birth _____ Place of Birth (City, County, State)

Los Angeles, CA

Male

Age _____ Social Security Number _____ Sex _____

18 yrs 11 mos _____ Male

Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
Black	Black	Fair	230 lbs	Medium	5'8"

Scars, tattoos or distinguishing marks and/or characteristics _____

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

If naturalized, certificate No _____ N/A Date _____ N/A

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

2. MARITAL INFORMATION:

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

Applicant's initial J B

A. **Current Marriage** N/A

Spouse's full name (Maiden) _____ Date _____ City, County and State _____
 S.S. No. _____

Date of Birth _____ Place of Birth _____

Resident address _____
 Street _____ City _____ State _____ Zip _____

Telephone: Residence _____ Business _____

Spouse's employer _____ Occupation _____

Address of employer _____
 Street _____ City _____ State _____ Zip _____

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

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

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

Name	Street	City	State	Zip	Telephone
N/A					

3. FAMILY INFORMATION:

A. Children and Dependents:

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

Name	Birth Date	Birth Place	Residence Address
N/A			

B. Child Support Information: N/A

Please mark the appropriate response:

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

Applicant's initial J B

FAMILY INFORMATION-Continued

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

Name N/A

Address _____

Contact person N/A**C. Parents:**

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

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

Name (Maiden)	Birth Date	Address	Occupation
Father			
SAMUEL S. BUBAN			Business Owner
Mother			
FATIMA M. MAGALLANES			Business Owner
Father-in-Law			
N/A			
Mother-in-Law			
N/A			

D. Brothers and Sisters:

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

Name (Maiden)	Birth Date	Address	Occupation
N/A			
Spouse			
Spouse			
N/A			
Spouse			
N/A			
Spouse			
N/A			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School Canarelli Middle School	Las Vegas	2007=2008	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School Desert Oasis High School	Las Vegas	2008-2012	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University Philippine Christian University	Phils	2013-present	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> not yet
Other N/A			Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any Still finishing collegeCollege or university where obtained N/AApplicant's initial JB

5 MILITARY INFORMATION:

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

Branch N/A Date of entry-active service N/A

Date of separation N/A Type of discharge N/A

Rating at separation N/A Serial number N/A

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

- B. Have you registered for the draft? Yes ☒ No ☐

County Clark State NV Date registered 08-30-13

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

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

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

- B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.
- C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒
- D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒
- E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒
- F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒
If yes, when? N/A city, county and state
- G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒
If yes when? N/A city, county and state
- H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
N/A		N/A		
N/A		N/A		

Applicant's initial J B

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			N/A	
N/A			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		N/A
N/A		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
03-10-11 to present	9655 Las Vegas Blvd #119	Las Vegas	NV 89123
03-07-10 to 03-01-11	4084 Villeroy Ave	Las Vegas	NV 89141
10-17-07 to 03-01-10	3958 Villeroy Ave	Las Vegas	NV 89141
01-2004 to 10-16-07	335 N. Rampart Blvd	Los Angeles	CA 90026
10-1994 to 01-2004	116 N. Berendo Blvd #B	Los Angeles	CA 90001

Applicant's initial J B

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
08-01-09 to 02-01-10	Pure Medical Equipment 6380 McLeod Dr Las Vegas NV	Go back to school
Title	Description of Duties	Name of Supervisor
Assistant Delivery/Warehouse person	Incharge in preparing supplies to be delivered	Joseph Schlager
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
N/A		
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
N/A		
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

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

Applicant's initial JB 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
Rev. Ryan Jacobs	134 Willow Dove	NV	89123			5 yrs
New Horizons Christian Church	3085 Raven Av	NV	89139			
Rev Mercy Pascual	350 Burchett Av	114	91203			9 yrs
Open Door Christian Church	Wilshire Blv	Los Angeles	CA			
Gwen Gotangco	26 Serene #319	LV	NV	89123		yrs
Partell Pharmacy	8751 W Charleston	120	LV	NV		
Stormie Hanson	4145 Broadriver Dr	LV	NV			3 yrs
Clark County School District	Desert Oasis HS	6600	Erie	LV	NV	
Wilma Holt	2617 Council St	Los Angeles	CA			
Retired	None					9 yrs

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

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

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

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

Yes ☐ No ☒

If yes, state type, where and years held

N/A

12. Have you ever applied for a city, county 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.

N/A

Applicant's initial J B

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

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

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

N/A

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

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

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

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

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



Date of photograph 4-4-13

Applicant's initial J.B.

STATE OF NV SS.

COUNTY OF Clark

I, Joseph Buban, 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,

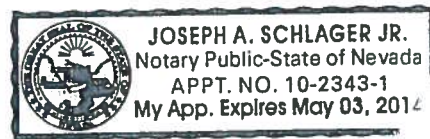
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their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

Joseph Buban
Original Signature of Applicant

Subscribed and Sworn to before me this 19th day of

September 2013

Joseph A. Schlager Jr.
Notary Public



(seal)

Applicant's initial J B

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

☞ Date 09-04-2013

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

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

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

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

GENERAL INSTRUCTIONS

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

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

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

Application for Medical Supplier - Sales & Rentals
Nature of MDEG

Bethesda Lake Medical Supplies, 1336 S Decatur Blvd Las Vegas NV 89102-8510
Name and Address of Business for Which MDEG Administrator Is Requested

N/A
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

<u>PATCHETT</u>	<u>JANET</u>		
Last Name	First Name	Middle Name	
<u>N/A</u>			
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)			
<u>N/A</u>			
Present Residence Address-Street or RFD	City	State/Zip	
<u>647 Emerald City Ave</u>	<u>Dec 2011 to present</u>	<u>Las Vegas NV 89183</u>	
	Dates		
Present Business Address	City	State/Zip	
<u>1336 S Decatur Blvd</u>	<u>Sept 1, 2013 to present</u>	<u>Las Vegas NV 89102-8510</u>	
	Dates		
Present Position with the MDEG			
Phone: _____ Fax: <u>(702)255-2964</u>			
Email address: _____			
<u> </u>	<u>Dumaguete City, Philippines</u>		
Date of Birth	Place of Birth (City, County, State)		
<u>38 yrs old</u>		<u>Female</u>	
Age	<u> </u>	Sex	
	Social Security Number		
<u>Brown</u>	<u>Black</u>	<u>160 lbs</u>	<u>5'1"</u>
Color of Eyes	Color of Hair	Weight	Height
Scars, tattoos or distinguishing marks and/or characteristics <u>NONE</u>			
Are you a citizen of the United States? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
If alien, registration No <u> </u>			
If naturalized, certificate No <u>N/A</u> Date <u>N/A</u>			
Place <u>N/A</u> (If naturalized, document must be verified.)			

EMPLOYMENT:

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

Oct 2011 to Sept 1, 2013 Pure Medical, 8174 Las Blvd LV NV 40 hrs/week

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Patient Care/ Intake Coordinator	Responsible for daily orders/deliveries eligibility/insurance verification	Pat Magallanes
Title	Description of Duties	Name of Supervisor

Oct 2010-July 2011 Walmart Store, Eastern Branch Las Vegas 40 hrs/week

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Cashier	Responsible for Customer Service and Cash handling	Lorie
Title	Description of Duties	Name of Supervisor

Jan 2010-Sept 2010 BNP Homecare 40 hrs/week

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Patient caregiver	Responsible for daily patient care medication and ADL's	Norma Peralta
Title	Description of Duties	Name of Supervisor

Jan 2004-2006 Mary Kay Products 40 hrs/week

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Independent Beauty Consultant	Responsible in promoting the beauty products/marketing to customers	Erma Aranda
Title	Description of Duties	Name of Supervisor

Mar 1997 - Dec 2001 Land Transportation Office, Phils Dumaguete Rodolfo Yee

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Office/Filing Clerk	Responsible in filing documents automobile licenses/renewals	Rodolfo yee
Title	Description of Duties	Name of Supervisor

Jan 1996-Feb 1997 Dunaguete Marble, Dumaguete City Phils 40/week

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Bookeeper/Asst Manager	Responsible in payroll, inventory and scheduling deliveries	Diosdado Ferster
Title	Description of Duties	Name of Supervisor

I have ☐ I have not ☒ been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse,

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

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

a) Board Administrative Action: State: N/A
b)

Date: _____

Case Number: _____

c) Criminal Action: State: N/A

Date: _____

Case Number: _____

County: _____

Court: _____

4 . Will you be actively involved in and aware of the daily operation of the MDEG? Yes ☒ No ☐

5 .Will you be employed fulltime with the MDEG? Yes ☒ No ☐

6 .Will you be present at the site of the MDEG during its normal operating hours? Yes ☒ No ☐

If you answer No to questions 4, 5 or 6 please provide a written

N/A



Date of photograph 09-15-13

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

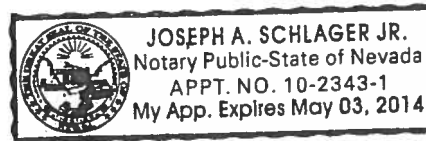
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents,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

Janet Patchett
Original Signature of Applicant

State of NV
County of Clark

Subscribed And sworn to before me this
19th day of September 2013

Joseph A. Schlager Jr.
Notary Public



Failed
Drug
Test

Name of School: *Kaplan College*
Address: *3535 W. Sahara Ave.*
City: *Las Vegas*

Zip Code: 89102

Date:

- ☒ Y ☐ N

(IF YOU ANSWERED “NO” TO QUESTION 1 AND/OR 2 YOU CANNOT SUBMIT THIS APPLICATION)

- 3) I have ☐ I have not ☒ been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse.

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

If you checked "I have" to questions 3 thru 6, please include the following information and/or an explanation.

- a) Board Administrative Action and/or Criminal Action State: _____ Date: _____ Case#: _____
County: _____ Court: _____

In response to federally mandated requirements, the Nevada Legislature and Attorney General require that we include the following questions as part of all applications.

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

IF YOU ARE SUBJECT to a court order for support of a child, please mark the appropriate response.

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

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations governing pharmaceutical technicians in training and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit.

Date _____

SEP 16 2013

Check Number:

Amount: \$40.00

64309



7190 Smoke Ranch Rd. Suite 110
Las Vegas, Nevada 89128
P: 702.987.1555 F: 702.242.8600

August 27, 2013

To Whom It May Concern:

I voluntarily surrendered my pharmacy dispensing license. I formally request reinstatement of my dispensing Nevada Pharmacy License. I realize that I may be asked to appear before the Pharmacy Board in October if necessary.

Thank you,

Angela Lorenzo, PA-C





NEVADA STATE BOARD OF MEDICAL EXAMINERS

Search

Licensee Details

Person Information

Name: Angela
Lynn
LORENZO
Address: PO Box
36190
Las Vegas
NV 89133
Phone: 7029871555

License Information

License Type: Physician Assistant
License Number: PA816 Status: Active
Issue Date: 12/9/2003 Expiration Date: 6/30/2015

Scope of Practice

Scope of Practice: Physician Assistant

Education & Training

School: Highland High School / Pocatello, ID
High
Degree\Certificate: School
Diploma
Date Enrolled:
Date Graduated: 6/1/1992
Scope of Practice:

School: Brigham Young University / Rexburg, ID
Associate
Degree\Certificate: Arts
Degree
Date Enrolled:
Date Graduated: 6/1/1994
Scope of Practice:

School: University of Washington-MEDX / Seattle, WA
Physician
Degree\Certificate: Assistant
Degree
Date Enrolled:

Date Graduated: 8/9/2002

Scope of Practice:

School: University of Washington-MEDX / Seattle, WA
Bachelor

Degree\Certificate: of
Science

Date Enrolled:

Date Graduated: 8/23/2002

Scope of Practice:

CURRENT EMPLOYMENT STATUS / CONDITIONS/RESTRICTIONS
ON LICENSE AND MALPRACTICE INFORMATION
NONE

Board Actions

FORMAL COMPLAINT

Case # 12-28540-2

May 17, 2012

The Investigative Committee (IC) of the Board of Medical Examiners of the State of Nevada, (Board) filed a formal complaint against Angela Lorenzo, P.A.-C (Respondent) alleging four violations of Nevada Revised Statutes (NRS) and Nevada Administrative Code (NAC) Chapters 630. Counts I & II : Allege violations of NAC 630.380(1)(f), malpractice, as defined by NAC 630.040; Count III : Alleges a violation of NAC 630.380(1)(m), referencing NRS 630.306(7), the continual failure to exercise the skill or diligence or use the methods ordinarily exercised under the same circumstances by physicians (physician assistants) in good standing; Count IV : Alleges a violation of NAC 630.380(1)(m), referencing NRS 630.306(1), failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient.

Complaint: 11 pages lb

FORMAL COMPLAINT

Case # 12-28540-1

January 30, 2012

The Investigative Committee (IC) of the Board of Medical Examiners of the State of Nevada (Board) filed a formal complaint against Angela Lorenzo, P.A.-C, (Respondent) alleging seven violations of Nevada Revised Statutes (NRS) and Nevada Administrative Code (NAC) Chapters 630. Counts I & II : Allege violations of NAC 630.380(1)(1) in reference to NAC 630.230(1)(a), falsifying record of health care; Count III : Alleges a violation of NAC 630.380(1)(m) in reference to NRS 630.306(2), altering medical records of a patient; Count IV: Alleges a violation of NAC 630.380(1)(m) in reference to NRS 630.306(2)(a), engaging in conduct intended to deceive; Counts

V, VI & VII: Allege violations of NAC 630.380(1)(h), administering, dispensing or possessing any controlled substance otherwise than authorized by law.

Complaint: 7 pages lb

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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

v.	Petitioner,	<u>NOTICE OF INTENDED ACTION AND ACCUSATION</u>
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**ANGELA LORENZO, P.A.,
Dispensing Registration No: #PD12166**

Case No. 11-091-PD-S

**ANGELA LORENZO, P.A.,
Controlled Substance Registration No: CS12166**

Case No. 11-091-CS-S

**KENTON CROWLEY, R.Ph.,
Certificate of Registration No: #15858**

Case No. 11-091-RPH-S

**PATHWAY SPECIALITY COMPOUNDS,
Certificate of Registration No: PH02590,**

Case No. 11-091-PH-S

Respondents.

_____/

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

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Kenton Crowley is a pharmacist licensed by the Board and Respondent Pathway Specialty Compounds (Pathway), is a pharmacy licensed by the Board, located at 2560 E. Sunset Rd., #120, in Las Vegas, Nevada. The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Angela Lorenzo, P.A., has both a controlled substance registration and a dispensing practitioner registration with the Board.

II.

On October 6, 2011, the Nevada State Board of Pharmacy (the Board) was contacted by Donald A. Andreas of the Nevada State Board of Medical Examiners (BME) that Ms. Lorenzo, owner of Modern Medical and Wellness, sold Allergan products for profit to Mary Sue Tingey, R.N. After a brief interview of Respondent Lorenzo by Board Staff an investigation was opened.

III.

Mr. Andreas informed Board Staff that Ms. Lorenzo had sold Botox and Juvederm to Mary Sue Tingey, R.N. As a nurse, Ms. Tingey did not and could not have a license to independently possess dangerous drugs, but Board Staff's investigation found that Ms. Tingey was going to administer the drugs to patients at her practice, Valhalla Med Spa. Ms. Lorenzo does not have a license issued by the Board to act as a wholesaler in Nevada, so Ms. Lorenzo had no lawful authority to sell any prescription drugs to Ms. Tingey. Board Staff learned that Ms. Lorenzo purchased the Botox and other Allergan products from Pathway and Mr. Crowley. Board Staff requested Mr. Brown, managing pharmacist at Pathway, to provide information regarding the origin of the Allergan products Pathway sold to Ms. Lorenzo. Mr. Brown produced invoices that showed that Pathway had purchased the Allergan products from AviaMed, which Mr. Brown believed to be licensed with the Board as an out-of-state wholesaler and an authorized Allergan distributor. Mr. Brown provided Board Staff with four invoices from AviaMed, located at 1077 Silas Dean Hwy, #166, Wethersfield, CT 06109, that were billed and shipped to Pathway reflecting sales of Botox and Juvederm. Mr. Brown also provided two invoices from Pathway evidencing sales and shipping of Botox and

Juvederm to Modern Medical and Wellness, Ms. Lorenzo's business. Board Staff contacted AviaMed for pedigree information for the products that were sold and shipped to Pathway, but AviaMed refused to provide the information. At no time has AviaMed been licensed with the Nevada State Board of Pharmacy as a wholesaler and AviaMed has never been an authorized Allergan distributor. At a later dated Mr. Brown informed Board Staff that AviaMed was not a licensed wholesaler.

IV.

In the course of the investigation, Mr. Andreas related information that he had learned from Lisa Clarke, a medical assistant at Modern Medical and Wellness, who was very concerned that someone was going to get hurt due to what she considered as questionable practices of Respondent Lorenzo. Ms. Clarke was concerned because some of the Allergan products that had been purchased by Ms. Lorenzo from Pathway had been used on patients at Modern Medical and Wellness. Ms. Clarke explained that Ms. Tingey commented that the Allergan products she had purchased from Ms. Lorenzo were not the same thing that she normally purchased. Ms. Clarke stated that the products Respondent Lorenzo had purchased from Pathway were less expensive than the products that had been purchased from Allergan.

V.

Board Staff interviewed Ms. Lorenzo at her practice, Modern Medical and Wellness, located 7190 Smoke Ranch Road, Suite 110 in Las Vegas, Nevada. Ms. Lorenzo stated that she had purchased approximately \$17,000.00 worth of Allergan products, but after she made the purchase, she learned from Mr. Crowley that he could purchase Allergan products for \$100.00 to \$170.00 less per item. After Mr.

Crowley's representation, Ms. Lorenzo attempted to return the products she obtained from Allergan and obtain a credit, but she was not successful in doing so. Mr. Crowley suggested to Ms. Lorenzo that he would send the \$17,000.00 worth of product back to Allergan using Pathway's account so that Ms. Lorenzo could then purchase Allergan products from Pathway.

VI.

At least one of the boxes of Juvederm in Ms. Lorenzo's possession at Modern Medical and Wellness that had been purchased from Pathway indicated that it was from France. Because Board Staff could not confirm the origin of the products in Respondent Lorenzo's possession, Board Staff directed her to quarantine the products pending further investigation. Ms. Lorenzo admitted to Board Staff that she sold Botox, Radiesse and Juvederm products to Ms. Tingey on October 6, 2011 as evidenced on an invoice she produced to Board Staff. Ms. Lorenzo admitted that Ms. Tingey paid by a personal check in the amount of \$964.00 and that she had also traded Allergan drugs with Ms. Tingey in the past. When questioned about her dispensing practice, Ms. Lorenzo admitted that every patient she sees gets a bottle of B-12 and that she dispenses compounded human chorionic gonadotropin (HCG), a schedule CIII controlled substance, to her patients. When questioned what drugs she purchased from Pathway, Ms. Lorenzo said she purchased compounded Testosterone, HCG and a product identified as "Myers Cocktail."

VII.

Board Staff took statements from three of Ms. Lorenzo's employees. The employees expressed concern for the patients Ms. Lorenzo treated, citing examples of

dispensing irregularities such as medical assistants being allowed free access to Ms. Lorenzo's prescription drugs and controlled substances even when Ms. Lorenzo was not present (dispensing practitioners must have all drugs locked up when they are not present and they are required to retain the key), compounded medications were being dispensed to patients that were both patient specific and in preloaded syringes, and controlled substances and dangerous drugs were being dispensed to patients when Ms. Lorenzo was not present. Furthermore, the employees explained that three times Ms. Lorenzo mailed Phentermine, a schedule IV controlled substance, to a patient who lived in California with just a telephone consult and no physical examination or physical presence necessary to obtain the drug nor was the dispensing of the drug reported to the Task Force. The employees also informed Board Staff that HCG in syringes was dispensed to a woman Ms. Lorenzo had met on an airplane without physical examination, and the dispensing of HCG was not reported to the Task Force.

Finally, it was learned from a patient that Ms. Lorenzo dispensed HCG to her when she simply came by the office and picked up the drug, with no examination or visit from Ms. Lorenzo; instead the patient simply picked up the HCG and needles at the front desk and paid by credit card.

FIRST CAUSE OF ACTION

VIII.

By dispensing controlled substances to patients without reporting the same to the Task Force, Ms. Lorenzo violated Nevada Revised Statutes (NRS) 453.1545(1) and/or 639.210(4) and/or (12) and/or Nevada Administrative Code (NAC) 639.745(1)(f) and/or NAC 639.945(1)(i).

SECOND CAUSE OF ACTION

IX.

In dispensing a compounded medication that was for administration only, namely HCG, Ms. Lorenzo violated NRS 639.210(4) and/or (12) and/or Section 66 of an as yet uncodified regulation known as LCB File No. R035-06 that became effective September 23, 2008 (hereinafter R035-06) and/or NAC 639.945(1)(g) and (i).

THIRD CAUSE OF ACTION

X.

In allowing medical personnel access to controlled substances and dangerous drugs while Respondent Lorenzo was absent from her practice so they could administer and dispense the same to patients, Respondent Lorenzo violated NRS 639.210(4) and/or (12) and/or NAC 639.742(3)(c) and/or 639.945(1) and/or (i).

FOURTH CAUSE OF ACTION

XI.

In acting as an unlicensed wholesaler by selling dangerous drugs to Ms. Tingey, Respondent Lorenzo violated NRS 639.016 and/or 639.100 and/or 639.210(4) and/or (12) and/or 639.233 and/or NAC 639.945(1) and/or (i) and/or (k).

FIFTH CAUSE OF ACTION

XII.

In failing to dispense drugs personally to patients or by mailing drugs to a patient in California, Respondent Lorenzo violated NRS 639.210(4) and/or (12) and/or NAC 639.742(3)(f) and/or NAC 639.945(1)(i).

SIXTH CAUSE OF ACTION

XIII.

In dispensing drugs to patients without a physical examination and diagnosis, Respondent Lorenzo violated NRS 639.210(4) and/or (12) and NAC 639.945(1)(n) and Section 2 of an as yet uncoded regulation known as LCB No. R212-09 effective August 13, 2010 (hereinafter R212-09) which amended NAC 639.945(3)(a).

SEVENTH CAUSE OF ACTION

XIV.

In purchasing dangerous drugs, namely Botox and Juvederm, from an unlicensed wholesaler, Mr. Crowley and Pathway violated NRS 639.210(4), (11) and/or (12) and/or 585.520(1) and (2) and/or NAC 639.945(1)(a) and/or (h) and/or (i).

EIGHTH CAUSE OF ACTION

XV.

In selling Juvederm to Respondent Lorenzo that was obviously not intended for sale in the United States because the word "France" was on the back of the package, Mr. Crowley and Pathway violated NRS 639.210(4)(11) and/or (12) and/or 585.520(1) and/or NAC 639.945(1)(h) and/or (i).

NINTH CAUSE OF ACTION

XVI.

In filling and selling patient specific compounded HCG to Ms. Lorenzo under invoice for her to dispense to her patients, Mr. Crowley and Pathway violated NRS 639.210(4) and/or (12) and/or Section 66(4)(a) of R035-06 and/or NAC 639.945(1)(i).

TENTH CAUSE OF ACTION

XVII.

In owning and operating the pharmacy in which all of the above factual allegations and legal violations in the Seventh, Eighth, and Ninth Causes of Action occurred, Pathway violated NRS 639.210(4) and NAC 639.945(1)(i) and (2).

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

Signed this 15th day of December, 2011.



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

BEFORE THE NEVADA STATE BOARD OF PHARMACY**NEVADA STATE BOARD OF PHARMACY,****Petitioner,****v.****STIPULATION AND
AGREEMENT****ANGELA LORENZO, P.A.,
Dispensing Registration No: #PD12166****Case No. 11-091-PD-S****ANGELA LORENZO, P.A.,
Controlled Substance Registration No: CS12166****Case No. 11-091-CS-S****Respondent.**
_____ /

Carolyn J. Cramer, General Counsel for the Nevada State Board of Pharmacy,
and Angela Lorenzo, P.A., Respondent, represented by Jacob Hafter, Esq. the Law
Office of Jacob Hafter and Associates, stipulates and agrees as follows:

1. For the purpose of resolving this matter only, Respondent Lorenzo will plead no contest to the facts and violations alleged in the Notice of Intended Action and Accusation in the First, Third and Fifth Causes of Action. Respondent Lorenzo understands that it is her responsibility to make sure the dispensing of drugs was to be done pursuant to the statutes and regulations of the Board but that she did not supervise her employees closely and she is pleading no contest to the First, Third and Fifth Causes of Action because she believes that Board Staff could prove the charges against her. The admissions made in this matter may not be used in any other proceeding or matter. The

Second, Fourth and Sixth Causes of Action are dismissed in exchange for the admissions made to the other causes of action.

2. Upon approval of this stipulation by the Board, Respondent Lorenzo shall voluntarily surrender her Dispensing Registration No: PD12166 on August 17, 2012. Such surrender shall be treated as a revocation by the Board. The period of revocation shall begin on August 17, 2012.
3. Upon approval of this stipulation by the Board, there should be no fine, fees or costs in connection with matter. Respondent Lorenzo shall retain her controlled substances registration CS12166.
4. Respondent Lorenzo understands that she has the right to proceed to a contested hearing on this matter and is giving up her right to a contested hearing in this matter including her right to be present before the Board when this Stipulation and Order is presented at its meeting on July 18, 2012, in Las Vegas, Nevada. However, the parties agree that the Board may ask questions of Board counsel if Respondent Lorenzo chooses not be present when the Stipulation and Order is considered.
5. If the Board rejects any part or all of this stipulation, the parties agree that a full hearing on the merits of this matter may be heard by the Board and that the Board would hear this matter at its meeting on October 17, 2012. The terms and admissions in this stipulation may not be used or referred to in the full hearing on the merits of this matter.
6. Respondent Lorenzo understands and acknowledges that the Board will report this matter to the to the Healthcare Integrity and Protection Data Bank,

NABP Clearinghouse and Legislative Counsel Bureau whether the submission is accept by these entities.


7. The Board and Respondent Lorenzo shall each agree to release the other from 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 18th day of July, 2012.


OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Pharmacy



Carolyn J. Cramer, General Counsel



Angela Lorenzo, P.A.



Jacob Hafter, Esq.
The Law Office of Jacob Hafter & Associates

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision and hereby orders that the foregoing Stipulation be made effective. This decision and order shall be effective on the 18th day of July, 2012.

7/18/2012

DATED



Beth Foster, President
Nevada State Board of Pharmacy

Blank



Representing Medication Review

Ron Erkens, RPh Director of Sales SW region

Mission

Mission Statement

Medication Review[®] provides high quality expertise and service to rural hospitals with the mission of improving medication safety and optimizing patient outcomes.

Who We Are

- ❑ Medication Review is the largest telepharmacy company in the Northwest.
- ❑ We were founded by a pharmacist in response to the need for access to pharmacists and pharmacy management consultation 24/7 in small and rural hospitals throughout the nation.
- ❑ Our company is run by experienced, passionate, talented, career minded, and empowered pharmacists, not just random resources.

What We Do



We are a complete pharmacy solution,
providing cost savings and peace of mind to facilities
in today's changing healthcare climate.

Who We Serve

- ❑ Small and rural hospital facilities with ≤ 25 beds
- ❑ Hospital facilities with an average daily census <15 patients
- ❑ Facilities with limited pharmacist manpower
- ❑ Facilities identifying cost effective solutions throughout the hospital
- ❑ Approx. $\frac{1}{4}$ of all hospitals in the U.S. have 25 or fewer beds

Our Services

Telepharmacy

- Remote order entry for patient medication verification

Pharmacy Management

- On-site pharmacy maintenance services

Implementation Services

- Provision drug dispensing equipment
- Electronic Health Record (EHR) setup
- Ancillary technology

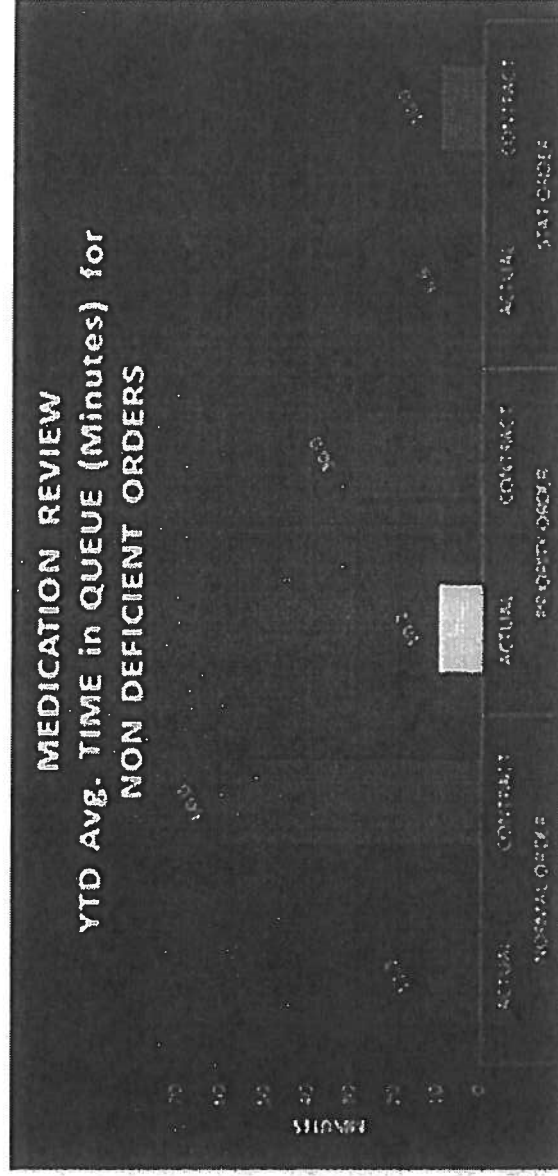
Pharmacy Management

- ☐ Pharmacist on-site with remote supervision of Pharmacy Technician (where allowed)
- ☐ Attend appropriate facility meetings
- ☐ QA / CQI initiatives
- ☐ Inventory management
- ☐ Remote monitoring of drug dispensing machines
- ☐ Backed up by 24/7 telepharmacy service

Telepharmacy (remote chart processing)

- ❑ At the core of our pharmacy solution services is telepharmacy.
- ❑ The telepharmacy process:
 - A physician writes a medication order
 - The order is sent to Medication Review for review by a pharmacist.
 - In minutes the Medication Review pharmacist verifies the order, and enters it into the hospital's electronic medical record.
 - The nurse at the hospital receives the electronic medical record, pulls the medication and delivers it to the patient.

Year to Date Order Times



.....
 MEDICATION REVIEW

.....
 MEDICATION REVIEW

Q & A



DISCUSSION AND DETERMINATION – OCTOBER, 2013

THE 14-DAY RULE

NRS 453.431 AND NAC 453.450 (see attached)

The infamous “14-Day Rule” which seems to be unique to Nevada, often causes confusion, not only to practitioners, but to Board staff as well. The statute (NRS 639.431) says that “A pharmacist shall not fill a prescription for a controlled substance classified in schedule II unless it is tendered on or before the 14th day after the **date of issue.**” (my emphasis).

Then NAC 453.450 (4) goes on to say with respect to the phrase “do not fill before (date)” “The date indicated by the practitioner is the date of issue for the purposes of subsection 4 of NRS 453.431.” This then appears to move the date of issue to the “do not fill until” date, hence causing the confusion. Board staff has always interpreted the law to its strictest, that being a clear 14-day rule from the actual date of issue as the statute mandates. Should we amend the regulation to reflect the language in the statute? Further, is there really any sound reason for the 14-day rule at all, which federal law does not address anyway?

Nevada State Board of Pharmacy

SB 453: Auto-Injectable Epinephrine

The Nevada Legislature in 2013 passed SB 453. The Bill provides for public and private schools to obtain, possess and administer auto-injectable epinephrine (EpiPens). The Bill provides that Nevada-licensed physicians may provide an order for EpiPens to schools, and authorizes schools to obtain EpiPens on invoice from Nevada pharmacies. The Bill sets forth requirements for storage of EpiPens on school property, and for the training of school personnel to administer.

Board Staff met with the Bill sponsor to assist in drafting some of the language in the Bill. It has since reviewed SB 453 and Nevada Administrative Code (NAC) Chapters 453, 454, 585 and 639. It found no conflicts between the Bill and the Board's present regulations. Regarding SB 453, it appears that no action is needed at this time.

A copy of SB 453 is attached for the Board Members' review and discussion.

Senate Bill No. 453—Committee on
Health and Human Services

CHAPTER.....

AN ACT relating to public health; allowing a physician to issue an order for auto-injectable epinephrine to a public or private school; providing for public and private schools to obtain auto-injectable epinephrine under certain conditions; requiring public and private schools, if feasible, to provide certain training to employees and to develop a comprehensive plan concerning anaphylaxis; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law allows the parent or legal guardian of a pupil in a public school to request that the pupil be allowed to carry and self-administer medication for the treatment of asthma or anaphylaxis in certain circumstances. If this request is granted, the school is allowed to store additional doses of the medication for the pupil's use and the board of trustees of the school district, the school district and the school and the employees or agents thereof are immune from liability for any injury to or death of the pupil as a result of self-administration or a failure to self-administer the medication. (NRS 392.425)

Sections 14 and 16 of this bill allow a physician or osteopathic physician to issue an order for auto-injectable epinephrine to a public or private school to be maintained at the school for the treatment of anaphylaxis that may be experienced by any person at the school. **Sections 14 and 16** also provide that a physician or osteopathic physician is not subject to disciplinary action for issuing such an order to a school.

Section 7 of this bill requires each public school, including, without limitation, each charter school, to obtain an order from a physician or osteopathic physician for auto-injectable epinephrine to maintain the drug at the school. **Section 12** of this bill similarly authorizes a private school to obtain and maintain auto-injectable epinephrine at the school. If a public or private school obtains an order for auto-injectable epinephrine, **sections 3.5, 7 and 12** of this bill allow a school nurse or other designated employee of the public or private school, as applicable, who has received training in the storage and administration of auto-injectable epinephrine to possess and administer auto-injectable epinephrine to a pupil on the premises of the school during the school day who is reasonably believed to be experiencing anaphylaxis. **Sections 4, 10 and 12** of this bill require training in the storage and administration of epinephrine to be provided to designated employees of a public or private school. **Section 15** of this bill provides that a nurse is not subject to disciplinary action for administering auto-injectable epinephrine pursuant to a valid order issued pursuant to **section 14 or 16**.

Sections 9 and 13 of this bill require each public or private school, to the extent feasible: (1) to provide training concerning food allergies to certain employees; and (2) to develop a comprehensive action plan for anaphylaxis.



EXPLANATION - Matter in ***bolded italics*** is new; matter between brackets ~~(omitted material)~~ is material to be omitted.

THE PEOPLE OF THE STATE OF NEVADA, REPRESENTED IN
SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

Sections 1, 2 and 3. (Deleted by amendment.)

Sec. 3.5. Chapter 454 of NRS is hereby amended by adding thereto a new section to read as follows:

A school nurse or other employee of a public or private school who is authorized pursuant to section 7 or 12 of this act to administer auto-injectable epinephrine may possess and administer auto-injectable epinephrine maintained by the school if the school nurse or other employee has received training in the proper storage and administration of auto-injectable epinephrine as required by section 7 or 12 of this act.

Sec. 4. Chapter 386 of NRS is hereby amended by adding thereto a new section to read as follows:

1. Each charter school shall designate one or more employees of the school who is authorized to administer auto-injectable epinephrine.

2. Each charter school shall ensure that each person so designated receives training in the proper storage and administration of auto-injectable epinephrine.

Sec. 5. NRS 386.490 is hereby amended to read as follows:

386.490 As used in NRS 386.490 to 386.610, inclusive, ***and section 4 of this act***, the words and terms defined in NRS 386.495, 386.500 and 386.503 have the meanings ascribed to them in those sections.

Sec. 6. Chapter 388 of NRS is hereby amended by adding thereto the provisions set forth as sections 7, 8 and 9 of this act.

Sec. 7. *1. Each public school, including, without limitation, each charter school, shall obtain an order from a physician or osteopathic physician for auto-injectable epinephrine pursuant to section 14 or 16 of this act and acquire at least two doses of the medication to be maintained at the school. If a dose of auto-injectable epinephrine maintained by the public school is used or expires, the public school shall ensure that at least two doses of the medication are available at the school and obtain additional doses to replace the used or expired doses if necessary.*

2. Auto-injectable epinephrine maintained by a public school pursuant to this section may be administered:

(a) At a public school other than a charter school, by a school nurse or any other employee of the public school who has been



designated by the school nurse and has received training in the proper storage and administration of auto-injectable epinephrine; or

(b) At a charter school, by the employee designated to be authorized to administer auto-injectable epinephrine pursuant to section 4 of this act if the person has received the training in the proper storage and administration of auto-injectable epinephrine.

3. A school nurse or other designated employee of a public school may administer auto-injectable epinephrine maintained at the school to any pupil on the premises of the public school during regular school hours whom the school nurse or other designated employee reasonably believes is experiencing anaphylaxis.

4. A public school may accept gifts, grants and donations from any source for the support of the public school in carrying out the provisions of this section, including, without limitation, the acceptance of auto-injectable epinephrine from a manufacturer or wholesaler of auto-injectable epinephrine.

Sec. 8. 1. Each public school shall ensure that auto-injectable epinephrine maintained at the school is stored in a designated, secure location that is unlocked and easily accessible.

2. Each school district shall establish a policy for the schools within the district, other than charter schools, regarding the proper handling and transportation of auto-injectable epinephrine.

3. Not later than 30 days after the last day of each school year, each school district and charter school shall submit a report to the Health Division of the Department of Health and Human Services identifying the number of doses of auto-injectable epinephrine that were administered at each public school within the school district or charter school, as applicable, during the school year.

Sec. 9. Each public school, including, without limitation, each charter school, shall, to the extent feasible:

1. Provide training concerning food allergies to each employee who works with food at the school and to such other employees as deemed appropriate by the school nurse in collaboration with the principal or other person in charge of the school; and

2. Develop a comprehensive action plan concerning anaphylaxis, which includes, without limitation, information relating to:

(a) The risks that may cause anaphylaxis;

(b) Ways to avoid risks that may cause anaphylaxis;



(c) The signs and symptoms of a person experiencing anaphylaxis;

(d) How to access auto-injectable epinephrine when necessary; and

(e) Medical care that should be received after the administration of auto-injectable epinephrine.

Sec. 10. NRS 391.207 is hereby amended to read as follows:

391.207 1. The provision of nursing services in a school district by school nurses and other qualified personnel must be under the direction and supervision of a chief nurse who is a registered nurse as provided in NRS 632.240 and who:

(a) Holds an endorsement to serve as a school nurse issued pursuant to regulations adopted by the Commission; or

(b) Is employed by a state, county, city or district health department and provides nursing services to the school district in the course of that employment.

2. A school district shall not employ a person to serve as a school nurse unless the person holds an endorsement to serve as a school nurse issued pursuant to regulations adopted by the Commission.

3. *The chief nurse shall ensure that each school nurse:*

(a) Coordinates with the principal of each school to designate employees of the school who are authorized to administer auto-injectable epinephrine; and

(b) Provides the employees so designated with training concerning the proper storage and administration of auto-injectable epinephrine.

Sec. 11. Chapter 394 of NRS is hereby amended by adding thereto the provisions set forth as sections 12 and 13 of this act:

Sec. 12. 1. *A private school may obtain an order from a physician or osteopathic physician for auto-injectable epinephrine pursuant to section 14 or 16 of this act to be maintained at the school. If a dose of auto-injectable epinephrine maintained by the private school is used or expires, the private school may obtain additional doses of auto-injectable epinephrine to replace the used or expired auto-injectable epinephrine.*

2. *Auto-injectable epinephrine maintained by a private school pursuant to this section may be administered by a school nurse or any other employee of the private school who has received training in the proper storage and administration of auto-injectable epinephrine.*

3. *A school nurse or other trained employee may administer auto-injectable epinephrine maintained at the school to any pupil*



on the premises of the private school during regular school hours whom the school nurse or other trained employee reasonably believes is experiencing anaphylaxis.

4. A private school shall ensure that auto-injectable epinephrine maintained at the school is stored in a designated, secure location that is unlocked and easily accessible.

Sec. 13. *The governing body of each private school shall, to the extent feasible:*

1. Provide training concerning food allergies to each employee who works with food at the school and to such other employees as deemed appropriate by the principal or other person in charge of the school; and

2. Develop a comprehensive action plan concerning anaphylaxis, which includes, without limitation, information relating to:

(a) The risks that may cause anaphylaxis;

(b) Ways to avoid risks that may cause anaphylaxis;

(c) The signs and symptoms of a person experiencing anaphylaxis;

(d) How to access auto-injectable epinephrine when necessary; and

(e) Medical care that should be received after the administration of auto-injectable epinephrine.

Sec. 14. Chapter 630 of NRS is hereby amended by adding thereto a new section to read as follows:

1. A physician may issue to a public or private school an order to allow the school to obtain and maintain auto-injectable epinephrine at the school, regardless of whether any person at the school has been diagnosed with a condition which may cause the person to require such medication for the treatment of anaphylaxis.

2. An order issued pursuant to subsection 1 must contain:

(a) The name and signature of the physician and the address of the physician if not immediately available to the pharmacist;

(b) The classification of his or her license;

(c) The name of the public or private school to which the order is issued;

(d) The name, strength and quantity of the drug authorized to be obtained and maintained by the order; and

(e) The date of issue.

3. A physician is not subject to disciplinary action solely for issuing a valid order pursuant to subsection 1 to an entity other



than a natural person and without knowledge of a specific natural person who requires the medication.

4. As used in this section:

(a) "Private school" has the meaning ascribed to it in NRS 394.103.

(b) "Public school" has the meaning ascribed to it in NRS 385.007.

Sec. 15. NRS 632.320 is hereby amended to read as follows:

632.320 1. The Board may deny, revoke or suspend any license or certificate applied for or issued pursuant to this chapter, or take other disciplinary action against a licensee or holder of a certificate, upon determining that the licensee or certificate holder:

(a) Is guilty of fraud or deceit in procuring or attempting to procure a license or certificate pursuant to this chapter.

(b) Is guilty of any offense:

(1) Involving moral turpitude; or

(2) Related to the qualifications, functions or duties of a licensee or holder of a certificate,

↳ in which case the record of conviction is conclusive evidence thereof.

(c) Has been convicted of violating any of the provisions of NRS 616D.200, 616D.220, 616D.240 or 616D.300 to 616D.440, inclusive.

(d) Is unfit or incompetent by reason of gross negligence or recklessness in carrying out usual nursing functions.

(e) Uses any controlled substance, dangerous drug as defined in chapter 454 of NRS, or intoxicating liquor to an extent or in a manner which is dangerous or injurious to any other person or which impairs his or her ability to conduct the practice authorized by the license or certificate.

(f) Is a person with mental incompetence.

(g) Is guilty of unprofessional conduct, which includes, but is not limited to, the following:

(1) Conviction of practicing medicine without a license in violation of chapter 630 of NRS, in which case the record of conviction is conclusive evidence thereof.

(2) Impersonating any applicant or acting as proxy for an applicant in any examination required pursuant to this chapter for the issuance of a license or certificate.

(3) Impersonating another licensed practitioner or holder of a certificate.



(4) Permitting or allowing another person to use his or her license or certificate to practice as a licensed practical nurse, registered nurse, nursing assistant or medication aide - certified.

(5) Repeated malpractice, which may be evidenced by claims of malpractice settled against the licensee or certificate holder.

(6) Physical, verbal or psychological abuse of a patient.

(7) Conviction for the use or unlawful possession of a controlled substance or dangerous drug as defined in chapter 454 of NRS.

(h) Has willfully or repeatedly violated the provisions of this chapter. The voluntary surrender of a license or certificate issued pursuant to this chapter is prima facie evidence that the licensee or certificate holder has committed or expects to commit a violation of this chapter.

(i) Is guilty of aiding or abetting any person in a violation of this chapter.

(j) Has falsified an entry on a patient's medical chart concerning a controlled substance.

(k) Has falsified information which was given to a physician, pharmacist, podiatric physician or dentist to obtain a controlled substance.

(l) Has knowingly procured or administered a controlled substance or a dangerous drug as defined in chapter 454 of NRS that is not approved by the United States Food and Drug Administration, unless the unapproved controlled substance or dangerous drug:

(1) Was procured through a retail pharmacy licensed pursuant to chapter 639 of NRS;

(2) Was procured through a Canadian pharmacy which is licensed pursuant to chapter 639 of NRS and which has been recommended by the State Board of Pharmacy pursuant to subsection 4 of NRS 639.2328; or

(3) Is marijuana being used for medical purposes in accordance with chapter 453A of NRS.

(m) Has been disciplined in another state in connection with a license to practice nursing or a certificate to practice as a nursing assistant or medication aide - certified, or has committed an act in another state which would constitute a violation of this chapter.

(n) Has engaged in conduct likely to deceive, defraud or endanger a patient or the general public.

(o) Has willfully failed to comply with a regulation, subpoena or order of the Board.

(p) Has operated a medical facility at any time during which:

(1) The license of the facility was suspended or revoked; or



(2) An act or omission occurred which resulted in the suspension or revocation of the license pursuant to NRS 449.160.

↪ This paragraph applies to an owner or other principal responsible for the operation of the facility.

2. For the purposes of this section, a plea or verdict of guilty or guilty but mentally ill or a plea of nolo contendere constitutes a conviction of an offense. The Board may take disciplinary action pending the appeal of a conviction.

3. A licensee or certificate holder is not subject to disciplinary action solely for administering auto-injectable epinephrine pursuant to a valid order issued pursuant to section 14 or 16 of this act.

Sec. 16. Chapter 633 of NRS is hereby amended by adding thereto a new section to read as follows:

1. An osteopathic physician may issue to a public or private school an order to allow the school to obtain and maintain auto-injectable epinephrine at the school, regardless of whether any person at the school has been diagnosed with a condition which may cause the person to require such medication for the treatment of anaphylaxis.

2. An order issued pursuant to subsection 1 must contain:

(a) The name and signature of the osteopathic physician and the address of the osteopathic physician if not immediately available to the pharmacist;

(b) The classification of his or her license;

(c) The name of the public or private school to which the order is issued;

(d) The name, strength and quantity of the drug authorized to be obtained and maintained by the order; and

(e) The date of issue.

3. An osteopathic physician is not subject to disciplinary action solely for issuing a valid order pursuant to subsection 1 to an entity other than a natural person and without knowledge of a specific natural person who requires the medication.

4. As used in this section:

(a) "Private school" has the meaning ascribed to it in NRS 394.103.

(b) "Public school" has the meaning ascribed to it in NRS 385.007.

Secs. 17 and 18. (Deleted by amendment.)

Sec. 19. NRS 639.2357 is hereby amended to read as follows:

639.2357 1. Upon the request of a patient, ***or a public or private school for which an order was issued pursuant to section***



14 or 16 of this act, a registered pharmacist shall transfer a prescription ~~{for the patient}~~ *or order* to another registered pharmacist.

2. A registered pharmacist who transfers a prescription *or order* pursuant to subsection 1 shall comply with any applicable regulations adopted by the Board relating to the transfer.

3. The provisions of this section do not authorize or require a pharmacist to transfer a prescription *or order* in violation of:

- (a) Any law or regulation of this State;
- (b) Federal law or regulation; or
- (c) A contract for payment by a third party if the patient is a party to that contract.

Sec. 20. (Deleted by amendment.)

Sec. 21. The provisions of NRS 354.599 do not apply to any additional expenses of a local government that are related to the provisions of this act.

Sec. 22. This act becomes effective on July 1, 2013.



Nevada State Board of Pharmacy

Regulations Regarding SB 410; Hypodermic Devices

The Nevada Legislature in 2013 passed SB 410, which authorizes certain entities to establish programs for the safe distribution and disposal of hypodermic devices. The Bill created an exception under NRS Chapter 453 that allows a person to possess a "trace" amount of a controlled substance in a syringe that is obtained from such a program without facing criminal prosecution, and it further removed hypodermic syringes and related devices from the definition of "drug paraphernalia."

Board Staff has reviewed SB 410 and Nevada Administrative Code (NAC) Chapters 453, 454, 585 and 639. It found no conflicts between SB 410 and the Board's present regulations. Regarding SB 410, it appears that no action is needed at this time.

A copy of SB 410 is attached for the Board Members' review and discussion.

Senate Bill No. 410—Senators Parks, Spearman, Segerblom, Kihuen;
Atkinson, Gustavson, Jones, Manendo, Smith and
Woodhouse

Joint Sponsors: Assemblymen Healey, Ohrenschall; Aizley, Daly,
Dondero Loop, Fiore, Hogan, Martin, Pierce, Spiegel and
Swank

CHAPTER.....

AN ACT relating to hypodermic devices; authorizing certain entities to establish a program for the safe distribution and disposal of hypodermic devices and certain other material; requiring the State Board of Health to establish guidelines governing such a program; providing that the possession of a trace amount of a controlled substance is not a criminal offense in certain circumstances; removing hypodermic devices from the list of paraphernalia that is prohibited for delivery, sale, possession, manufacture or use in this State; providing that hypodermic devices may be sold or furnished without a prescription if not prohibited by federal law in certain circumstances; repealing a provision which makes it a crime to misuse a hypodermic device; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Section 4 of this bill authorizes a governmental entity, a tax-exempt nonprofit corporation, a public health program, a licensed medical facility or a person who has a tax-exempt nonprofit corporation as a fiscal sponsor, to establish a program for the safe distribution and disposal of hypodermic devices. Section 4.5 of this bill requires the State Board of Health to establish guidelines governing such a program. Sections 5-7 of this bill enact provisions governing the operation of a sterile hypodermic device program, including, without limitation, the training of the staff and volunteers of the program and the devices, material and information that a program may provide. Section 8 of this bill provides that the State, any of its political subdivisions and a sterile hypodermic device program and its staff and volunteers are exempt from civil liability relating to the operation of a sterile hypodermic device program. Section 9 of this bill: (1) provides for the confidentiality of any record which is obtained or created in the operation of a sterile hypodermic device program; (2) provides that such records are not discoverable or admissible in criminal proceedings; (3) prohibits the use of records obtained from a sterile hypodermic device program as a basis for initiating a criminal charge, or to substantiate a criminal charge, against a person who participates in the program; and (4) provides that the staff and volunteers of a sterile hypodermic device program cannot be compelled to provide evidence in criminal proceedings concerning information known to the staff member or volunteer through the program.

Existing law prohibits the possession of a controlled substance. (NRS 453.336) Section 11 of this bill provides that a person does not violate this provision if he or she has a trace amount of a controlled substance that is in or on a hypodermic device that was obtained from a sterile hypodermic device program.



Existing law prohibits the delivery, sale, possession or manufacture of certain drug paraphernalia when the person engaging in the act reasonably should know that it will be used for an illegal purpose. (NRS 453.560) Existing law further makes it a felony for a person to deliver drug paraphernalia to a minor who is at least 3 years younger than the person. (NRS 453.562) **Section 12** of this bill removes hypodermic devices from the list of items that may be found to constitute drug paraphernalia.

Existing law authorizes the sale of hypodermic devices which are not restricted by federal law to being sold by prescription to be sold without a prescription for certain limited purposes. (NRS 454.480) **Section 15** of this bill removes the restrictions so that hypodermic devices may be sold or furnished without a prescription for any purpose so long as the sale of such devices is not restricted by federal law.

Section 16 of this bill repeals a provision which makes it a misdemeanor to use or allow the use of a hypodermic device for a purpose other than that for which it was purchased, because the specific uses were removed in **section 15**.

EXPLANATION - Matter in *bolded italics* is new; matter between brackets ~~{omitted-material}~~ is material to be omitted.

WHEREAS, The human immunodeficiency virus, hepatitis and other infectious diseases that may be transmitted through the use of unsterile hypodermic devices such as syringes and needles pose a major health threat in the United States, causing thousands of deaths and millions of dollars in preventable health care costs each year; and

WHEREAS, The lack of availability of sterile hypodermic devices is a major cause of this serious health threat; and

WHEREAS, Hundreds of studies have demonstrated that making sterile hypodermic devices available to persons who inject drugs reduces the spread of infectious disease and does not encourage drug use; and

WHEREAS, The trend among states has been to deregulate the possession, sale and use of hypodermic devices and to make such devices more accessible; and

WHEREAS, Increasing access to sterile hypodermic devices is necessary to control the spread of life-threatening infectious diseases; now, therefore,

THE PEOPLE OF THE STATE OF NEVADA, REPRESENTED IN
SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

Section 1. Chapter 439 of NRS is hereby amended by adding thereto the provisions set forth as sections 2 to 10, inclusive, of this act.

Sec. 2. *The Legislature hereby declares that the purpose of sections 2 to 10, inclusive, of this act is to enable the use of sterile*



hypodermic devices and other related material for use among people who inject drugs for the purpose of reducing the intravenous transmission of diseases. The provisions of sections 2 to 10, inclusive, of this act are intended to:

1. Ensure the availability and accessibility of sterile hypodermic devices by encouraging distribution of such devices by various means.

2. Provide for the effective operation of sterile hypodermic device programs that protect the human rights of people who use such programs.

3. Guarantee that sterile hypodermic devices and other sterile injection supplies are not deemed illegal.

4. Ensure that sterile hypodermic device programs operate in harmony with law enforcement activities.

Sec. 3. As used in sections 2 to 10, inclusive, of this act, "sterile hypodermic device program" or "program" means a program established pursuant to section 4 of this act for the safe distribution and disposal of hypodermic devices.

Sec. 4. 1. A governmental entity, a nonprofit corporation that is recognized as exempt under section 501(c)(3) of the Internal Revenue Code, 26 U.S.C. § 501(c)(3), a public health program, a medical facility or a person who has a fiscal sponsor that is recognized as exempt under section 501(c)(3) of the Internal Revenue Code, 26 U.S.C. § 501(c)(3), may establish a sterile hypodermic device program in this State.

2. As used in this section:

(a) "Medical facility" has the meaning ascribed to it in NRS 449.0151.

(b) "Public health program" has the meaning ascribed to it in NRS 454.00973.

Sec. 4.5. The State Board of Health shall establish guidelines governing the operation of the program which provide for, without limitation:

1. The recording of the quantities of hypodermic devices distributed and collected by the program; and

2. The procedures for the safe collection and disposal of used hypodermic devices.

Sec. 5. A sterile hypodermic device program shall:

1. Establish and follow procedures for the safe collection and disposal of used hypodermic devices and other related material pursuant to guidelines established by the State Board of Health.

2. Provide community outreach and educational programs concerning:



(a) *The safer use of hypodermic devices to avoid disease and infection; and*

(b) *The safe disposal of hypodermic devices.*

3. *Report the quantities of hypodermic devices distributed and collected by the program to the State Board of Health at least semiannually.*

Sec. 6. *All staff and volunteers of a sterile hypodermic device program shall complete training which includes, without limitation, the following information:*

1. *The policies and procedures of the program and relevant regulations, including, without limitation, emergency and safety policies and procedures;*

2. *Legal and law enforcement issues and policies regarding hypodermic devices;*

3. *Overdose prevention, recognition and response;*

4. *The risk of blood-borne diseases that may result from the use of hypodermic devices;*

5. *Methods for preventing the transmission or contraction of blood-borne diseases;*

6. *The dangers of injecting drugs and the manner in which to access treatment;*

7. *Information concerning the human immunodeficiency virus and hepatitis virus and the prevention of the spread of these viruses;*

8. *The safe disposal of hypodermic devices, including, without limitation, procedures concerning accidental needle sticks; and*

9. *Cultural competency, including, without limitation, sensitivity to the needs of children, lesbian, gay, bisexual and transgendered individuals, racial and ethnic minorities, women, sex workers and any other participant population.*

Sec. 7. *A sterile hypodermic device program may provide:*

1. *Sterile hypodermic devices and other related material for safer injection drug use; and*

2. *Information concerning:*

(a) *The risks associated with the use of controlled substances;*

(b) *Drug dependence treatment services and other health services;*

(c) *Support services for people with drug dependence and their families;*

(d) *Methods for preventing the transmission or contraction of blood-borne diseases;*



(e) *Employment and vocational training services and centers; and*

(f) *Legal aid services.*

Sec. 8. *The State, any political subdivision thereof, a sterile hypodermic device program and the staff and volunteers thereof are not subject to civil liability in relation to any act or failure to act in connection with the operation of a sterile hypodermic device program, if the act or failure to act was in good faith for the purpose of executing the provisions of sections 2 to 10, inclusive, of this act, and was not a reckless act or failure to act.*

Sec. 9. 1. *Any record of a person which is created or obtained for use by a sterile hypodermic device program must be kept confidential and:*

(a) *Is not open for public inspection or disclosure;*

(b) *Must not be shared with any other person or entity without the consent of the person to whom the record relates; and*

(c) *Must not be discoverable or admissible during any legal proceeding.*

2. *A record described in subsection 1 must not be used:*

(a) *To initiate or substantiate any criminal charge against a person who participates in the sterile hypodermic device program; or*

(b) *As grounds for conducting any investigation of a person who participates in the sterile hypodermic device program.*

3. *The staff and volunteers of a sterile hypodermic device program shall not be compelled to provide evidence in any criminal proceeding conducted pursuant to the laws of this State concerning any information that was entrusted to them or became known to them through the program.*

4. *The use of any personal information of any person who participates in a sterile hypodermic device program or of the staff or volunteers of the sterile hypodermic device program in research and evaluation must be done in such a manner as to guarantee the anonymity of the person.*

5. *Aggregate data from a sterile hypodermic device program, including, without limitation, demographic information, the number of clients contacted and the types of referrals may be made available to the public.*

Sec. 10. *No person shall be subject to any discrimination in the operation of a sterile hypodermic device program on the basis of race, color, religion, sex, sexual orientation, gender identity or expression, age, political affiliation, disability, national origin, residence, frequency of injection or controlled substance used.*



Sec. 11. NRS 453.336 is hereby amended to read as follows:

453.336 1. ~~[A]~~ *Except as otherwise provided in subsection 5, a* person shall not knowingly or intentionally possess a controlled substance, unless the substance was obtained directly from, or pursuant to, a prescription or order of a physician, physician assistant licensed pursuant to chapter 630 or 633 of NRS, dentist, podiatric physician, optometrist, advanced practitioner of nursing or veterinarian while acting in the course of his or her professional practice, or except as otherwise authorized by the provisions of NRS 453.005 to 453.552, inclusive.

2. Except as otherwise provided in subsections 3 and 4 and in NRS 453.3363, and unless a greater penalty is provided in NRS 212.160, 453.3385, 453.339 or 453.3395, a person who violates this section shall be punished:

(a) For the first or second offense, if the controlled substance is listed in schedule I, II, III or IV, for a category E felony as provided in NRS 193.130.

(b) For a third or subsequent offense, if the controlled substance is listed in schedule I, II, III or IV, or if the offender has previously been convicted two or more times in the aggregate of any violation of the law of the United States or of any state, territory or district relating to a controlled substance, for a category D felony as provided in NRS 193.130, and may be further punished by a fine of not more than \$20,000.

(c) For the first offense, if the controlled substance is listed in schedule V, for a category E felony as provided in NRS 193.130.

(d) For a second or subsequent offense, if the controlled substance is listed in schedule V, for a category D felony as provided in NRS 193.130.

3. Unless a greater penalty is provided in NRS 212.160, 453.337 or 453.3385, a person who is convicted of the possession of flunitrazepam or gamma-hydroxybutyrate, or any substance for which flunitrazepam or gamma-hydroxybutyrate is an immediate precursor, is guilty of a category B felony and shall be punished by imprisonment in the state prison for a minimum term of not less than 1 year and a maximum term of not more than 6 years.

4. Unless a greater penalty is provided pursuant to NRS 212.160, a person who is convicted of the possession of 1 ounce or less of marijuana:

(a) For the first offense, is guilty of a misdemeanor and shall be:

(1) Punished by a fine of not more than \$600; or

(2) Examined by an approved facility for the treatment of abuse of drugs to determine whether the person is a drug addict and



is likely to be rehabilitated through treatment and, if the examination reveals that the person is a drug addict and is likely to be rehabilitated through treatment, assigned to a program of treatment and rehabilitation pursuant to NRS 453.580.

(b) For the second offense, is guilty of a misdemeanor and shall be:

- (1) Punished by a fine of not more than \$1,000; or
- (2) Assigned to a program of treatment and rehabilitation pursuant to NRS 453.580.

(c) For the third offense, is guilty of a gross misdemeanor and shall be punished as provided in NRS 193.140.

(d) For a fourth or subsequent offense, is guilty of a category E felony and shall be punished as provided in NRS 193.130.

5. *It is not a violation of this section if a person possesses a trace amount of a controlled substance and that trace amount is in or on a hypodermic device obtained from a sterile hypodermic device program pursuant to sections 2 to 10, inclusive, of this act.*

6. As used in this section ~~["controlled"]~~ :

(a) *"Controlled substance"* includes flunitrazepam, gamma-hydroxybutyrate and each substance for which flunitrazepam or gamma-hydroxybutyrate is an immediate precursor.

(b) *"Sterile hypodermic device program" has the meaning ascribed to it in section 3 of this act.*

Sec. 12. NRS 453.554 is hereby amended to read as follows:

453.554 ~~["As"]~~

1. *Except as otherwise provided in subsection 2, as* used in NRS 453.554 to 453.566, inclusive, unless the context otherwise requires, "drug paraphernalia" means all equipment, products and materials of any kind which are used, intended for use, or designed for use in planting, propagating, cultivating, growing, harvesting, manufacturing, compounding, converting, producing, preparing, testing, analyzing, packaging, repackaging, storing, containing, concealing, ~~["injecting,"]~~ ingesting, inhaling or otherwise introducing into the human body a controlled substance in violation of this chapter. The term includes, but is not limited to:

~~["1-"]~~ (a) Kits used, intended for use, or designed for use in planting, propagating, cultivating, growing or harvesting of any species of plant which is a controlled substance or from which a controlled substance can be derived;

~~["2-"]~~ (b) Kits used, intended for use, or designed for use in manufacturing, compounding, converting, producing or preparing controlled substances;



~~{3.}~~ (c) Isomerization devices used, intended for use, or designed for use in increasing the potency of any species of plant which is a controlled substance;

~~{4.}~~ (d) Testing equipment used, intended for use, or designed for use in identifying, or in analyzing the strength, effectiveness or purity of controlled substances;

~~{5.}~~ (e) Scales and balances used, intended for use, or designed for use in weighing or measuring controlled substances;

~~{6.}~~ (f) Diluents and adulterants, such as quinine hydrochloride, mannitol, mannite, dextrose and lactose, used, intended for use, or designed for use in cutting controlled substances;

~~{7.}~~ (g) Separation gins and sifters used, intended for use, or designed for use in removing twigs and seeds from, or in otherwise cleaning or refining marijuana;

~~{8.}~~ (h) Blenders, bowls, containers, spoons and mixing devices used, intended for use, or designed for use in compounding controlled substances;

~~{9.}~~ (i) Capsules, balloons, envelopes and other containers used, intended for use, or designed for use in packaging small quantities of controlled substances;

~~{10.}~~ (j) Containers and other objects used, intended for use, or designed for use in storing or concealing controlled substances; and

~~{11.}~~ (k) Objects used, intended for use, or designed for use in ingesting, inhaling or otherwise introducing marijuana, cocaine, hashish or hashish oil into the human body, such as:

~~{(a)}~~ (1) Metal, wooden, acrylic, glass, stone, plastic or ceramic pipes with or without screens, permanent screens, hashish heads or punctured metal bowls;

~~{(b)}~~ (2) Water pipes;

~~{(c)}~~ (3) Smoking masks;

~~{(d)}~~ (4) Roach clips, which are objects used to hold burning material, such as a marijuana cigarette, that has become too small or too short to be held in the hand;

~~{(e)}~~ (5) Cocaine spoons and cocaine vials;

~~{(f)}~~ (6) Carburetor pipes and carburetion tubes and devices;

~~{(g)}~~ (7) Chamber pipes;

~~{(h)}~~ (8) Electric pipes;

~~{(i)}~~ (9) Air-driven pipes;

~~{(j)}~~ (10) Chillums;

~~{(k)}~~ (11) Bongs; and

~~{(l)}~~ (12) Ice pipes or chillers.

2. The term does not include any type of hypodermic syringe, needle, instrument, device or implement intended or capable of



being adapted for the purpose of administering drugs by subcutaneous, intramuscular or intravenous injection.

Sec. 13. NRS 453.560 is hereby amended to read as follows:

453.560 Unless a greater penalty is provided in NRS 212.160, a person who delivers or sells, possesses with the intent to deliver or sell, or manufactures with the intent to deliver or sell any drug paraphernalia, knowing, or under circumstances where one reasonably should know, that it will be used to plant, propagate, cultivate, grow, harvest, manufacture, compound, convert, produce, prepare, test, analyze, pack, repack, store, contain, conceal, ~~{inject,}~~ ingest, inhale or otherwise introduce into the human body a controlled substance in violation of this chapter is guilty of a category E felony and shall be punished as provided in NRS 193.130.

Sec. 14. NRS 453.566 is hereby amended to read as follows:

453.566 Any person who uses, or possesses with intent to use, drug paraphernalia to plant, propagate, cultivate, grow, harvest, manufacture, compound, convert, produce, prepare, test, analyze, pack, repack, store, contain, conceal, ~~{inject,}~~ ingest, inhale or otherwise introduce into the human body a controlled substance in violation of this chapter is guilty of a misdemeanor.

Sec. 15. NRS 454.480 is hereby amended to read as follows:

454.480 1. Hypodermic devices which are not restricted by federal law to sale by or on the order of a physician may be sold by a pharmacist, or by a person in a pharmacy under the direction of a pharmacist, on the prescription of a physician, dentist or veterinarian, or of an advanced practitioner of nursing who is a practitioner. Those prescriptions must be filed as required by NRS 639.236, and may be refilled as authorized by the prescriber. Records of refilling must be maintained as required by NRS 639.2393 to 639.2397, inclusive.

2. Hypodermic devices which are not restricted by federal law to sale by or on the order of a physician may be sold *or furnished* without *a* prescription. ~~{for the following purposes:~~

~~—(a) For use in the treatment of persons having asthma or diabetes.~~

~~—(b) For use in injecting intramuscular or subcutaneous medications prescribed by a practitioner for the treatment of human beings.~~

~~—(c) For use in an ambulance or by a fire fighting agency for which a permit is held pursuant to NRS 450B.200 or 450B.210.~~

~~—(d) For the injection of drugs in animals or poultry.~~



~~—(e) For commercial or industrial use or use by jewelers or other merchants having need for those devices in the conduct of their business, or by hobbyists if the seller is satisfied that the device will be used for legitimate purposes.~~

~~—(f) For use by funeral directors and embalmers, licensed medical technicians or technologists, or research laboratories.]~~

Sec. 16. NRS 454.520 is hereby repealed.

Sec. 17. This act becomes effective on July 1, 2013.



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TEMPORARY LICENSES
(Issued since last board meeting)

No temporary licenses have been issued since last meeting.



Nevada State Board of Pharmacy

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NEVADA STATE BOARD OF PHARMACY

ACTIVITIES REPORT

SEPTEMBER 4-5, 2013 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 September, 2013 Board meeting.

Licensing Activity:

- 2 licenses were granted for Out-of-State MDEG (Medical Devices, Equipment and Gases) companies.
- 28 licenses were granted for Out-of-State pharmacies, pending receipt of a favorable inspection for all compounding pharmacies residing in another state. One application was withdrawn.
- 10 licenses were granted for Out-of-State wholesalers.
- 7 applications were approved for Nevada pharmacies pending inspection.
- 1 license was granted for a Nevada MDEG license.
- 1 application for reinstatement of a pharmacist's license that was revoked for theft and substance abuse was denied, and 1 tabled.
- 1 application for a Controlled Substances Registration was granted after review by the Board with the applicant.
- 1 request for reinstatement of a pharmaceutical technician registration was denied until further evaluation for substance abuse.
- 1 application for a Nevada wholesaler was granted.

Disciplinary Action:

- Pharmaceutical Technicians AF and LJ were both fined for failing to renew their licenses and continuing to work unlicensed. Pharmacy manager AS and pharmacy WG were also fined and ordered to provide proof of staff training on license renewal.
- Pharmaceutical technician MS was revoked for diverting controlled substances and stealing cash.

Other Activity:

- The usual Board business reports were given, including recent and future speaking engagements and meetings.
- A legislative wrap-up was provided by our lobbyist Michael Hillerby including discussion of the regulatory changes necessary to comply with statutory changes enacted.
- Staff provided copies of the new application processes now required for out of state compounding pharmacies.

Workshop:

1. **Addition of regulations to Nevada Administrative Code Chapter 453 NEW LANGUAGE** To realize purpose and intent of 2013 Legislative Amendments to NRS Chapter 453 (per AB 39) regarding the sale and transfer of products that are precursors to methamphetamine.
2. **Amendment of Nevada Administrative Code Chapter 639 NEW LANGUAGE** To realize purpose and intent of 2013 Legislative Amendments to NRS Chapter 639 (SB 327) regarding telemedicine, electronic refill log and 90-day refills of dangerous drugs.
3. **Amendment of Nevada Administrative Code 639.926 Transmission of information regarding dispensing of controlled substances to certain persons.** Amends the rule that presently establishes the data fields and frequency of the controlled substance information transmitted to the Board. Amendment will improve the timeliness of the data to improve the quality of the data provided to practitioners and pharmacies pursuant to NRS 453.1545.
4. **Amendment of Nevada Administrative Code 639.7425 Dispensing Technician; Requirements; application and fee for registration; provisional registration; issuance of certificate of registration.** Adding a mandatory law CE requirement for dispensing technicians.
5. **Amendment of Nevada Administrative Code 639.748 Identification of person to whom controlled substance is dispensed.** Regarding identification required to obtain controlled substance medication.
6. **Amendment of Nevada Administrative Code 639.262 Application for registration; issuance of certificate of registration; maintenance of records relating to internship.** Regarding increasing the state requirement of 1500 hours for intern pharmacists to 1740 to match the national standard.

Public Hearing:

1. **Amendment of Nevada Administrative Code 453.510 Schedule I.** Because of abuse of unregulated products containing synthetic cannabinoids, law enforcement has requested that the Board of Pharmacy add additional compounds to Schedule I.

Proposed Regulation of the State Board of Pharmacy

Workshop October 17, 2013

Explanation – Language in *italics* is new; language in red [~~omitted material~~] is language to be omitted.

AUTHORITY: §1, NRS 639.070

Amendment of Nevada Administrative Code 639.748 Identification of person to whom controlled substance is dispensed. Regarding identification required to obtain controlled substance medication.

NAC 639.748 Identification of person *who presents a prescription for a controlled substance and* to whom ~~a~~ controlled substance is dispensed.

1. Except as otherwise provided in this section, an *agent or* employee of a pharmacy who is authorized to dispense controlled substances shall, *when accepting a written prescription for a controlled substance, and* before dispensing a controlled substance pursuant to a lawful prescription, request the person *tendering the prescription and* to whom the controlled substance will be dispensed to present a current form of identification issued by a federal, state or local governmental agency that contains a photograph of the person. The *agent or* employee shall not dispense the controlled substance if:

(a) That person *tendering the prescription and picking up the controlled substance* ~~does~~ not present such identification; or

(b) The employee reasonably believes that the identification presented has been altered or is false or otherwise invalid.

~~[2. The provisions of subsection 1 do not apply if:~~

~~(a) The prescription is paid for, in whole or in part, by an insurer;~~

~~(b) The prescription is for a patient who has had a prescription for the same controlled substance previously filled by the pharmacy; or~~

~~(c) The pharmacy is a part of the health care facility where the patient is being treated.]~~

~~2.[3.]~~ The *agent or* employee shall:

(a) Make a photocopy of the identification presented to the *agent or* employee; or

(b) Record the full name of the person ~~to whom the controlled substance is dispensed~~ *who presents the identification*, the identification number indicated on ~~his or her~~ *the* identification presented, if any, *and the name of the federal, state or local governmental agency that issued the identification. Such information shall be recorded* ~~and~~ on the prescription, the refill log, the counseling log, a computer record related to the patient or any other document that is readily retrievable and *accessible for inspection by a member of the Board, a Board inspector or by law enforcement.*

~~3.[4.]~~ If a photocopy of ~~the an~~ identification is made pursuant to paragraph (a) of subsection 2 ~~[3]~~, it must be filed with the copy of the prescription that is maintained by the pharmacy.

4. Forms of identification such as a World Passport, a Nevada Driver's Authorization Card, or a driver's authorization card or driver's privilege card from other states shall not be accepted for purposes of this section.

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State of Nevada Department of Motor Vehicles

Important Announcements!

Veterans: Use your tax exemption online!

Driver Authorization Cards: The DMV will issue cards beginning in January, 2014.

RFP: A bidding opportunity is open to conduct 'remote sensing' of emissions in LV.

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Residency & Proof of Identity

Proof of Identity and Social Security Number

You must be a Nevada resident and provide a Nevada street address to obtain a drivers license, instruction permit or ID card.

As a first-time applicant, you will be required to provide proof of your identity (name and date of birth) and separate proof of your social security number if one has been issued for you. You must also surrender any existing U.S.-issued license or ID.

We do not accept other states' licenses, instruction permits or ID cards as proof of identity. Please bring one of the documents listed in addition to your license, permit or ID card. You must also complete a [Driver's License or Identification Card Application \(DMV 002\)](#).



Proof of Name and Date of Birth

Certified U.S. Issued Birth Certificate or Certified Abstract (hospital copies are not accepted)
U.S. Passport (valid or expired less than one year)
U.S. Military Identification or DD-214 Report of Separation
Certificate of Citizenship or Naturalization
Certificate of Degree of Indian Blood
Consular Report of Birth Abroad
Permanent or Temporary Resident Card
Resident Alien Card or I-551 Receipt
Valid Foreign Passport stamped "Processed for I-551"
Arrival-Departure Record (I-94) with Visa or Passport
Valid Employment Authorization Card
Permit to Reenter the U.S.
Refugee Travel Documents

Social Security Number

Social Security Card
W-2, 1099, 1099A, completed federal income tax return or IRS correspondence with number listed
Pay stub with number listed or other employment records
U.S. Military Identification with full number listed
U.S. Military DD-214 Report of Separation
U.S. Veteran Identification Card with full number listed

Documents must be valid originals or certified copies that were issued in the United States (except for foreign passports). We do not accept photocopies. Permanent Resident Cards must be updated at age 14 unless the bearer turns age 16 prior to expiration.

See [Documents You Need for a Social Security Card](#) if you do not have proof of your number.

Maiden Names/Name Changes - You must present documentation of any name change(s) if you will be presenting a proof of identity document that does not contain your current legal name. This may include a Marriage Certificate, divorce decree, adoption records or court order.

Divorce decrees must reference the maiden name or former name before marriage. In a case of multiple name changes, you may be asked for records of each change.

If you lack these documents, contact your state or county Vital Statistics Office. A list is available from the [National Center for Health Statistics](#). You may also use www.vitalchek.com or a similar commercial service. Contact the [Social Security Administration](#) if necessary.

We do not accept:

- Consular identification cards issued by foreign governments
- Foreign birth certificates
- Border Crossing cards

Residents of all U.S. territories and foreign countries must meet the Proof of Identity requirements and take vision, knowledge and skills tests to qualify for a driver license.

If you cannot meet these requirements, [email](#) or call your [local DMV office](#) before applying for a license, permit or ID.

Residency

Active duty military members, their spouses, dependents and others living temporarily in Nevada are not required to transfer their license and registration.

Licenses are not issued to visitors and out-of-state students.

Nevada Revised Statutes 482.103 and 483.141 "Resident" defined.

1. "Resident" includes, but is not limited to, a person:
 - a. Whose legal residence is in the State of Nevada.
 - b. Who engages in intrastate business and operates in such a business any motor vehicle, trailer or semi trailer, or any person maintaining

such vehicles in this state, as the home state of such vehicles.

- c. Who physically resides in this state and engages in a trade, profession, occupation or accepts gainful employment in this state.
 - d. Who declares himself to be a resident of this state to obtain privileges not ordinarily extended to nonresidents of this state.
2. The term does not include a person who is an actual tourist, an out-of-state student, a foreign exchange student, a border state employee or a seasonal resident.

Non-U.S. Citizens

Nevada does not issue licenses or ID cards to tourists. Other Non U.S. citizens may, or may not, be eligible depending on their specific immigration status.

Email or call your local DMV office before applying for a license. Please include the Status Code issued by the U.S. Bureau of Citizenship and Immigration Services. The type of license or ID issued is determined by immigration status.

You must have one of the immigration documents listed above under [Proof of Identity](#). Nevada does not accept foreign driver licenses, foreign birth certificates, consular identification cards, border crossing cards or foreign passports without an I-94 Arrival-Departure Record.

Non U.S. Citizens who have applied for, but not received, a Social Security number may attest to this on the driver license application. They are not required to provide proof of a Social Security number.

If you have never been licensed in the United States, you will have to take vision, written and driving skills tests. See [Beginning Drivers 18 and Older](#), or [Nevada Teen Driving](#) for those under 18.

Driver Authorization Cards

The DMV will begin issuing Driver Authorization Cards on January 2, 2014. Drivers who cannot meet the proof of identity requirements listed above may be able to obtain a Driver Authorization Card if they present certain alternative documents.

To qualify for a card, an applicant must present two proof of identity documents and two documents showing proof of Nevada residence.

Proof of Name and Date of Birth

Two of the following:

- Driver's license issued by a U.S. state, the District of Columbia or a U.S. territory
- Passport issued by a foreign government
- Birth certificate issued by a foreign government
- Consular identification card from Mexico or a similar government-issued document

No document which is written in a language other than English may be accepted unless it is accompanied by a verified translation of the document in the English language.

AND Proof of Nevada Residence

Two of the following:

- Rent or lease receipt
- Bill or other record from a utility dated within the previous 60 days
- Bank or credit card statement dated within the previous 60 days
- Insurance document with address listed
- Medical record or bill with address listed

Applicants will be required to take all tests including the vision, knowledge and skills tests. See [Testing](#). The cost of the cards will be the same as a Nevada driver license. See [Fees](#).

Motorists holding authorization cards will be subject to all related laws such as demerit points, suspensions and revocations, etc.

Driver authorization cards will be valid for one year from the date of issuance. They will be renewed each year.

The 2013 Nevada Legislature enabled Driver Authorization Cards under Senate Bill 303.

[Bill History](#) | [Bill Text](#)

The DMV is in the process of developing regulations needed to implement this new law. A public workshop on the regulations was held August 7.

A public hearing on the revised regulations has been scheduled for October 9. See [Public Meetings](#).

World Government of World Citizens

Välkommen

"The will of the people shall be the basis of the authority of government..."
Article 21(3), Universal Declaration of Human Rights.

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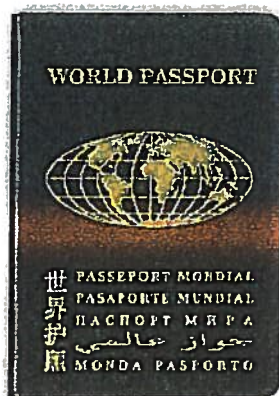
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THE WORLD PASSPORT



The mandate for the WORLD PASSPORT is Article 13(2) of the Universal Declaration of Human Rights:

Everyone has the right to leave any country, including his own, and to return to his country.

The World Passport is a 30 page Machine Readable Travel Document (MRTD*) with alphanumeric code line, scanned-in passport photo and "ghost" security paper with

embedded logo, the data page laminated, in 7 languages: English, French, Spanish, Russian, Arabic, Chinese and Esperanto.

Each passport is numbered and each page contains the World Citizen logo as background. Two pages are reserved for affiliate identifications: diplomatic corps, organizations, firms, etc. There are nineteen visa pages. In the inside back cover, there is space for home address, next of kin, doctor, employer, driving license no. and national passport/identity number. The cover is blue with gold lettering.

For nation-state recognition, please go to Documents / Visas.

To apply for a World Passport, please go to the World Passport Application Form

The World Passport represents the inalienable human right of freedom of travel on planet Earth. Therefore it is premised on the fundamental oneness or unity of the human community.

In modern times, the passport has become a symbol of national sovereignty and control by each nation-state. That control works both for citizens within a nation and all others outside. All nations thus collude in the system of control of travel rather than its freedom. If freedom of travel is one of the essential marks of the liberated human being, as stated in the Universal Declaration of Human Rights, then the very acceptance of a national passport is the mark of the slave, serf or subject. The World Passport is therefore a meaningful symbol and sometimes powerful tool for the implementation of the fundamental human right of freedom of travel. By its very existence it challenges the exclusive assumption of sovereignty of the nation-state system. It is designed however to conform to nation-state requirements for travel documents. It does not, however, indicate the nationality of its bearer,

Quote of the day

We believe that we can protect ourselves against inter-national wars only through the establishment of constitutional life in world affairs, and that such universal Law must be created in conformity with the democratic process, by freely elected and responsible representatives. The exercise of learning to live on a planet of limited resources and a very intricate interdependence is the challenge of our times.

Angela Harkavy, "The Earth Charter"

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only his/her birthplace. It is therefore a neutral, apolitical document of identity and potential travel document.

A passport gains credibility only by its acceptance by authorities other than the issuing agent. The World Passport in this respect has a track record of over 50 years acceptance since it was first issued. Today over 150 countries have visaed it on a case-by-case basis. In short, the World Passport represents the one world we all live in and on. No one has the right to tell you you can't move freely on your natural birthplace! So don't leave home without one!

[Return to the World Government Documents.](#)

* Filed with the International Civil Aviation Organization.

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Proposed Regulation of the State Board of Pharmacy

Workshop October 17, 2013

Explanation – Language in *italics* is new; language in red [~~omitted material~~] is language to be omitted.

AUTHORITY: §1, NRS 639.070

Amendment of Nevada Administrative Code (NAC) Chapter 639. The proposed amendment would bring certain sections of NAC Chapter 639 relating to the advanced practice of nursing in line with the statutory amendments enacted by the Nevada Legislature through AB 170. The proposed amendments would replace the term “advanced practitioner of nursing” with “advanced practice registered nurse” and make various other changes to provisions relating to the advanced practice of nursing.

Section 1. Propose to amend NAC 639.220 as follows:

NAC 639.220 Schedule of fees; penalty for late renewal; exemptions from certain fees. (NRS 639.070, 639.170)

1. The Board hereby adopts the following schedule of fees:

For the examination of an applicant for registration as a pharmacist.....	..... Actual cost of the examination
For the investigation or registration of an applicant as a registered pharmacist...	..... \$180
For the investigation, examination or registration of an applicant as a registered pharmacist by reciprocity.....	..... 180
For the investigation or issuance of an original license to conduct a retail pharmacy.....	..... 500
For the biennial renewal of a license to conduct a retail pharmacy.....	..... 500
For the investigation or issuance of an original license to conduct an institutional pharmacy.....	..... 500
For the biennial renewal of a license to conduct an institutional pharmacy.....	..... 500
For the investigation or issuance of an original license to conduct a pharmacy in a correctional institution.....	..... 500
For the biennial renewal of a license to conduct a pharmacy in a correctional institution.....	..... 500

For the issuance of an original or duplicate certificate of registration as a registered pharmacist.....	50
For the biennial renewal of registration as a registered pharmacist.....	180
For the reinstatement of a lapsed registration (in addition to the fees for renewal for the period of lapse).....	100
For the initial registration of a pharmaceutical technician or pharmaceutical technician in training.....	40
For the biennial renewal of registration of a pharmaceutical technician or pharmaceutical technician in training.....	40
For the investigation or registration of an intern pharmacist.....	\$40
For the biennial renewal of registration as an intern pharmacist.....	40
For the investigation or registration of an advanced practitioner of nursing practice registered nurse or a physician assistant to prescribe drugs that are not controlled substances.....	80
For the biennial renewal of registration of an advanced practitioner of nursing practice registered nurse or a physician assistant to prescribe drugs that are not controlled substances.....	80
For authorization of a physician, advanced practitioner of nursing practice registered nurse, physician assistant, euthanasia technician, ambulatory surgical center, facility for treatment with narcotics, researcher, instructional user or any other authorized person to prescribe or possess controlled substances.....	80
For the biennial renewal of authorization of a physician, advanced practitioner of nursing practice registered nurse, physician assistant, euthanasia technician, ambulatory surgical center, facility for treatment with narcotics, researcher, instructional user or any other authorized person to prescribe or possess controlled substances.....	80
For the investigation or issuance of an original license to engage in business as an authorized warehouse, medical products provider or medical products wholesaler.....	500
For the biennial renewal of a license to engage in business as an authorized warehouse, medical products provider or medical products wholesaler.....	500
For the investigation or issuance of an original license to a manufacturer or wholesaler.....	500
For the biennial renewal of a license for a manufacturer or wholesaler.....	500

For the reissuance of a license issued to a pharmacy, when no change of ownership is involved, but the license must be reissued because of a change in the information required thereon..... 50

For authorization of a practitioner to dispense controlled substances or dangerous drugs, or both, for each location where the practitioner will dispense controlled substances or dangerous drugs, or both..... 300

For the biennial renewal of authorization of a practitioner to dispense controlled substances or dangerous drugs, or both, for each location where the practitioner will dispense controlled substances or dangerous drugs, or both 300

2. The penalty for failure to pay the renewal fee for any license, permit or certificate within the statutory period, as provided in subsection 4 of **NRS 639.170**, is 50 percent of the renewal fee for each period of delinquency in addition to the renewal fee for each period of delinquency.

3. Any person who has been registered as a pharmacist in this State for at least 50 years is not required to pay the fee for the biennial renewal of a certificate of registration as a registered pharmacist.

4. The provisions of this section concerning the fee for the biennial renewal of the authorization to dispense controlled substances or dangerous drugs do not apply to an advanced ~~practitioner of nursing~~*practice registered nurse* who is required to pay a fee pursuant to NAC 639.870.

5. A health center:

(a) Which is a federally qualified health center as defined in 42 U.S.C. § 1396d(l)(2)(B), as that section existed on March 1, 2000, that provides health care primarily to medically underserved persons in a community; and

(b) Which is not a medical facility as defined in NRS 449.0151,
↪ is not required to pay the fee for the collective certification of advanced ~~practitioner of nursing~~*practice registered nurses* in the employ of a public or nonprofit agency as set forth in subsection 1.

6. A practitioner employed by or serving as an independent contractor of a health center:

(a) Which is a federally qualified health center as defined in 42 U.S.C. § 1396d(l)(2)(B), as that section existed on March 1, 2000, that provides health care primarily to medically underserved persons in a community; and

(b) Which is not a medical facility as defined in NRS 449.0151,
is not required to pay a fee to the Board for a change of address or for an additional address at which the practitioner dispenses drugs.

7. A practitioner who is exempt from the payment of a fee pursuant to subsection 6 shall notify the Board in writing of each change of address or additional address, or both.

[Bd. of Pharmacy, § 639.050, eff. 6-26-80]—(NAC A 6-25-82; 6-16-86; 2-18-88; 4-28-88; 8-10-89; 9-11-91; 10-17-91; 11-15-93; 1-10-94; 7-7-94; 11-9-95; 5-22-96; R155-99, 3-1-2000; R011-01, 11-1-2001; R012-02, 5-31-2002; R081-04, 8-25-2004; R217-05, 5-4-2006; R114-08, 9-18-2008; R119-09, 1-28-2010)

Section 2. Propose to amend NAC 639.752 as follows:

NAC 639.752 Restrictions on filling or dispensing certain prescriptions. (NRS 639.070)

1. Except as otherwise provided in this section and NRS 639.235, a pharmacist shall not fill a prescription for, or dispense, a dangerous drug or a controlled substance if the prescription is:

(a) Written by a practitioner who is not licensed to practice in this State, but is authorized by the laws of another state to prescribe;

(b) For a patient who resides in a state other than the state in which the prescribing practitioner's practice is located;

(c) Requested to be furnished in a manner other than by dispensing directly to the patient, or an agent of the patient, in person; and

(d) To be paid for in full, in cash or cash equivalent, at the time the prescription is dispensed,

↪ unless the pharmacist first verifies the prescription as set forth in subsection 2.

2. A pharmacist who verifies a prescription pursuant to this section must:

(a) Speak with the patient or the prescribing practitioner;

(b) Establish that:

(1) The prescription is authentic; and

(2) A bona fide relationship between the patient and the prescribing practitioner did exist when the prescription was written; and

(c) Record on the prescription or in the prescription record in the pharmacy's computer:

(1) The name of the person with whom the pharmacist spoke concerning the prescription;

(2) The date and time of the conversation; and

(3) The date and time the patient was examined by the prescribing practitioner.

3. Subsection 1 does not apply to a pharmacist who refills a prescription he or she has previously filled if the pharmacist verified the prescription before filling it the first time.

4. For the purposes of this section, a bona fide relationship between the patient and the prescribing practitioner shall be deemed to exist:

(a) If the patient was physically examined by the practitioner within the 6 months immediately preceding the date the prescription was issued; or

(b) If the patient is incarcerated in a local correctional institution or a facility or institution operated by the Department of Corrections and was examined through the use of a telephone or a videoconferencing system by a practitioner who is a physician licensed pursuant to chapter 630 or 633 of NRS and:

(1) The medical history of the patient is available to the physician;

(2) A nurse or an advanced ~~practitioner of nursing~~ *practice registered nurse* licensed pursuant to chapter 632 of NRS or a physician assistant licensed pursuant to chapter 630 or 633 of NRS is physically present with the patient when the physician examines the patient and that nurse, advanced ~~practitioner of nursing~~ *practice registered nurse* or physician assistant is trained in the use of the telephone or videoconferencing system; and

(3) The physician enters the results of the examination into the medical chart of the patient that is maintained by the local correctional institution or the facility or institution operated by the Department of Corrections.

5. As used in this section:

(a) "Cash equivalent" includes, without limitation:

- (1) A check;
- (2) A credit card;
- (3) A draft;
- (4) An electronic funds transfer; and

(5) A prescription drug discount card or other device obtained pursuant to the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, Public Law 108-173, or any regulations adopted pursuant thereto.

(b) "Local correctional institution" has the meaning ascribed to it in NAC 211.070.

(Added to NAC by Bd. of Pharmacy by R112-99, eff. 11-3-99; A by R156-04, 10-22-2004; R212-09, 8-13-2010)

Section 3. Propose to amend NAC 639.841 as follows:

NAC 639.841 "Collaborating physician" defined. (NRS 639.070) As used in NAC 639.841 to 639.900, inclusive, unless the context otherwise requires, "collaborating physician" has the meaning ascribed to it in NAC 632.038.

(Added to NAC by Bd. of Pharmacy by R015-03, eff. 10-21-2003)

Section 4. Propose to amend NAC 639.846 as follows:

NAC 639.846 Change in location of practice or collaborating physician. (NRS 639.070) If a change in the location of practice or the collaborating physician of an advanced ~~practitioner of nursing~~ *practice registered nurse* occurs, the advanced ~~practitioner of nursing~~ *practice registered nurse* shall submit the change in writing to the Board.

(Added to NAC by Bd. of Pharmacy, eff. 12-3-84; A 10-17-86; 6-14-90; 10-17-91; 10-24-97; R015-03, 10-21-2003)—(Substituted in revision for NAC 639.863)

Section 5. Propose to amend NAC 639.850 as follows:

NAC 639.850 Certificate of registration: Application; appearance before Board; collaborating physician. (NRS 639.070, 639.2351)

1. The application of an advanced ~~practitioner of nursing~~ *practice registered nurse* for a certificate of registration to prescribe controlled substances, poisons, dangerous drugs and devices must include:

- (a) The name, address, social security number and telephone number of the applicant;
- (b) A copy of the certificate issued by the State Board of Nursing which authorizes the applicant to prescribe controlled substances, poisons, dangerous drugs and devices;
- (c) The name, address and telephone number of the applicant's collaborating physician, *if any*; and
- (d) Any other information requested by the Board.

2. Each advanced ~~practitioner of nursing~~*practice registered nurse* who applies for a certificate of registration ~~and his or her collaborating physician~~ may be required by the Board to appear personally before the Board for a determination and an assignment of the specific authority to be granted to the advanced ~~practitioner of nursing~~*practice registered nurse*.

3. ~~Each advanced practitioner or nursing to whom a certificate of registration is issued must be registered to a collaborating physician~~*An advanced practice registered nurse who is authorized to prescribe controlled substances, poisons, dangerous drugs and devices pursuant to NRS 639.2351 shall not prescribe a controlled substance listed in schedule II unless:*

(a) The advanced practice registered nurse has at least 2 years or 2,000 hours of clinical experience; or

(b) The controlled substance is prescribed pursuant to a protocol approved by a collaborating physician.

(Added to NAC by Bd. of Pharmacy, eff. 12-3-84; A 10-17-86; 6-14-90; 10-17-91; 1-10-94; 11-9-95; R007-01 & R017-01, 11-1-2001; R012-02, 5-31-2002; R015-03, 10-21-2003)

Section 6. Propose to amend NAC 639.854 as follows:

NAC 639.854 Scope of authority to prescribe. (NRS 639.070, 639.2351)

1. Except as otherwise provided in subsection 2, an advanced ~~practitioner of nursing~~*practice registered nurse* who is authorized to prescribe controlled substances, poisons, dangerous drugs and devices or to prescribe poisons, dangerous drugs and devices may prescribe a controlled substance, poison, dangerous drug and device or a poison, dangerous drug and device, as applicable, only:

(a) For a legitimate medical purpose within the scope of practice in which he or she is trained, qualified and competent, subject to the scope of practice, or limitations thereto, if any, set by the Nevada State Board of Nursing; and

(b) ~~In such amounts as are authorized by his or her collaborating physician, except that the~~ in amounts ~~must not to~~ exceed a 365-day supply.

2. The limitation set forth in paragraph (b) of subsection 1 does not apply to any method of birth control prescribed by an advanced ~~practitioner of nursing~~*practice registered nurse*.

(Added to NAC by Bd. of Pharmacy by R015-03, eff. 10-21-2003)

Section 7. Propose to amend NAC 639.858 as follows:

NAC 639.858 Authorization to write prescription in form of chart order or physician's order. (NRS 639.070) If an advanced ~~practitioner of nursing~~*practice registered nurse* is authorized by a correctional institution, hospital or any other licensed medical facility, he or she may write a prescription in the form of a chart order or physician's order at the correctional institution, hospital or licensed medical facility.

(Added to NAC by Bd. of Pharmacy, eff. 9-12-91; A 10-24-97)

Section 8. Propose to amend NAC 639.870 as follows:

NAC 639.870 Certificate of registration: Application; fee; period of validity; appearance before Board; collaborating physician; late renewal. (NRS 639.070, 639.1375)

1. The application of an advanced ~~practitioner of nursing~~*practice registered nurse* for a certificate of registration to dispense controlled substances, poisons, dangerous drugs and devices must include:

- (a) The name, address, social security number and telephone number of the applicant;
- (b) A copy of the certificate issued by the State Board of Nursing which authorizes the applicant to dispense controlled substances, poisons, dangerous drugs and devices;
- (c) The name, address and telephone number of the applicant's collaborating physician, *if any*;
- (d) Written verification from the State Board of Nursing that the applicant has passed an examination on Nevada law relating to pharmacy; and
- (e) Any other information requested by the Board.

2. Each application for the issuance or the biennial renewal of a certificate of registration must be accompanied by a nonrefundable fee of \$300. The biennial certificate of registration covers the period beginning on November 1 of each even-numbered year.

3. Each advanced ~~practitioner of nursing~~*practice registered nurse* who applies for a certificate of registration, and his or her collaborating physician, *if one is required*, must appear personally before the Board for a determination and an assignment of the specific authority to be granted to the advanced ~~practitioner of nursing~~*practice registered nurse* if the advanced ~~practitioner of nursing~~*practice registered nurse*:

- (a) Will be operating in a practice not previously licensed by the Board;
- (b) Responded affirmatively to any of the questions on the application regarding his or her character or competency; or
- (c) Is requested to do so by the Board.

4. Each advanced ~~practitioner of nursing~~*practice registered nurse* to whom a certificate of registration is issued must be registered to a collaborating physician, *unless*:

- (a) The advanced practice registered nurse will not prescribe any controlled substance listed in schedule II;*
- (b) The advanced practice registered nurse has at least 2 years or 2,000 hours of clinical experience; or*
- (c) Any controlled substance listed on schedule II that the advanced practice registered nurse prescribes is prescribed pursuant to a protocol approved by a collaborating physician.*

5. An advanced ~~practitioner of nursing~~*practice registered nurse* who fails to renew his or her certificate of registration within the time prescribed by statute or regulation must pay, in addition to the fee for renewal required by subsection 2, a fee equal to 50 percent of the fee for the renewal of the certificate.

(Added to NAC by Bd. of Pharmacy, eff. 12-3-84; A 6-14-90; 10-17-91; 10-1-93; 1-10-94; R015-03, 10-21-2003; R122-09, 1-28-2010)

Section 9. Propose to amend NAC 639.879 as follows:

NAC 639.879 Scope of authority to dispense. (NRS 639.070, 639.1375)

1. An advanced ~~practitioner of nursing~~ *practice registered nurse* who dispenses drugs to a patient shall do so in accordance with:

(a) All applicable statutes and regulations; and

(b) The agreement between the advanced ~~practitioner of nursing~~ *practice registered nurse* and his or her collaborating physician, *if applicable*.

2. Except as otherwise provided in subsection 3, an advanced ~~practitioner of nursing~~ *practice registered nurse* who is authorized to dispense controlled substances, poisons, dangerous drugs and devices or to dispense poisons, dangerous drugs and devices may dispense a controlled substance, poison, dangerous drug and device or a poison, dangerous drug and device, as applicable, only:

(a) For a legitimate medical purpose *within the scope of practice in which he or she is trained, qualified and competent, subject to the scope of practice, or limitations thereto, if any, set by the Nevada State Board of Nursing; or*

(b) *Where the advanced practice registered nurse is required to have a collaborating physician pursuant to NRS 632.237(3),* in such amounts as are authorized by his or her collaborating physician, except that the amounts of any controlled substance or dangerous drug must not exceed a 30-day supply.

3. An advanced ~~practitioner of nursing~~ *practice registered nurse* who is authorized to dispense dangerous drugs may dispense any method of birth control in any quantity ordered by prescription.

(Added to NAC by Bd. of Pharmacy, eff. 6-14-90; A 10-17-91; 5-22-96; R015-03, 10-21-2003; R060-05, 12-29-2005)

Section 10. Propose to amend NAC 639.892 as follows:

NAC 639.892 Use of child-proof container. (NRS 639.070, 639.1375) A controlled substance, dangerous drug or poison dispensed by an advanced ~~practitioner of nursing~~ *practice registered nurse* must be dispensed in a child-proof container, unless the advanced ~~practitioner of nursing~~ *practice registered nurse determines such a container is not warranted for that particular patient, or* is instructed otherwise by his or her collaborating physician.

(Added to NAC by Bd. of Pharmacy, eff. 12-3-84; A 10-17-91; R015-03, 10-21-2003)

Section 11. Propose to amend NAC 639.898 as follows:

NAC 639.898 Security and storage of controlled substances and drugs. (NRS 639.070, 639.1375)

1. All controlled substances and dangerous drugs which are in the possession of an advanced ~~practitioner of nursing~~ *practice registered nurse* must be kept in a locked storage area. Access to the storage area must be restricted to the persons described in NRS 453.375.

2. Advanced ~~practitioners of nursing~~*practice registered nurses* working intermittently at satellite facilities must transport the drugs, poisons and devices on each trip to and from those locations unless authorized by the Board to store them at those locations.

3. Biologicals and other drugs must be refrigerated if that requirement is stated on the manufacturer's label.

(Added to NAC by Bd. of Pharmacy, eff. 12-3-84; A 6-14-90; 10-17-91)

Section 12. Propose to amend NAC 639.900 as follows:

NAC 639.900 Grounds for denial of application or suspension or revocation of registration. (NRS 639.070, 639.210) The Board may deny the application of an advanced ~~practitioner of nursing~~*practice registered nurse* for a certificate of registration or suspend or revoke his or her certificate of registration if the advanced ~~practitioner of nursing~~*practice registered nurse*:

1. Is not of good moral character;
2. Is guilty of habitual intemperance;
3. Becomes or is under the influence of liquor, any depressant drug or a controlled substance while on duty, unless the drug or substance has been taken pursuant to a physician's prescription;
4. Is guilty of unprofessional conduct or conduct contrary to the public interest;
5. Is addicted to the use of any controlled substance;
6. Has been convicted of a violation of any federal law or law of this or any other state relating to controlled substances;
7. Has been convicted of a felony or other crime involving moral turpitude, dishonesty or corruption;
8. Has willfully made to the Board or its authorized representative any false written statement which is material to the administration or enforcement of any provision of chapter 453, 454 or 639 of NRS;
9. Has obtained a registration by filing any application, record or affidavit, or any information in support thereof, which is false or fraudulent;
10. Has violated any provision of the Federal Food, Drug, and Cosmetic Act or any other state or federal law or regulation relating to prescription drugs;
11. Has failed to renew his or her registration by failing to pay the renewal fee;
12. Has failed to maintain the security of his or her drug supply;
13. Has supplied patients with prescriptions that are presigned in blank; or
14. Has violated any provision of chapter 453, 454, 585 or 639 of NRS or any regulation pertaining to the practice of pharmacy, controlled substances, dangerous drugs or devices.

(Added to NAC by Bd. of Pharmacy, eff. 12-3-84; A 6-14-90; 10-17-91)

Section 13. Propose to amend NAC 639.945 as follows:

NAC 639.945 Unprofessional conduct; owner responsible for acts of employees. (NRS 639.070, 639.210)

1. The following acts or practices by a holder of any license, certificate or registration issued by the Board or any employee of any business holding any such license, certificate or registration are declared to be, specifically but not by way of limitation, unprofessional conduct and conduct contrary to the public interest:

(a) Manufacturing, compounding, selling, dispensing or permitting to be manufactured, compounded, sold or dispensed substandard drugs or preparations.

(b) Except as otherwise provided in NRS 639.2583 to 639.2808, inclusive, for substitutions of generic drugs, dispensing or causing to be dispensed a different drug or brand of drug in place of the drug or brand of drug ordered or prescribed, unless the express permission of the orderer or prescriber is obtained and, in the case of a written prescription, unless the following information is recorded on the prescription by the person obtaining permission:

(1) The date on which the permission was granted;

(2) The name of the practitioner granting the permission;

(3) The name of the person obtaining the permission;

(4) The name of the drug dispensed; and

(5) The name of the manufacturer or distributor of the drug.

(c) Using secret formulas.

(d) Failing strictly to follow the instructions of the person writing, making or ordering a prescription or chart order as to its filling or refilling, the content of the label of the prescription or giving a copy of the prescription or chart order to any person except as permitted by law.

(e) Failing to confer with the person writing, making or ordering a prescription or chart order if there is an error or omission in it which should be questioned.

(f) Operating a pharmacy at a location other than the location at which the pharmacy is licensed to operate.

(g) Supplying or diverting drugs, biologicals, medicines, substances or devices which are legally sold in pharmacies or by wholesalers, so that unqualified persons can circumvent any law pertaining to the legal sale of such articles.

(h) Performing or in any way being a party to any fraudulent or deceitful practice or transaction.

(i) Performing any of his or her duties as the holder of a license, certificate or registration issued by the Board, or as the owner of a business or an entity licensed by the Board, in an incompetent, unskillful or negligent manner.

(j) Aiding or abetting a person not licensed to practice pharmacy in the State of Nevada.

(k) Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration.

(l) Violating any term or condition of a subpoena or order issued by the Board or the staff of the Board.

(m) Failing to provide any document, data or information that is required to be made and maintained pursuant to chapters 453, 454, 585 and 639 of NRS and chapters 453, 454, 585 and 639 of NAC to a member of the Board or a member of the staff of the Board upon his or her request.

(n) Dispensing a drug as a dispensing practitioner to a patient with whom the dispensing practitioner does not have a bona fide therapeutic relationship.

(o) Prescribing a drug as a prescribing practitioner to a patient with whom the prescribing practitioner does not have a bona fide therapeutic relationship.

2. The owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ.

3. For the purposes of this section, a bona fide therapeutic relationship between the patient and practitioner shall be deemed to exist:

(a) If the patient was physically examined by the practitioner within the 6 months immediately preceding the date the practitioner dispenses or prescribes a drug to the patient and, as a result of the examination, the practitioner diagnosed a condition for which a given drug therapy is prescribed; or

(b) If the patient is incarcerated in a local correctional institution or a facility or institution operated by the Department of Corrections and was examined through the use of a telephone or videoconferencing system by a practitioner who is a physician licensed pursuant to chapter 630 or 633 of NRS and:

(1) The medical history of the patient is available to the physician;

(2) A nurse or an advanced ~~practitioner of nursing~~ *practice registered nurse* licensed pursuant to chapter 632 of NRS or a physician assistant licensed pursuant to chapter 630 or 633 of NRS is physically present with the patient when the physician examines the patient and that nurse, advanced ~~practitioner of nursing~~ *practice registered nurse* or physician assistant is trained in the use of the telephone or videoconferencing system; and

(3) The physician enters the results of the examination into the medical chart of the patient that is maintained by the local correctional institution or the facility or institution operated by the Department of Corrections.

4. As used in this section, "local correctional institution" has the meaning ascribed to it in NAC 211.070.

[Bd. of Pharmacy, § 639.165, eff. 6-26-80]—(NAC A 6-16-86; R012-99, 11-3-99; R014-01, 11-1-2001; R156-04, 10-22-2004; R219-05, 5-4-2006; R212-09, 8-13-2010)

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CHAPTER.....

AN ACT relating to the advanced practice of nursing; replacing the term “advanced practitioner of nursing” with “advanced practice registered nurse”; making various other changes to provisions relating to the advanced practice of nursing; and providing other matters properly relating thereto.

Legislative Counsel’s Digest:

Existing law authorizes the State Board of Nursing to grant certain registered nurses a certificate of recognition as an advanced practitioner of nursing and sets forth the requirements for obtaining such certification. (NRS 632.237) This bill instead authorizes the Board to issue a license as an advanced practice registered nurse to certain registered nurses.

Section 1.5 of this bill authorizes the Board to require an advanced practice registered nurse to maintain a policy of professional liability insurance in accordance with regulations adopted by the Board.

Existing law authorizes, under certain circumstances, an advanced practice registered nurse to prescribe controlled substances. (NRS 632.237, 639.235) **Sections 6, 7 and 13** of this bill prohibit an advanced practice registered nurse from prescribing a controlled substance listed in schedule II unless: (1) the nurse has at least 2 years or 2,000 hours of clinical experience; or (2) the controlled substance is prescribed pursuant to a protocol approved by a collaborating physician.

Section 39 of this bill provides that a registered nurse who possesses a valid certificate of recognition as an advanced practitioner of nursing on the effective date of this bill shall be deemed to possess a license as an advanced practice registered nurse.

EXPLANATION – Matter in *bolded italics* is new; matter between brackets {~~omitted material~~} is material to be omitted.

THE PEOPLE OF THE STATE OF NEVADA, REPRESENTED IN
SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

Section 1. NRS 630.021 is hereby amended to read as follows:
630.021 “Practice of respiratory care” includes:

1. Therapeutic and diagnostic use of medical gases, humidity and aerosols and the maintenance of associated apparatus;
2. The administration of drugs and medications to the cardiopulmonary system;
3. The provision of ventilatory assistance and control;
4. Postural drainage and percussion, breathing exercises and other respiratory rehabilitation procedures;
5. Cardiopulmonary resuscitation and maintenance of natural airways and the insertion and maintenance of artificial airways;
6. Carrying out the written orders of a physician, physician assistant, certified registered nurse anesthetist or an advanced



~~{practitioner of nursing}~~ *practice registered nurse* relating to respiratory care;

7. Techniques for testing to assist in diagnosis, monitoring, treatment and research related to respiratory care, including the measurement of ventilatory volumes, pressures and flows, collection of blood and other specimens, testing of pulmonary functions and hemodynamic and other related physiological monitoring of the cardiopulmonary system; and

8. Training relating to the practice of respiratory care.

Sec. 1.5. Chapter 632 of NRS is hereby amended by adding thereto a new section to read as follows:

The Board may require an advanced practice registered nurse to maintain a policy of professional liability insurance in accordance with regulations adopted by the Board.

Sec. 2. NRS 632.012 is hereby amended to read as follows:

632.012 “Advanced ~~{practitioner of nursing}~~ *practice registered nurse*” means a registered nurse who:

1. Has specialized skills, knowledge and experience; and
2. Is ~~{authorized}~~ *licensed* by the Board to provide services in addition to those that other registered nurses are authorized to provide.

Sec. 3. NRS 632.017 is hereby amended to read as follows:

632.017 “Practice of practical nursing” means the performance of selected acts in the care of the ill, injured or infirm under the direction of a registered professional nurse, an advanced ~~{practitioner of nursing,}~~ *practice registered nurse*, a licensed physician, a physician assistant licensed pursuant to chapter 630 or 633 of NRS, a licensed dentist or a licensed podiatric physician, not requiring the substantial specialized skill, judgment and knowledge required in professional nursing.

Sec. 4. NRS 632.018 is hereby amended to read as follows:

632.018 “Practice of professional nursing” means the performance of any act in the observation, care and counsel of the ill, injured or infirm, in the maintenance of health or prevention of illness of others, in the supervision and teaching of other personnel, in the administration of medications and treatments as prescribed by an advanced ~~{practitioner of nursing,}~~ *practice registered nurse*, a licensed physician, a physician assistant licensed pursuant to chapter 630 or 633 of NRS, a licensed dentist or a licensed podiatric physician, requiring substantial specialized judgment and skill based on knowledge and application of the principles of biological, physical and social science, but does not include acts of medical diagnosis or prescription of therapeutic or corrective measures.



Sec. 5. NRS 632.030 is hereby amended to read as follows:

632.030 1. The Governor shall appoint:

(a) Three registered nurses who are graduates of an accredited school of nursing, are licensed as professional nurses in the State of Nevada and have been actively engaged in nursing for at least 5 years preceding the appointment.

(b) One practical nurse who is a graduate of an accredited school of practical nursing, is licensed as a practical nurse in this State and has been actively engaged in nursing for at least 5 years preceding the appointment.

(c) One nursing assistant who is certified pursuant to the provisions of this chapter.

(d) One member who represents the interests of persons or agencies that regularly provide health care to patients who are indigent, uninsured or unable to afford health care. This member may be licensed under the provisions of this chapter.

(e) One member who is a representative of the general public. This member must not be:

(1) A licensed practical nurse, a registered nurse, a nursing assistant or an advanced ~~{practitioner of nursing;}~~ *practice registered nurse;* or

(2) The spouse or the parent or child, by blood, marriage or adoption, of a licensed practical nurse, a registered nurse, a nursing assistant or an advanced ~~{practitioner of nursing;}~~ *practice registered nurse.*

2. Each member of the Board must be:

(a) A citizen of the United States; and

(b) A resident of the State of Nevada who has resided in this State for not less than 2 years.

3. A representative of the general public may not:

(a) Have a fiduciary obligation to a hospital or other health agency;

(b) Have a material financial interest in the rendering of health services; or

(c) Be employed in the administration of health activities or the performance of health services.

4. The members appointed to the Board pursuant to paragraphs (a) and (b) of subsection 1 must be selected to provide the broadest representation of the various activities, responsibilities and types of service within the practice of nursing and related areas, which may include, without limitation, experience:

(a) In administration.

(b) In education.



(c) As an advanced ~~{practitioner of nursing}~~ *practice registered nurse.*

(d) In an agency or clinic whose primary purpose is to provide medical assistance to persons of low and moderate incomes.

(e) In a licensed medical facility.

5. Each member of the Board shall serve a term of 4 years. If a vacancy occurs during a member's term, the Governor shall appoint a person qualified under this chapter to replace that member for the remainder of the unexpired term.

6. No member of the Board may serve more than two consecutive terms. For the purposes of this subsection, service of 2 or more years in filling an unexpired term constitutes a term.

Sec. 6. NRS 632.237 is hereby amended to read as follows:

632.237 1. The Board may ~~{grant a certificate of recognition}~~ *issue a license to practice* as an advanced ~~{practitioner of nursing}~~ *practice registered nurse* to a registered nurse who has completed an educational program designed to prepare a registered nurse to:

(a) Perform designated acts of medical diagnosis;

(b) Prescribe therapeutic or corrective measures; and

(c) Prescribe controlled substances, poisons, dangerous drugs and devices,

↪ and who meets the other requirements established by the Board for such ~~{certification}~~ *licensure.*

2. An advanced ~~{practitioner of nursing}~~ *practice registered nurse* may:

(a) Engage in selected medical diagnosis and treatment; and

(b) If authorized pursuant to NRS 639.2351 ~~{}~~ *and subject to the limitations set forth in subsection 3,* prescribe controlled substances, poisons, dangerous drugs and devices. ~~{}~~

↪ ~~pursuant to a protocol approved by a collaborating physician. A protocol must not include and an advanced practitioner of nursing shall not engage in any diagnosis, treatment or other conduct which the advanced practitioner of nursing is not qualified to perform.~~

3. *An advanced practice registered nurse who is authorized to prescribe controlled substances, poisons, dangerous drugs and devices pursuant to NRS 639.2351 shall not prescribe a controlled substance listed in schedule II unless:*

(a) The advanced practice registered nurse has at least 2 years or 2,000 hours of clinical experience; or

(b) The controlled substance is prescribed pursuant to a protocol approved by a collaborating physician.

4. The Board shall adopt regulations:



(a) Specifying the training, education and experience necessary for ~~{certification}~~ **licensure** as an advanced ~~{practitioner of nursing}~~ **practice registered nurse**.

(b) Delineating the authorized scope of practice of an advanced ~~{practitioner of nursing}~~ **practice registered nurse**.

(c) Establishing the procedure for application for ~~{certification}~~ **licensure** as an advanced ~~{practitioner of nursing}~~ **practice registered nurse**.

Sec. 7. NRS 632.237 is hereby amended to read as follows:

632.237 1. The Board may ~~{grant a certificate of recognition}~~ **issue a license to practice** as an advanced ~~{practitioner of nursing}~~ **practice registered nurse** to a registered nurse who:

(a) Has completed an educational program designed to prepare a registered nurse to:

- (1) Perform designated acts of medical diagnosis;
- (2) Prescribe therapeutic or corrective measures; and
- (3) Prescribe controlled substances, poisons, dangerous drugs and devices;

(b) Except as otherwise provided in subsection ~~{4}~~ **5**, submits proof that he or she is certified as an advanced ~~{practitioner of nursing}~~ **practice registered nurse** by the American Board of Nursing Specialties, the National Commission for Certifying Agencies of the Institute for Credentialing Excellence, or their successor organizations, or any other nationally recognized certification agency approved by the Board; and

(c) Meets any other requirements established by the Board for such ~~{certification}~~ **licensure**.

2. An advanced ~~{practitioner of nursing}~~ **practice registered nurse** may:

(a) Engage in selected medical diagnosis and treatment; and

(b) If authorized pursuant to NRS 639.2351 ~~{}~~ **and subject to the limitations set forth in subsection 3**, prescribe controlled substances, poisons, dangerous drugs and devices. ~~{}~~

~~↳ {pursuant to a protocol approved by a collaborating physician. A protocol must not include and an}~~ An advanced ~~{practitioner of nursing}~~ **practice registered nurse** shall not engage in any diagnosis, treatment or other conduct which the advanced ~~{practitioner of nursing}~~ **practice registered nurse** is not qualified to perform.

3. **An advanced practice registered nurse who is authorized to prescribe controlled substances, poisons, dangerous drugs and devices pursuant to NRS 639.2351 shall not prescribe a controlled substance listed in schedule II unless:**



(a) *The advanced practice registered nurse has at least 2 years or 2,000 hours of clinical experience; or*

(b) *The controlled substance is prescribed pursuant to a protocol approved by a collaborating physician.*

4. The Board shall adopt regulations:

(a) Specifying any additional training, education and experience necessary for ~~{certification}~~ *licensure* as an advanced ~~{practitioner of nursing}~~ *practice registered nurse*.

(b) Delineating the authorized scope of practice of an advanced ~~{practitioner of nursing}~~ *practice registered nurse*.

(c) Establishing the procedure for application for ~~{certification}~~ *licensure* as an advanced ~~{practitioner of nursing}~~ *practice registered nurse*.

~~{4.}~~ 5. The provisions of paragraph (b) of subsection 1 do not apply to an advanced ~~{practitioner of nursing}~~ *practice registered nurse* who obtains a ~~{certificate of recognition}~~ *license* before July 1, 2014.

Sec. 8. NRS 632.294 is hereby amended to read as follows:

632.294 1. A medication aide - certified may only administer authorized medications and perform related tasks at a designated facility under the supervision of an advanced ~~{practitioner of nursing}~~ *practice registered nurse* or a registered nurse and in accordance with standard protocols developed by the Board.

2. Except as otherwise provided by subsection 4, a medication aide - certified may only administer authorized medications by the following methods:

- (a) Orally;
- (b) Topically;
- (c) By the use of drops in the eye, ear or nose;
- (d) Vaginally;
- (e) Rectally;
- (f) Transdermally; and
- (g) By the use of an oral inhaler.

3. Except as otherwise provided by subsection 4, a medication aide - certified shall not:

(a) Receive, have access to or administer any controlled substance;

(b) Administer parenteral or enteral medications;

(c) Administer any substances by nasogastric or gastronomy tubes;

(d) Calculate drug dosages;

(e) Destroy medication;



- (f) Receive orders, either in writing or verbally, for new or changed medication;
- (g) Transcribe orders from medical records;
- (h) Order or administer initial medications;
- (i) Evaluate reports of medication errors;
- (j) Perform treatments;
- (k) Conduct patient assessments or evaluations;
- (l) Engage in teaching activities for patients; or
- (m) Engage in any activity prohibited pursuant to subsection 4.

4. The Board may adopt regulations authorizing or prohibiting any additional activities of a medication aide - certified.

5. As used in this section, "supervision" means active oversight of the patient care services provided by a medication aide - certified while on the premises of a designated facility.

Sec. 9. NRS 632.345 is hereby amended to read as follows:

632.345 1. The Board shall establish and may amend a schedule of fees and charges for the following items and within the following ranges:

	Not less than	Not more than
Application for license to practice professional nursing (registered nurse)	\$45	\$100
Application for license to practice practical nursing	30	90
Application for temporary license to practice professional nursing or practical nursing pursuant to NRS 632.300, which fee must be credited toward the fee required for a regular license, if the applicant applies for a license	15	50
Application for a certificate to practice as a nursing assistant or medication aide - certified	15	50
Application for a temporary certificate to practice as a nursing assistant pursuant to NRS 632.300, which fee must be credited toward the fee required for a regular certificate, if the applicant applies for a certificate	5	40
Biennial fee for renewal of a license	40	100
Biennial fee for renewal of a certificate	20	50



	Not less than	Not more than
Fee for reinstatement of a license.....	\$10	\$100
Application for {recognition} <i>a license to practice</i> as an advanced {practitioner of nursing} <i>practice registered nurse</i>	50	200
Application for recognition as a certified registered nurse anesthetist.....	50	200
Biennial fee for renewal of {recognition} <i>a license to practice</i> as an advanced {practitioner of nursing} <i>practice registered nurse</i> or certified registered nurse anesthetist	50	200
Examination fee for license to practice professional nursing	20	100
Examination fee for license to practice practical nursing	10	90
Rewriting examination for license to practice professional nursing.....	20	100
Rewriting examination for license to practice practical nursing	10	90
Duplicate license	5	30
Duplicate certificate	5	30
Proctoring examination for candidate from another state.....	25	150
Fee for approving one course of continuing education	10	50
Fee for reviewing one course of continuing education which has been changed since approval	5	30
Annual fee for approval of all courses of continuing education offered.....	100	500
Annual fee for review of training program.....	60	100
Certification examination	10	90
Approval of instructors of training programs.....	50	100
Approval of proctors for certification examinations	20	50
Approval of training programs	150	250
Validation of licensure or certification.....	5	25



2. The Board may collect the fees and charges established pursuant to this section, and those fees or charges must not be refunded.

Sec. 10. NRS 637A.243 is hereby amended to read as follows:

637A.243 1. A hearing aid specialist licensed pursuant to this chapter may sell hearing aids by catalog or mail if:

(a) The hearing aid specialist has received a written statement signed by a physician licensed pursuant to chapter 630 or 633 of NRS, an advanced ~~{practitioner of nursing}~~ *practice registered nurse* licensed pursuant to ~~{chapter 632 of NRS,}~~ *NRS 632.237*, an audiologist licensed pursuant to chapter 637B of NRS or a hearing aid specialist licensed pursuant to this chapter which verifies that he or she has performed an otoscopic examination of that person and that the results of the examination indicate that the person may benefit from the use of a hearing aid;

(b) The hearing aid specialist has received a written statement signed by a physician licensed pursuant to chapter 630 or 633 of NRS, audiologist licensed pursuant to chapter 637B of NRS or a hearing aid specialist licensed pursuant to this chapter which verifies that he or she has performed an audiometric examination of that person in compliance with regulations adopted by the Board and that the results of the examination indicate that the person may benefit from the use of a hearing aid;

(c) The hearing aid specialist has received a written statement signed by a hearing aid specialist licensed pursuant to this chapter which verifies that an ear impression has been taken; and

(d) The person has signed a statement acknowledging that the licensee is selling him or her the hearing aid by catalog or mail based upon the information submitted by the person in accordance with this section.

2. A hearing aid specialist who sells hearing aids by catalog or mail shall maintain a record of each sale of a hearing aid made pursuant to this section for not less than 5 years.

3. The Board may adopt regulations to carry out the provisions of this section, including, without limitation, the information which must be included in each record required to be maintained pursuant to subsection 2.

Sec. 11. NRS 639.0015 is hereby amended to read as follows:

639.0015 "Advanced ~~{practitioner of nursing}~~ *practice registered nurse*" means a registered nurse who holds a valid ~~{certificate of recognition}~~ *license* as an advanced ~~{practitioner of nursing}~~ *practice registered nurse* issued by the State Board of Nursing ~~{ }~~ *pursuant to NRS 632.237.*



Sec. 12. NRS 639.0125 is hereby amended to read as follows:

639.0125 "Practitioner" means:

1. A physician, dentist, veterinarian or podiatric physician who holds a license to practice his or her profession in this State;
2. A hospital, pharmacy or other institution licensed, registered or otherwise permitted to distribute, dispense, conduct research with respect to or administer drugs in the course of professional practice or research in this State;
3. An advanced ~~{practitioner of nursing}~~ *practice registered nurse* who has been authorized to prescribe controlled substances, poisons, dangerous drugs and devices;
4. A physician assistant who:
 - (a) Holds a license issued by the Board of Medical Examiners; and
 - (b) Is authorized by the Board to possess, administer, prescribe or dispense controlled substances, poisons, dangerous drugs or devices under the supervision of a physician as required by chapter 630 of NRS;
5. A physician assistant who:
 - (a) Holds a license issued by the State Board of Osteopathic Medicine; and
 - (b) Is authorized by the Board to possess, administer, prescribe or dispense controlled substances, poisons, dangerous drugs or devices under the supervision of an osteopathic physician as required by chapter 633 of NRS; or
6. An optometrist who is certified by the Nevada State Board of Optometry to prescribe and administer therapeutic pharmaceutical agents pursuant to NRS 636.288, when the optometrist prescribes or administers therapeutic pharmaceutical agents within the scope of his or her certification.

Sec. 13. NRS 639.1375 is hereby amended to read as follows:

639.1375 1. ~~{An}~~ *Subject to the limitations set forth in NRS 632.237, an* advanced ~~{practitioner of nursing}~~ *practice registered nurse* may dispense controlled substances, poisons, dangerous drugs and devices if the advanced ~~{practitioner of nursing;}~~ *practice registered nurse:*

- (a) Passes an examination administered by the State Board of Nursing on Nevada law relating to pharmacy and submits to the State Board of Pharmacy evidence of passing that examination;
- (b) Is authorized to do so by the State Board of Nursing in a ~~{certificate}~~ *license* issued by that Board; and
- (c) Applies for and obtains a certificate of registration from the State Board of Pharmacy and pays the fee set by a regulation



adopted by the Board. The Board may set a single fee for the collective certification of advanced ~~{practitioners of nursing}~~ *practice registered nurses* in the employ of a public or nonprofit agency and a different fee for the individual certification of other advanced ~~{practitioners of nursing}~~ *practice registered nurses*.

2. The State Board of Pharmacy shall consider each application from an advanced ~~{practitioner of nursing}~~ *practice registered nurse* separately, and may:

(a) Issue a certificate of registration limiting:

(1) The authority of the advanced ~~{practitioner of nursing}~~ *practice registered nurse* to dispense controlled substances, poisons, dangerous drugs and devices;

(2) The area in which the advanced ~~{practitioner of nursing}~~ *practice registered nurse* may dispense;

(3) The kind and amount of controlled substances, poisons, dangerous drugs and devices which the certificate permits the advanced ~~{practitioner of nursing}~~ *practice registered nurse* to dispense; and

(4) The practice of the advanced ~~{practitioner of nursing}~~ *practice registered nurse* which involves controlled substances, poisons, dangerous drugs and devices in any manner which the Board finds necessary to protect the health, safety and welfare of the public;

(b) Issue a certificate of registration without any limitation not contained in the ~~{certificate}~~ *license* issued by the State Board of Nursing; or

(c) Refuse to issue a certificate of registration, regardless of the provisions of the ~~{certificate}~~ *license* issued by the State Board of Nursing.

3. If a certificate of registration issued pursuant to this section is suspended or revoked, the Board may also suspend or revoke the registration of the physician for and with whom the advanced ~~{practitioner of nursing}~~ *practice registered nurse* is in practice to dispense controlled substances.

4. The Board shall adopt regulations setting forth the maximum amounts of any controlled substance, poison, dangerous drug and devices which an advanced ~~{practitioner of nursing}~~ *practice registered nurse* who holds a certificate from the Board may dispense, the conditions under which they must be stored, transported and safeguarded, and the records which each such nurse shall keep. In adopting its regulations, the Board shall consider:



(a) The areas in which an advanced ~~{practitioner of nursing}~~ *practice registered nurse* who holds a certificate from the Board can be expected to practice and the populations of those areas;

(b) The experience and training of the *advanced practice registered nurse*;

(c) Distances between areas of practice and the nearest hospitals and physicians;

(d) *Whether the advanced practice registered nurse is authorized to prescribe a controlled substance listed in schedule II pursuant to a protocol approved by a collaborating physician;*

(e) Effects on the health, safety and welfare of the public; and

~~{(e)}~~ (f) Other factors which the Board considers important to the regulation of the practice of advanced ~~{practitioners of nursing}~~ *practice registered nurses* who hold certificates from the Board.

Sec. 14. NRS 639.2351 is hereby amended to read as follows:

639.2351 1. An advanced ~~{practitioner of nursing}~~ *practice registered nurse* may prescribe, in accordance with NRS 454.695 and 632.237, controlled substances, poisons, dangerous drugs and devices if the advanced ~~{practitioner of nursing;}~~ *practice registered nurse:*

(a) Is authorized to do so by the State Board of Nursing in a ~~{certificate}~~ *license* issued by that Board; and

(b) Applies for and obtains a certificate of registration from the State Board of Pharmacy and pays the fee set by a regulation adopted by the Board.

2. The State Board of Pharmacy shall consider each application from an advanced ~~{practitioner of nursing}~~ *practice registered nurse* separately, and may:

(a) Issue a certificate of registration; or

(b) Refuse to issue a certificate of registration, regardless of the provisions of the ~~{certificate}~~ *license* issued by the State Board of Nursing.

Sec. 15. NRS 639.2589 is hereby amended to read as follows:

639.2589 1. The form used for any prescription which is issued or intended to be filled in this state must contain a line for the signature of the practitioner.

2. Substitutions may be made in filling prescriptions contained in the orders of a physician, or of an advanced ~~{practitioner of nursing}~~ *practice registered nurse* who is a practitioner, in a facility for skilled nursing or facility for intermediate care.

3. Substitutions may be made in filling prescriptions ordered on a patient's chart in a hospital if the hospital's medical staff has approved a formulary for specific generic substitutions.



Sec. 16. NRS 640E.260 is hereby amended to read as follows:

640E.260 1. A licensed dietitian shall provide nutrition services to assist a person in achieving and maintaining proper nourishment and care of his or her body, including, without limitation:

(a) Assessing the nutritional needs of a person and determining resources for and constraints in meeting those needs by obtaining, verifying and interpreting data;

(b) Determining the metabolism of a person and identifying the food, nutrients and supplements necessary for growth, development, maintenance or attainment of proper nourishment of the person;

(c) Considering the cultural background and socioeconomic needs of a person in achieving or maintaining proper nourishment;

(d) Identifying and labeling nutritional problems of a person;

(e) Recommending the appropriate method of obtaining proper nourishment, including, without limitation, orally, intravenously or through a feeding tube;

(f) Providing counseling, advice and assistance concerning health and disease with respect to the nutritional intake of a person;

(g) Establishing priorities, goals and objectives that meet the nutritional needs of a person and are consistent with the resources of the person, including, without limitation, providing instruction on meal preparation;

(h) Treating nutritional problems of a person and identifying patient outcomes to determine the progress made by the person;

(i) Planning activities to change the behavior, risk factors, environmental conditions or other aspects of the health and nutrition of a person, a group of persons or the community at large;

(j) Developing, implementing and managing systems to provide care related to nutrition;

(k) Evaluating and maintaining appropriate standards of quality in the services provided;

(l) Accepting and transmitting verbal and electronic orders from a physician consistent with an established protocol to implement medical nutrition therapy; and

(m) Ordering medical laboratory tests relating to the therapeutic treatment concerning the nutritional needs of a patient when authorized to do so by a written protocol prepared or approved by a physician.

2. A licensed dietitian may use medical nutrition therapy to manage, treat or rehabilitate a disease, illness, injury or medical condition of a patient, including, without limitation:



(a) Interpreting data and recommending the nutritional needs of the patient through methods such as diet, feeding tube, intravenous solutions or specialized oral feedings;

(b) Determining the interaction between food and drugs prescribed to the patient; and

(c) Developing and managing operations to provide food, care and treatment programs prescribed by a physician, physician assistant, dentist, advanced ~~{practitioner of nursing}~~ *practice registered nurse* or podiatric physician that monitor or alter the food and nutrient levels of the patient.

3. A licensed dietitian shall not provide medical diagnosis of the health of a person.

Sec. 17. NRS 433A.165 is hereby amended to read as follows:

433A.165 1. Before a person alleged to be a person with mental illness may be admitted to a public or private mental health facility pursuant to NRS 433A.160, the person must:

(a) First be examined by a licensed physician or physician assistant licensed pursuant to chapter 630 or 633 of NRS or an advanced ~~{practitioner of nursing}~~ *practice registered nurse licensed pursuant to NRS 632.237* at any location where such a physician, physician assistant or advanced ~~{practitioner of nursing}~~ *practice registered nurse* is authorized to conduct such an examination to determine whether the person has a medical problem, other than a psychiatric problem, which requires immediate treatment; and

(b) If such treatment is required, be admitted for the appropriate medical care:

(1) To a hospital if the person is in need of emergency services or care; or

(2) To another appropriate medical facility if the person is not in need of emergency services or care.

2. If a person with a mental illness has a medical problem in addition to a psychiatric problem which requires medical treatment that requires more than 72 hours to complete, the licensed physician, ~~{or}~~ physician assistant ~~{licensed pursuant to chapter 630 or 633 of NRS or an}~~ or advanced ~~{practitioner of nursing}~~ *practice registered nurse* who examined the person must:

(a) On the first business day after determining that such medical treatment is necessary file with the clerk of the district court a written petition to admit the person to a public or private mental health facility pursuant to NRS 433A.160 after the medical treatment has been completed. The petition must:



(1) Include, without limitation, the medical condition of the person and the purpose for continuing the medical treatment of the person; and

(2) Be accompanied by a copy of the application for the emergency admission of the person required pursuant to NRS 433A.160 and the certificate required pursuant to NRS 433A.170.

(b) Seven days after filing a petition pursuant to paragraph (a) and every 7 days thereafter, file with the clerk of the district court an update on the medical condition and treatment of the person.

3. The examination and any transfer of the person from a facility when the person has an emergency medical condition and has not been stabilized must be conducted in compliance with:

(a) The requirements of 42 U.S.C. § 1395dd and any regulations adopted pursuant thereto, and must involve a person authorized pursuant to federal law to conduct such an examination or certify such a transfer; and

(b) The provisions of NRS 439B.410.

4. The cost of the examination must be paid by the county in which the person alleged to be a person with mental illness resides if services are provided at a county hospital located in that county or a hospital or other medical facility designated by that county, unless the cost is voluntarily paid by the person alleged to be a person with mental illness or, on the person's behalf, by his or her insurer or by a state or federal program of medical assistance.

5. The county may recover all or any part of the expenses paid by it, in a civil action against:

(a) The person whose expenses were paid;

(b) The estate of that person; or

(c) A responsible relative as prescribed in NRS 433A.610, to the extent that financial ability is found to exist.

6. The cost of treatment, including hospitalization, for a person who is indigent must be paid pursuant to NRS 428.010 by the county in which the person alleged to be a person with mental illness resides.

7. The provisions of this section do not require the Division to provide examinations required pursuant to subsection 1 at a Division facility if the Division does not have the:

(a) Appropriate staffing levels of physicians, physician assistants, advanced ~~practitioners of nursing~~ *practice registered nurses* or other appropriate staff available at the facility as the Division determines is necessary to provide such examinations; or

(b) Appropriate medical laboratories as the Division determines is necessary to provide such examinations.



8. The Division shall adopt regulations to carry out the provisions of this section, including, without limitation, regulations that:

(a) Define "emergency services or care" as that term is used in this section; and

(b) Prescribe the type of medical facility that a person may be admitted to pursuant to subparagraph (2) of paragraph (b) of subsection 1.

9. As used in this section, "medical facility" has the meaning ascribed to it in NRS 449.0151.

Sec. 18. NRS 442.119 is hereby amended to read as follows:

442.119 As used in NRS 442.119 to 442.1198, inclusive, unless the context otherwise requires:

1. "Health officer" includes a local health officer, a city health officer, a county health officer and a district health officer.

2. "Medicaid" has the meaning ascribed to it in NRS 439B.120.

3. "Medicare" has the meaning ascribed to it in NRS 439B.130.

4. "Provider of prenatal care" means:

(a) A physician who is licensed in this State and certified in obstetrics and gynecology, family practice, general practice or general surgery.

(b) A certified nurse midwife who is licensed by the State Board of Nursing.

(c) An advanced ~~{practitioner of nursing}~~ *practice registered nurse who is licensed by the State Board of Nursing pursuant to NRS 632.237 and* who has specialized skills and training in obstetrics or family nursing.

(d) A physician assistant licensed pursuant to chapter 630 or 633 of NRS who has specialized skills and training in obstetrics or family practice.

Sec. 19. NRS 449.0175 is hereby amended to read as follows:

449.0175 "Rural clinic" means a facility located in an area that is not designated as an urban area by the Bureau of the Census, where medical services are provided by a physician assistant licensed pursuant to chapter 630 or 633 of NRS or an advanced ~~{practitioner of nursing}~~ *practice registered nurse licensed pursuant to NRS 632.237 who is* under the supervision of a licensed physician.

Sec. 20. NRS 453.023 is hereby amended to read as follows:

453.023 "Advanced ~~{practitioner of nursing}~~ *practice registered nurse*" means a registered nurse who holds a valid



~~{certificate of recognition}~~ *license* as an advanced ~~{practitioner of nursing}~~ *practice registered nurse* issued by the State Board of Nursing ~~{}~~ *pursuant to NRS 632.237.*

Sec. 21. NRS 453.038 is hereby amended to read as follows:

453.038 “Chart order” means an order entered on the chart of a patient:

1. In a hospital, facility for intermediate care or facility for skilled nursing which is licensed as such by the Health Division of the Department; or

2. Under emergency treatment in a hospital by a physician, advanced ~~{practitioner of nursing,}~~ *practice registered nurse*, dentist or podiatric physician, or on the written or oral order of a physician, physician assistant licensed pursuant to chapter 630 or 633 of NRS, advanced ~~{practitioner of nursing,}~~ *practice registered nurse*, dentist or podiatric physician authorizing the administration of a drug to the patient.

Sec. 22. NRS 453.091 is hereby amended to read as follows:

453.091 1. “Manufacture” means the production, preparation, propagation, compounding, conversion or processing of a substance, either directly or indirectly by extraction from substances of natural origin, or independently by means of chemical synthesis, or by a combination of extraction and chemical synthesis, and includes any packaging or repackaging of the substance or labeling or relabeling of its container.

2. “Manufacture” does not include the preparation, compounding, packaging or labeling of a substance by a pharmacist, physician, physician assistant licensed pursuant to chapter 630 or 633 of NRS, dentist, podiatric physician, advanced ~~{practitioner of nursing}~~ *practice registered nurse* or veterinarian:

(a) As an incident to the administering or dispensing of a substance in the course of his or her professional practice; or

(b) By an authorized agent under his or her supervision, for the purpose of, or as an incident to, research, teaching or chemical analysis and not for sale.

Sec. 23. NRS 453.126 is hereby amended to read as follows:

453.126 “Practitioner” means:

1. A physician, dentist, veterinarian or podiatric physician who holds a license to practice his or her profession in this State and is registered pursuant to this chapter.

2. An advanced ~~{practitioner of nursing}~~ *practice registered nurse* who holds ~~{a certificate from the State Board of Nursing and}~~ a certificate from the State Board of Pharmacy authorizing him or her to dispense or to prescribe and dispense controlled substances.



3. A scientific investigator or a pharmacy, hospital or other institution licensed, registered or otherwise authorized in this State to distribute, dispense, conduct research with respect to, to administer, or use in teaching or chemical analysis, a controlled substance in the course of professional practice or research.

4. A euthanasia technician who is licensed by the Nevada State Board of Veterinary Medical Examiners and registered pursuant to this chapter, while he or she possesses or administers sodium pentobarbital pursuant to his or her license and registration.

5. A physician assistant who:

- (a) Holds a license from the Board of Medical Examiners; and
- (b) Is authorized by the Board to possess, administer, prescribe or dispense controlled substances under the supervision of a physician as required by chapter 630 of NRS.

6. A physician assistant who:

- (a) Holds a license from the State Board of Osteopathic Medicine; and
- (b) Is authorized by the Board to possess, administer, prescribe or dispense controlled substances under the supervision of an osteopathic physician as required by chapter 633 of NRS.

7. An optometrist who is certified by the Nevada State Board of Optometry to prescribe and administer therapeutic pharmaceutical agents pursuant to NRS 636.288, when the optometrist prescribes or administers therapeutic pharmaceutical agents within the scope of his or her certification.

Sec. 24. NRS 453.128 is hereby amended to read as follows:

453.128 1. "Prescription" means:

(a) An order given individually for the person for whom prescribed, directly from a physician, physician assistant licensed pursuant to chapter 630 or 633 of NRS, dentist, podiatric physician, optometrist, advanced ~~{practitioner of nursing}~~ *practice registered nurse* or veterinarian, or his or her agent, to a pharmacist or indirectly by means of an order signed by the practitioner or an electronic transmission from the practitioner to a pharmacist; or

(b) A chart order written for an inpatient specifying drugs which he or she is to take home upon his or her discharge.

2. The term does not include a chart order written for an inpatient for use while he or she is an inpatient.

Sec. 25. NRS 453.226 is hereby amended to read as follows:

453.226 1. Every practitioner or other person who dispenses any controlled substance within this State or who proposes to engage in the dispensing of any controlled substance within this



State shall obtain biennially a registration issued by the Board in accordance with its regulations.

2. A person registered by the Board in accordance with the provisions of NRS 453.011 to 453.552, inclusive, to dispense or conduct research with controlled substances may possess, dispense or conduct research with those substances to the extent authorized by the registration and in conformity with the other provisions of those sections.

3. The following persons are not required to register and may lawfully possess and distribute controlled substances pursuant to the provisions of NRS 453.011 to 453.552, inclusive:

(a) An agent or employee of a registered dispenser of a controlled substance if he or she is acting in the usual course of his or her business or employment;

(b) A common or contract carrier or warehouseman, or an employee thereof, whose possession of any controlled substance is in the usual course of business or employment;

(c) An ultimate user or a person in possession of any controlled substance pursuant to a lawful order of a physician, physician assistant licensed pursuant to chapter 630 or 633 of NRS, dentist, advanced ~~practitioner of nursing,~~ *practice registered nurse*, podiatric physician or veterinarian or in lawful possession of a schedule V substance; or

(d) A physician who:

(1) Holds a locum tenens license issued by the Board of Medical Examiners or a temporary license issued by the State Board of Osteopathic Medicine; and

(2) Is registered with the Drug Enforcement Administration at a location outside this State.

4. The Board may waive the requirement for registration of certain dispensers if it finds it consistent with the public health and safety.

5. A separate registration is required at each principal place of business or professional practice where the applicant dispenses controlled substances.

6. The Board may inspect the establishment of a registrant or applicant for registration in accordance with the Board's regulations.

Sec. 26. NRS 453.336 is hereby amended to read as follows:

453.336 1. A person shall not knowingly or intentionally possess a controlled substance, unless the substance was obtained directly from, or pursuant to, a prescription or order of a physician, physician assistant licensed pursuant to chapter 630 or 633 of NRS, dentist, podiatric physician, optometrist, advanced ~~practitioner of~~



~~nursing~~ *practice registered nurse* or veterinarian while acting in the course of his or her professional practice, or except as otherwise authorized by the provisions of NRS 453.005 to 453.552, inclusive.

2. Except as otherwise provided in subsections 3 and 4 and in NRS 453.3363, and unless a greater penalty is provided in NRS 212.160, 453.3385, 453.339 or 453.3395, a person who violates this section shall be punished:

(a) For the first or second offense, if the controlled substance is listed in schedule I, II, III or IV, for a category E felony as provided in NRS 193.130.

(b) For a third or subsequent offense, if the controlled substance is listed in schedule I, II, III or IV, or if the offender has previously been convicted two or more times in the aggregate of any violation of the law of the United States or of any state, territory or district relating to a controlled substance, for a category D felony as provided in NRS 193.130, and may be further punished by a fine of not more than \$20,000.

(c) For the first offense, if the controlled substance is listed in schedule V, for a category E felony as provided in NRS 193.130.

(d) For a second or subsequent offense, if the controlled substance is listed in schedule V, for a category D felony as provided in NRS 193.130.

3. Unless a greater penalty is provided in NRS 212.160, 453.337 or 453.3385, a person who is convicted of the possession of flunitrazepam or gamma-hydroxybutyrate, or any substance for which flunitrazepam or gamma-hydroxybutyrate is an immediate precursor, is guilty of a category B felony and shall be punished by imprisonment in the state prison for a minimum term of not less than 1 year and a maximum term of not more than 6 years.

4. Unless a greater penalty is provided pursuant to NRS 212.160, a person who is convicted of the possession of 1 ounce or less of marijuana:

(a) For the first offense, is guilty of a misdemeanor and shall be:

(1) Punished by a fine of not more than \$600; or

(2) Examined by an approved facility for the treatment of abuse of drugs to determine whether the person is a drug addict and is likely to be rehabilitated through treatment and, if the examination reveals that the person is a drug addict and is likely to be rehabilitated through treatment, assigned to a program of treatment and rehabilitation pursuant to NRS 453.580.

(b) For the second offense, is guilty of a misdemeanor and shall be:

(1) Punished by a fine of not more than \$1,000; or



(2) Assigned to a program of treatment and rehabilitation pursuant to NRS 453.580.

(c) For the third offense, is guilty of a gross misdemeanor and shall be punished as provided in NRS 193.140.

(d) For a fourth or subsequent offense, is guilty of a category E felony and shall be punished as provided in NRS 193.130.

5. As used in this section, “controlled substance” includes flunitrazepam, gamma-hydroxybutyrate and each substance for which flunitrazepam or gamma-hydroxybutyrate is an immediate precursor.

Sec. 27. NRS 453.371 is hereby amended to read as follows:

453.371 As used in NRS 453.371 to 453.552, inclusive:

1. ~~“Advanced practitioner of nursing” means a person who holds a certificate of recognition granted pursuant to NRS 632.237 and is registered with the Board.~~

~~—2.1~~ “Medical intern” means a medical graduate acting as an assistant in a hospital for the purpose of clinical training.

~~[3.1]~~ 2. “Pharmacist” means a person who holds a certificate of registration issued pursuant to NRS 639.127 and is registered with the Board.

~~[4.1]~~ 3. “Physician,” “dentist,” “podiatric physician,” “veterinarian” and “euthanasia technician” mean persons authorized by a license to practice their respective professions in this State who are registered with the Board.

~~[5.1]~~ 4. “Physician assistant” means a person who is registered with the Board and:

(a) Holds a license issued pursuant to NRS 630.273; or

(b) Holds a license issued pursuant to NRS 633.433.

Sec. 28. NRS 453.375 is hereby amended to read as follows:

453.375 A controlled substance may be possessed and administered by the following persons:

1. A practitioner.

2. A registered nurse licensed to practice professional nursing or licensed practical nurse, at the direction of a physician, physician assistant, dentist, podiatric physician or advanced ~~practitioner of nursing,~~ **practice registered nurse**, or pursuant to a chart order, for administration to a patient at another location.

3. An advanced emergency medical technician:

(a) As authorized by regulation of:

(1) The State Board of Health in a county whose population is less than 100,000; or

(2) A county or district board of health in a county whose population is 100,000 or more; and



(b) In accordance with any applicable regulations of:

(1) The State Board of Health in a county whose population is less than 100,000;

(2) A county board of health in a county whose population is 100,000 or more; or

(3) A district board of health created pursuant to NRS 439.362 or 439.370 in any county.

4. A respiratory therapist, at the direction of a physician or physician assistant.

5. A medical student, student in training to become a physician assistant or student nurse in the course of his or her studies at an approved college of medicine or school of professional or practical nursing, at the direction of a physician or physician assistant and:

(a) In the presence of a physician, physician assistant or a registered nurse; or

(b) Under the supervision of a physician, physician assistant or a registered nurse if the student is authorized by the college or school to administer the substance outside the presence of a physician, physician assistant or nurse.

↪ A medical student or student nurse may administer a controlled substance in the presence or under the supervision of a registered nurse alone only if the circumstances are such that the registered nurse would be authorized to administer it personally.

6. An ultimate user or any person whom the ultimate user designates pursuant to a written agreement.

7. Any person designated by the head of a correctional institution.

8. A veterinary technician at the direction of his or her supervising veterinarian.

9. In accordance with applicable regulations of the State Board of Health, an employee of a residential facility for groups, as defined in NRS 449.017, pursuant to a written agreement entered into by the ultimate user.

10. In accordance with applicable regulations of the State Board of Pharmacy, an animal control officer, a wildlife biologist or an employee designated by a federal, state or local governmental agency whose duties include the control of domestic, wild and predatory animals.

11. A person who is enrolled in a training program to become an advanced emergency medical technician, respiratory therapist or veterinary technician if the person possesses and administers the controlled substance in the same manner and under the same conditions that apply, respectively, to an advanced emergency



medical technician, respiratory therapist or veterinary technician who may possess and administer the controlled substance, and under the direct supervision of a person licensed or registered to perform the respective medical art or a supervisor of such a person.

Sec. 29. NRS 453.381 is hereby amended to read as follows:

453.381 1. In addition to the limitations imposed by NRS 453.256 and 453.3611 to 453.3648, inclusive, a physician, physician assistant, dentist, advanced ~~{practitioner of nursing,}~~ **practice registered nurse** or podiatric physician may prescribe or administer controlled substances only for a legitimate medical purpose and in the usual course of his or her professional practice, and he or she shall not prescribe, administer or dispense a controlled substance listed in schedule II for himself or herself, his or her spouse or his or her children except in cases of emergency.

2. A veterinarian, in the course of his or her professional practice only, and not for use by a human being, may prescribe, possess and administer controlled substances, and the veterinarian may cause them to be administered by a veterinary technician under the direction and supervision of the veterinarian.

3. A euthanasia technician, within the scope of his or her license, and not for use by a human being, may possess and administer sodium pentobarbital.

4. A pharmacist shall not fill an order which purports to be a prescription if the pharmacist has reason to believe that it was not issued in the usual course of the professional practice of a physician, physician assistant, dentist, advanced ~~{practitioner of nursing,}~~ **practice registered nurse**, podiatric physician or veterinarian.

5. Any person who has obtained from a physician, physician assistant, dentist, advanced ~~{practitioner of nursing,}~~ **practice registered nurse**, podiatric physician or veterinarian any controlled substance for administration to a patient during the absence of the physician, physician assistant, dentist, advanced ~~{practitioner of nursing,}~~ **practice registered nurse**, podiatric physician or veterinarian shall return to him or her any unused portion of the substance when it is no longer required by the patient.

6. A manufacturer, wholesale supplier or other person legally able to furnish or sell any controlled substance listed in schedule II shall not provide samples of such a controlled substance to registrants.

7. A salesperson of any manufacturer or wholesaler of pharmaceuticals shall not possess, transport or furnish any controlled substance listed in schedule II.



8. A person shall not dispense a controlled substance in violation of a regulation adopted by the Board.

Sec. 30. NRS 453.391 is hereby amended to read as follows:

453.391 A person shall not:

1. Unlawfully take, obtain or attempt to take or obtain a controlled substance or a prescription for a controlled substance from a manufacturer, wholesaler, pharmacist, physician, physician assistant, dentist, advanced ~~{practitioner of nursing}~~ *practice registered nurse*, veterinarian or any other person authorized to administer, dispense or possess controlled substances.

2. While undergoing treatment and being supplied with any controlled substance or a prescription for any controlled substance from one practitioner, knowingly obtain any controlled substance or a prescription for a controlled substance from another practitioner without disclosing this fact to the second practitioner.

Sec. 31. NRS 454.0015 is hereby amended to read as follows:

454.0015 “Advanced ~~{practitioner of nursing}~~ *practice registered nurse*” means a registered nurse who holds a valid ~~{certificate of recognition}~~ *license* as an advanced ~~{practitioner of nursing}~~ *practice registered nurse* issued by the State Board of Nursing ~~{-}~~ *pursuant to NRS 632.237.*

Sec. 32. NRS 454.00958 is hereby amended to read as follows:

454.00958 “Practitioner” means:

1. A physician, dentist, veterinarian or podiatric physician who holds a valid license to practice his or her profession in this State.

2. A pharmacy, hospital or other institution licensed or registered to distribute, dispense, conduct research with respect to or to administer a dangerous drug in the course of professional practice in this State.

3. When relating to the prescription of poisons, dangerous drugs and devices:

(a) An advanced ~~{practitioner of nursing}~~ *practice registered nurse* who holds ~~{a certificate from the State Board of Nursing and}~~ a certificate from the State Board of Pharmacy permitting him or her so to prescribe; or

(b) A physician assistant who holds a license from the Board of Medical Examiners and a certificate from the State Board of Pharmacy permitting him or her so to prescribe.

4. An optometrist who is certified to prescribe and administer dangerous drugs pursuant to NRS 636.288 when the optometrist prescribes or administers dangerous drugs which are within the scope of his or her certification.



Sec. 33. NRS 454.213 is hereby amended to read as follows:

454.213 A drug or medicine referred to in NRS 454.181 to 454.371, inclusive, may be possessed and administered by:

1. A practitioner.
2. A physician assistant licensed pursuant to chapter 630 or 633 of NRS, at the direction of his or her supervising physician or a licensed dental hygienist acting in the office of and under the supervision of a dentist.
3. Except as otherwise provided in subsection 4, a registered nurse licensed to practice professional nursing or licensed practical nurse, at the direction of a prescribing physician, physician assistant licensed pursuant to chapter 630 or 633 of NRS, dentist, podiatric physician or advanced ~~practitioner of nursing,~~ *practice registered nurse*, or pursuant to a chart order, for administration to a patient at another location.
4. In accordance with applicable regulations of the Board, a registered nurse licensed to practice professional nursing or licensed practical nurse who is:
 - (a) Employed by a health care agency or health care facility that is authorized to provide emergency care, or to respond to the immediate needs of a patient, in the residence of the patient; and
 - (b) Acting under the direction of the medical director of that agency or facility who works in this State.
5. A medication aide - certified at a designated facility under the supervision of an advanced ~~practitioner of nursing,~~ *practice registered nurse* or registered nurse and in accordance with standard protocols developed by the State Board of Nursing. As used in this subsection, "designated facility" has the meaning ascribed to it in NRS 632.0145.
6. Except as otherwise provided in subsection 7, an intermediate emergency medical technician or an advanced emergency medical technician, as authorized by regulation of the State Board of Pharmacy and in accordance with any applicable regulations of:
 - (a) The State Board of Health in a county whose population is less than 100,000;
 - (b) A county board of health in a county whose population is 100,000 or more; or
 - (c) A district board of health created pursuant to NRS 439.362 or 439.370 in any county.
7. An intermediate emergency medical technician or an advanced emergency medical technician who holds an endorsement issued pursuant to NRS 450B.1975, under the direct supervision of a



local health officer or a designee of the local health officer pursuant to that section.

8. A respiratory therapist employed in a health care facility. The therapist may possess and administer respiratory products only at the direction of a physician.

9. A dialysis technician, under the direction or supervision of a physician or registered nurse only if the drug or medicine is used for the process of renal dialysis.

10. A medical student or student nurse in the course of his or her studies at an approved college of medicine or school of professional or practical nursing, at the direction of a physician and:

(a) In the presence of a physician or a registered nurse; or

(b) Under the supervision of a physician or a registered nurse if the student is authorized by the college or school to administer the drug or medicine outside the presence of a physician or nurse.

→ A medical student or student nurse may administer a dangerous drug in the presence or under the supervision of a registered nurse alone only if the circumstances are such that the registered nurse would be authorized to administer it personally.

11. Any person designated by the head of a correctional institution.

12. An ultimate user or any person designated by the ultimate user pursuant to a written agreement.

13. A nuclear medicine technologist, at the direction of a physician and in accordance with any conditions established by regulation of the Board.

14. A radiologic technologist, at the direction of a physician and in accordance with any conditions established by regulation of the Board.

15. A chiropractic physician, but only if the drug or medicine is a topical drug used for cooling and stretching external tissue during therapeutic treatments.

16. A physical therapist, but only if the drug or medicine is a topical drug which is:

(a) Used for cooling and stretching external tissue during therapeutic treatments; and

(b) Prescribed by a licensed physician for:

(1) Iontophoresis; or

(2) The transmission of drugs through the skin using ultrasound.

17. In accordance with applicable regulations of the State Board of Health, an employee of a residential facility for groups, as



Proposed Regulation of the State Board of Pharmacy

Workshop October 17, 2013

Explanation – Language in *italics* is new; language in red [~~omitted material~~] is language to be omitted.

AUTHORITY: §1, NRS 639.070

Amendment of Nevada Administrative Code (NAC) Chapter 639.7105. The proposed amendment would allow a pharmacist who receives an electronic prescription to keep a paper *or* electronic copy of the prescription at the pharmacy in a manner that is readily accessible for inspection by the Board, rather than requiring the pharmacist to print and keep on hand a paper copy of the electronic prescription.

Section 1. Propose to amend NAC 639.7105 as follows:

NAC 639.7105 Electronic transmission of prescription. Except as otherwise provided in NAC 639.711:

1. A prescription for a dangerous drug or a controlled substance listed in schedule II, III, IV or V may be transmitted electronically by a practitioner to a pharmacy.
2. A practitioner shall not transmit a prescription electronically to a pharmacy unless:
 - (a) The practitioner is the only person who will have access to the prescription until it is received by the pharmacy;
 - (b) The patient:
 - (1) Consents to the transmission of the prescription electronically; and
 - (2) Approves the pharmacy where the prescription will be transmitted; and
 - (c) All requirements of 21 C.F.R. Part 1311 are satisfied.
3. In addition to the requirements set forth in NRS 639.2353 and 639.2589, a prescription that is transmitted electronically to a pharmacy must include:
 - (a) The telephone number of the prescribing practitioner;
 - (b) The time and date of the transmission; and
 - (c) The name of the pharmacy to which the prescription is sent.
4. In addition to the requirements set forth in subsection 3 and NRS 639.2353 and 639.2589, a prescription for a controlled substance that is transmitted electronically to a pharmacy must include:
 - (a) The registration number from the Drug Enforcement Administration of the prescribing practitioner; and
 - (b) If the technological capability exists to require such information to be transmitted electronically:
 - (1) The Nevada controlled substance registration number of the prescribing practitioner;
 - (2) The indication for use of the diagnosis code; and
 - (3) The date of the last physician examination of the patient.

5. A pharmacist who receives a prescription that is transmitted electronically shall:

(a) ~~Print a copy~~ *Keep a paper or electronic copy* of the prescription ~~on paper~~ *that is readily accessible to the personnel of the pharmacy who are authorized to access the prescription records of the pharmacy, and to members of the Board and employees, agents and designees of the Board;* and

(b) Keep a copy of the prescription for at least 2 years after the pharmacist receives the prescription.

6. A pharmacist shall not dispense a prescription that is transmitted electronically until the pharmacist determines that the prescription complies with the requirements of state and federal law.

7. A prescription that is transmitted electronically and complies with the provisions of this section shall be deemed an original prescription.

8. The Board may suspend the privilege of a practitioner to transmit prescriptions electronically if the Board reasonably suspects that the practitioner has transmitted a prescription electronically that is:

(a) Unlawful;

(b) Fraudulent; or

(c) Not for a legitimate medical purpose.

Proposed Regulation of the State Board of Pharmacy

Workshop October 17, 2013

Explanation – Language in *italics* is new; language in red [~~omitted material~~] is language to be omitted.

AUTHORITY: §1, NRS 639.070

Amendment of Nevada Administrative Code (NAC) Chapter 639.7105. The proposed amendment would allow a pharmacist who receives an electronic prescription to keep a paper *or* electronic copy of the prescription at the pharmacy in a manner that is readily accessible for inspection by the Board, rather than requiring the pharmacist to print and keep on hand a paper copy of the electronic prescription.

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2. A practitioner shall not transmit a prescription electronically to a pharmacy unless:
 - (a) The practitioner is the only person who will have access to the prescription until it is received by the pharmacy;
 - (b) The patient:
 - (1) Consents to the transmission of the prescription electronically; and
 - (2) Approves the pharmacy where the prescription will be transmitted; and
 - (c) All requirements of 21 C.F.R. Part 1311 are satisfied.
3. In addition to the requirements set forth in NRS 639.2353 and 639.2589, a prescription that is transmitted electronically to a pharmacy must include:
 - (a) The telephone number of the prescribing practitioner;
 - (b) The time and date of the transmission; and
 - (c) The name of the pharmacy to which the prescription is sent.
4. In addition to the requirements set forth in subsection 3 and NRS 639.2353 and 639.2589, a prescription for a controlled substance that is transmitted electronically to a pharmacy must include:
 - (a) The registration number from the Drug Enforcement Administration of the prescribing practitioner; and
 - (b) If the technological capability exists to require such information to be transmitted electronically:
 - (1) The Nevada controlled substance registration number of the prescribing practitioner;
 - (2) The indication for use of the diagnosis code; and
 - (3) The date of the last physician examination of the patient.

5. A pharmacist who receives a prescription that is transmitted electronically shall:

(a) ~~Print a copy~~*Keep a paper or electronic copy* of the prescription ~~on paper~~*that is readily accessible to the personnel of the pharmacy who are authorized to access the prescription records of the pharmacy, and to members of the Board and employees, agents and designees of the Board;* and

(b) Keep a copy of the prescription for at least 2 years after the pharmacist receives the prescription.

6. A pharmacist shall not dispense a prescription that is transmitted electronically until the pharmacist determines that the prescription complies with the requirements of state and federal law.

7. A prescription that is transmitted electronically and complies with the provisions of this section shall be deemed an original prescription.

8. The Board may suspend the privilege of a practitioner to transmit prescriptions electronically if the Board reasonably suspects that the practitioner has transmitted a prescription electronically that is:

(a) Unlawful;

(b) Fraudulent; or

(c) Not for a legitimate medical purpose.

**PROPOSED REGULATION OF THE
STATE BOARD OF PHARMACY**

LCB File No. R014-13

July 31, 2013

EXPLANATION – Matter in *italics* is new; matter in brackets [~~omitted material~~] is material to be omitted.

AUTHORITY: §1, NRS 639.070, as amended by section 80 of Senate Bill No. 220, Statutes of Nevada 2013, at page 2237.

A REGULATION relating to prescription drugs; repealing provisions governing the delivery of prescription drugs; and providing other matters properly relating thereto.

Section 1. NAC 639.710 is hereby repealed.

TEXT OF REPEALED SECTION

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.

**PROPOSED REGULATION OF THE
STATE BOARD OF PHARMACY**

LCB File No. R016-13

July 11, 2013

EXPLANATION – Matter in *italics* is new; matter in brackets ~~[omitted material]~~ is material to be omitted.

AUTHORITY: §1, NRS 639.070, as amended by section 80 of Senate Bill No. 220, Statutes of Nevada 2013, at page 2237.

A REGULATION relating to controlled substances; revising provisions concerning the storage and destruction of certain controlled substances; and providing other matters properly relating thereto.

Section 1. NAC 639.050 is hereby amended to read as follows:

639.050 1. Upon the discontinuance of a controlled substance, a controlled substance becoming outdated or the demise of a patient at a facility for skilled nursing or facility for intermediate care which is licensed by the Health Division, any remaining controlled substance dispensed to the patient must be placed in a secured locked compartment. The controlled substance must be secured in the locked container until destroyed in the manner prescribed in NAC 639.498.

2. Each practitioner or pharmacy shall physically separate each controlled substance which is outdated, damaged, deteriorated, misbranded or adulterated from the balance of its stock medications. The ~~[controlled substances must be held for destruction by an agent of the Board. The agent shall provide the]~~ practitioner or pharmacy ~~[with a copy of the Controlled Substance~~

~~Enforcement Administration form 41 ("Registrants Inventory of Controlled Substances Surrendered") acknowledging destruction of the controlled substances. The controlled substances must be destroyed]~~ *shall destroy such controlled substances* at least once each year. *The practitioner or pharmacy shall complete Form DEA-41 of the Drug Enforcement Administration, "Registrants Inventory of Drugs Surrendered," to acknowledge the destruction of the controlled substances.*

3. This section does not apply to controlled substances packaged in manufacturer's unit-dose packages which are governed by the provisions of NRS 639.267 ~~[-]~~, *as amended by section 137.4 of Assembly Bill No. 488, Statutes of Nevada 2013, at page 3068.*