



Nevada State Board of Pharmacy

431 W. PLUMB LANE • RENO, NEVADA 89509
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November 18, 2013

AGENDA

◆ PUBLIC NOTICE ◆

The Nevada State Board of Pharmacy will conduct a meeting beginning Wednesday, December 4, 2013 at 9:00 am. The meeting will continue, if necessary, on Thursday, December 5, 2013 at 9:00 am or until the Board concludes its business at the following location:

Hyatt Place
1790 E Plumb Lane
Reno, Nevada

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 October 16-17, 2013, Minutes for Possible Action
3. Applications for Out-of-State Pharmacy – Non Appearance for Possible Action:
 - A. A to Z Pharmacy – New Port Ritchey, FL
 - B. Accredo Health Group, Inc. – Indianapolis, IN
 - C. Accredo Health Group, Inc. – Orlando, FL
 - D. AllCare Plus Pharmacy Inc. – Worcester, MA
 - E. Canyon Creek Pharmacy, Inc. – San Antonio, TX
 - F. Care Direct Rx, LLC – Madison, AL
 - G. Ideal Care Pharmacy Inc. – Brooklyn, NY
 - H. Irmat Pharmacy – New York, NY
 - I. LMC Pharmacy – Boca Raton, FL
 - J. Med Care Choice Pharmacy, Inc. – West Palm Beach, FL
 - K. Meds Direct Rx of NY, LLC – Brooklyn, NY
 - L. Paramount Pharmacy – Tukwila, WA
 - M. Quick Care Pharmacy Inc. – Rancho Cucamonga, CA
 - N. Safeway Pharmacy – Bullhead City, AZ
 - O. Shoreline Pharmaceuticals, Inc. – Los Angeles, CA
 - P. Specialty Medical Drugstore – Miami, OH
 - Q. Soneux Health Pharmacy Services, LLC – Lewisville, TX
 - R. Warner West Pharmacy – Canoga Park, CA

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

- S. California Drug Compounding LLC – North Hollywood, CA
- T. Central Rexall Drugs, Inc. – Hammond, LA
- U. Emerald Hills Pharmacy, LLC – Hollywood, FL
- V. Hawthorne Professional Pharmacy – Hawthorne, CA
- W. HealthScripts Specialty Pharmacy, LLC – Sugarland, TX
- X. Inland Medical Consultants – Santa Ana, CA
- Y. Manchester Professional Pharmacy – Los Angeles, CA
- Z. Memorial Compounding Pharmacy – Houston, TX
- AA. Oldsmar Pharmacy – Palm Harbor, FL
- BB. Professional Compounding Pharmacy – La Habra, CA
- CC. PRN Rx – New Berlin, WI

- DD. San Dimas Pharmacy – Bakersfield, CA
- EE. Sobe Compounding Apothecary – Miami, FL
- FF. True Custom Pharmacy – Austin, TX
- GG. Vitality Compounding Pharmacy – Bonita Springs, FL

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

- HH. Alcon Laboratories, Inc. – Fort Worth, TX
- II. Archway Marketing Services – South Bend, IN
- JJ. Enovochem Manufacturing – Torrance, CA
- KK. Kuehne + Nagel Inc. – Redlands, CA
- LL. Kuehne + Nagel Inc. – Riverside, CA
- MM. Medline Industries, Inc. – Libertyville, IL
- NN. Nielsen Biosciences, Inc. – San Diego, CA
- OO. Par Pharmaceutical, Inc. – Montebello, NY
- PP. Wright Medical Technology, Inc. – Tempe, AZ

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

- QQ. All American Medical Supplies, LLC – Miramar, FL
- RR. American HomePatient – Tampa, FL
- SS. Donohoe Associates – Shawnee, KS
- TT. Florida Home Health Equipment and Supplies Inc. – Orlando, FL
- UU. Neovia Logistics Distributing, LLC – Ontario, CA
- VV. Remote Cardiac Services – Bloomfield, CT
- WW. SaraCare, LLC – Plantation, FL
- XX. Stymco Technologies LLC – Tampa, FL
- YY. Yummy Mummy LLC – New York, NY

Applications for Nevada Pharmacy – Non Appearance for Possible Action:

- ZZ. Campus Pharmacy – West – Las Vegas
- AAA. Express Scripts – Las Vegas
- BBB. Providence Pharmacy – Las Vegas
- CCC. Spring Valley Surgery Center, LLC – Las Vegas
- DDD. Wellness Pharmacy LLC – Henderson
- EEE. West Sunset Surgery Center LLC – Las Vegas

Applications for Nevada MDEG – Non Appearance for Possible Action:

- FFF. Key Medical, Inc. – Fallon
- GGG. Medi Home Care – Las Vegas

◆ REGULAR AGENDA ◆

4. Discipline for Possible Actions: Note – The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of any of the below named parties.

- | | | |
|----|----------------------------|------------------|
| A. | 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) |
| D. | Charles Boisselle, R.Ph | (13-037-RPH-N) |
| E. | Hale's Pharmacy | (13-037-PH-N) |
| F. | Charles Boisselle, R.Ph | (13-054-RPH-N) |
| G. | Hale's Pharmacy | (13-054-PH-N) |
| H. | Amanda L. Evans, PT | (13-041-PT-N) |

5. Application for Out-of-State Pharmacy – Appearance for Possible Action:

Roxsan Pharmacy – Beverly Hills

6. Application for Pharmacist - Reciprocity – Appearance for Possible Action:

David A. Clapp

7. Appearance Request for Possible Action:

Loreto Grimaldi – MedAvail

8. Discussion and Determination for Possible Action:

Pharmaceutical Technicians and Drug Abuse (NAC 639.240 (2)(d))

9. General Counsel Report for Possible Action:

Discussion of possible new regulations for adoption into the Nevada Administrative Code (NAC) pursuant to AB 362, which provides for the establishment of a HIV/AIDS Drug Donation Program in Nevada.

10. Executive Secretary Report for Possible Action:

- A. Financial Report
- B. Temporary Licenses
- C. Staff Activities
 - 1. Presentations: UNR Students
- D. Reports to Board
 - 1. NASCA Annual Meeting
 - 2. Roseman University Visit
 - 3. Collaborative Efforts:
 - a. Compounding Pharmacy (DEA & Florida)
 - b. Vacated Surgery Center (Health Dept & Nevada Medical Board)
 - c. Dispensing Practitioner Who Relocated (Nevada Medical Board)
 - d. Crime Labs & Street Drugs (Law Enforcement)
 - e. Pet Store (Nevada Veterinary Board)
 - 4. Roll Out of PMP Software

- E. Board Related News
 - 1. NABP Meeting on Controlled Substance Prescription Issues
- F. Activities Report

W O R K S H O P for Possible Action

Thursday, December 5, 2013 – 9:00 am

11. **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.

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.

12. Next Board Meeting:

January 22-23, 2014 – Las Vegas

13. Public Comments and Discussion of and Deliberation Upon Those Comments: No vote may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on an agenda as an item upon which action will be taken. (NRS 241.020)

Note: We are pleased to make reasonable accommodations for members of the public who are disabled and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify the Nevada State Board of Pharmacy, 431 W Plumb Lane, Reno, Nevada, 89509, or call 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
Hilton Garden Inn
7830 S. Las Vegas Boulevard
Las Vegas, Nevada

October 16 – 17, 2013

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

Board Members Present:

Kam Gandhi
Jack Dalton
Kirk Wentworth

Leo Basch
Jody Lewis

Cheryl Blomstrom
Russell Smith

Board Members Absent:

Jack Dalton (October 17, 2013)

Board Staff Present:

Larry Pinson Dave Wuest Paul Edwards Shirley Hunting Rose Marie Reynolds
Ray Seidlinger Daniel Garcia Ken Scheuber Luis Curras

1. Public Comment

October 16, 2013

No public comment.

2. Approval of September 4-5, 2013, Minutes

Cheryl Blomstrom recused from participation in the approval of the minutes as she was not in attendance at the September meeting.

After review and discussion, the minutes will be corrected to reflect the following:

Item 5, page 5, paragraph three, line three, strike "addition" and replace with "addiction."

Board Action:

Motion: Jody Lewis 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. 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

- 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

- EE. Analgesic Healthcare, Inc. – Tampa, FL

FF. Regional Home Care Inc. – Leominster, MA

Applications for Nevada Pharmacy

GG. Community Care Pharmacy – Las Vegas

HH. Fidelis Specialty Pharmacy – Las Vegas

II. Sierra Specialty Pharmacy – Reno

Applications for Nevada MDEG

JJ. Accelerated Care Plus Lease – Reno

KK. Nevada Orthotics & Prosthetics – Pahrump

Jody Lewis recused from participation of the application for CVS/Pharmacy Central Pharmacy Services – Lincoln, RI. (Item 3.E) due to her employment with CVS.

Board Action:

Motion: Cheryl Blomstrom found the Consent Agenda application information to be accurate and complete and moved for approval excluding Item 3.E (CVS/Pharmacy Central Pharmacy Services – Lincoln, RI.).

Second: Russell Smith

Action: Passed Unanimously

Board Action:

Motion: Kirk Wentworth moved to approve the application for Item 3.E (CVS/Pharmacy Central Pharmacy Services – Lincoln, RI.).

Second: Russell Smith

Action: Passed Unanimously

4. Discipline Cases

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)

Brian Ward, pharmacist, Monica Madrid, pharmaceutical technician, and Blair Wolf, Smith's Pharmacy Director appeared and were sworn by President Gandhi prior to answering questions or offering testimony.

Paul Edwards explained that two errors occurred on two different medications prescribed to the same patient on the same day. Ten year old patient HS was prescribed Azithromycin oral tablets 250 mg. and fluticasone propionate HFA oral inhalation aerosol 110 mcg/ACT. Ms. Madrid was the pharmaceutical technician who input the original prescription data for both prescriptions into Smith's Pharmacy's computer system. 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.

Mr. Edwards noted that the Respondents do not dispute the facts and allegations regarding the two misfills. During the Board's investigation, the Respondents provided conflicting statements regarding who contacted and communicated with the physician's office and HS' parents subsequent to the discovery of the errors.

Mr. Edwards called witness, Ken Scheuber, Board Investigator.

Ken Scheuber appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Mr. Edwards presented nine exhibits that were accepted into the record.

Mr. Scheuber addressed questions from Mr. Edwards regarding the exhibits related to the investigation in this case.

Mr. Edwards called Brian Ward as a witness.

Mr. Ward addressed questions posed by Mr. Edwards and the Board Members. Mr. Ward said that he does not dispute the facts surrounding the misfills. He apologized to the Board and HS' parents. Mr. Ward testified that there were several opportunities to catch the errors during the verification and counseling process, but he failed to do so. He stated that he did not follow Smith's policy which is to contact the physician upon discovery of an error nor did he complete an incident report within the required timeframe. Mr. Ward did not recall if he instructed Ms. Madrid to contact HS' physician when she brought the azithromycin error to his attention.

Mr. Edwards called Monica Madrid as a witness.

Ms. Madrid addressed questions from Mr. Edwards and the Board Members. Ms. Madrid apologized to the Board Members and parents of HS for her failure to pay closer attention during the processing of HS' prescriptions. Ms. Madrid said that she does not dispute the facts related to the two misfills, but does dispute Mr. Ward's allegation that he did not instruct her to call the physician's office regarding the Azithromycin error. Ms. Madrid testified that per store policy, she brought the error to Mr. Ward's attention. Ms. Madrid asked Mr. Ward about calling the physician's office. She alleges that Mr. Ward was counseling a patient and instructed Ms. Madrid to get the physician's office on the phone and verify what the physician had prescribed. Ms. Madrid contacted the

physician's office and confirmed the medication and dosage which she documented on the prescription as well as the patient's weight. Ms. Madrid stated that she did not call with the intent to request a change in the dosing instructions to match the error.

Ms. Madrid, Mr. Ward and Mr. Wolf addressed questions regarding Smith's policies and procedures. Mr. Wolf informed the Board that Mr. Ward completed Smith's internal training program in July. The program involves training of best practices in each pharmacy work station. Mr. Ward also completed six additional continuing education hours.

Mr. Edwards said that having heard the testimony and reviewed the pleadings as they pertain to the Second Cause of Action, Board Staff is dismissing the Second Cause of Action. During the deliberation of this case, the Board should disregard Paragraph VIII of the Accusation which relates to the Second Cause of Action.

Based on the evidence presented, Mr. Edwards recommended a finding of guilt in the First, Third, Fourth, Fifth and Six Causes of Action.

Board Action:

Motion: Cheryl Blomstrom moved to find Brian Ward guilty of the alleged violations in the First Cause of Action.

Second: Kirk Wentworth

Action: Passed Unanimously

Board Action:

After discussion, it was the general consensus of the Board that Smith's has done its due diligence by establishing policies and procedures which would have prevented these incidents if the employee(s) had followed policy.

Motion: Cheryl Blomstrom moved to find Smith's Pharmacy #347 not guilty in the Third Cause of Action.

Second: Jody Lewis

Ayes: Blomstrom, Lewis, Smith, Dalton, Basch

Nays: Wentworth

Action: Motion Carried

Board Action:

Motion: Cheryl Blomstrom moved to find Brian Ward guilty of the alleged violations in the Fourth Cause of Action.

Second: Kirk Wentworth

Action: Passed Unanimously

Board Action:

Motion: Cheryl Blomstrom moved to find Brian Ward guilty of the alleged violations in the Fifth Cause of Action.

Second: Jack Dalton

Action: Passed Unanimously

Board Action:

Motion: Cheryl Blomstrom moved to find Smith's Pharmacy #347 not guilty in the Sixth Cause of Action.

Second: Russell Smith

Ayes: Blomstrom, Lewis, Smith, Dalton, Basch
Nays: Wentworth

Action: Motion Carried

Mr. Edwards recommended that Mr. Ward pay a total fine of \$1,000.00 in the First and Fourth Causes of Action; receive a public letter of reprimand from Board Staff; and successfully complete the Your Success Rx program. In the Fifth Cause of Action, Mr. Ward shall pay a fine of \$500.00 and complete one hour of continuing education (CE) related to best practices in patient counseling in addition to the regularly required CE courses.

Board Action:

Motion: Kirk Wentworth moved that Mr. Ward pay a total fine of \$1,000.00 in the First, Fourth and Fifth Causes of Action; receive a public letter of reprimand from Board Staff, and satisfactorily complete Your Success Rx. Accept the six hours of CE Mr. Ward completed during the Smith's training program as fulfillment of the one hour of CE related to patient counseling.

Second: No second was offered.

Action: Motion failed.

Board Action:

Motion: Cheryl Blomstrom moved that Mr. Ward pay a total fine of \$1,000.00; receive a public letter of reprimand from Board Staff; accept the six hours of CE Mr. Ward recently completed to satisfy the one hour of CE proposed by Board Staff.

Ms. Blomstrom noted that she is not proposing the completion of Your Success Rx because she feels that Smith's internal training program which Mr. Ward completed is adequate.

Second: Leo Basch

Gandhi offered a friendly amendment that Mr. Ward submit evidence to Board Staff that he has successfully completed the six hours of CE and Smith's internal training program.

Blomstrom/Basch accepted the friendly amendment.

Action: Passed Unanimously

D. Diana Laska, PT

(13-040-PT-S)

Mr. Edwards noted that there was an oversight in the Accusation. The Second Cause of Action indicates the pharmacy as CVS Pharmacy #8804. Ms. Laska worked at Smith's #332 at the time the alleged violations occurred. President Gandhi accepted Mr. Edwards' request to reflect the correct pharmacy.

Mr. Edwards explained that Board Staff received written notification from the Regional Pharmacy Supervisor with Smith's Food and Drug Companies (Smith's), indicating that Smith's had terminated Ms. Laska from her employment as a pharmaceutical technician at Smith's Pharmacy #332 for diversion of controlled substances and embezzlement of cash. During an interview conducted by Smith's Regional Loss Prevention Manager, and in a written statement, Ms. Laska admitted that on three (3) separate occasions she processed fraudulent "Returned to Stock" transactions to divert hydrocodone/APAP 10-500 tablets. 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 into this matter is ongoing. The total quantity of tablets diverted and dollar amount embezzled has not yet been determined. Ms. Laska admitted to diverting the hydrocodone to "sell for extra money."

Mr. Edwards advised the Board that Ms. Laska was not present. Mr. Edwards presented the returned Accusation that was sent to Ms. Laska's last known address as Exhibit 1. The certified envelope containing the Accusation was returned to the Board Office and labeled by the post office as "Moved Left no Address". He also provided a copy of the letter sent regular mail to Ms. Laska's last known address advising her of the hearing and marked it Exhibit 2. The letter was also returned to the Board Office and labeled by the post office as "Unable to Forward." Both Exhibits were accepted into the record.

Board Action:

Motion: Russell Smith moved to find Diana Laska guilty of the alleged violations in the First Cause of Action.

Second: Cheryl Blomstrom

Action: Passed Unanimously

Board Action:

Motion: Russell Smith moved to find Diana Laska guilty of the alleged violations in the Second Cause of Action.

Second: Cheryl Blomstrom

Action: Passed Unanimously

Mr. Edwards recommended that Ms. Laska's pharmaceutical technician registration be revoked.

Board Action:

Motion: Russell Smith moved to revoke Diana Laska's pharmaceutical technician registration.

Second: Cheryl Blomstrom

Action: Passed Unanimously

E. Jacob D. Young, PTT

(13-042-PTT-S)

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

Mr. Edwards advised the Board that Mr. Young was not present. The Notice of Intended Action and Accusation was sent to Mr. Young via certified mail to his last known address. The certified mail return receipt was not returned to the Board Office.

Notification advising Mr. Young of the hearing was sent regular mail to his last known address. Mr. Young did not submit a response to the Accusation.

Mr. Edwards explained that the CVS/Caremark Pharmacy Supervisor notified the Board Office that Jacob Young had been terminated from his employment as a pharmaceutical technician in training at CVS Pharmacy #8794 for diversion of controlled substances. 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.

Board Action:

Motion: Cheryl Blomstrom moved to find Jacob Young guilty in the First Cause of Action.

Second: Russell Smith

Action: Passed Unanimously

Mr. Edwards recommended that Mr. Young's pharmaceutical technician in training registration be revoked.

Board Action:

Motion: Cheryl Blomstrom moved to revoke Jacob Young's pharmaceutical technician in training registration.

Second: Kirk Wentworth

Action: Passed Unanimously

F.	Pornpot Chamnong, R.Ph	(12-016-RPH-S)
G.	CVS/pharmacy #2990	(12-016-PH-S)

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

Pornpot Chamnong, pharmacist, and Kirsten Spath, pharmaceutical technician, appeared and were sworn by President Gandhi prior to answering questions or offering testimony.

Mike Dyer was present representing Mr. Chamnong, Ms. Spath and CVS Pharmacy #2990.

Paul Edwards presented a Stipulated Agreement regarding Mr. Chamnong and CVS Pharmacy #2990 for the Board's consideration. Mr. Chamnong and CVS Pharmacy #2990 admit to the allegations in the Notice of Intended Action and Accusation including the First, Second, and Fourth Causes of Action regarding a prescription written for Norco 10 mg. tablets which was filled and dispensed with Norvasc 10 mg. tablets. The Third Cause of Action is dismissed as CVS mainframe records provided to Board Staff by CVS's counsel show that no DUR override occurred during data entry or by a technician.

Mr. Chamnong shall receive a public letter of reprimand by Board Staff, complete a CE on error prevention, pay a fine of \$750.00 and an administrative fee of \$150.00. CVS Pharmacy #2990 shall pay an administrative fee of \$150.00.

Mr. Chamnong stated that he accepts full responsibility for his actions and apologized to the Board. Patient safety is his utmost concern. He has learned from this incident and will continue to work to improve his process.

Ms. Spath said that Mr. Chamnong is a great pharmacist. She feels that the misfill was her fault. She stated that she now takes more time to verify the medications. Ms. Spath apologized to the Board.

Board Action:

Motion: Leo Basch moved to accept the Stipulated Agreement as presented.

Second: Cheryl Blomstrom

Action: Passed Unanimously

H.	Tina Teng-Lieuallen, R.Ph	(12-025-RPH-S)
I.	Von's Pharmacy #2395	(12-025-PH-S)

Tina Teng-Lieuallen, pharmacist, Albert Oganessian, pharmaceutical technician, Paul Knerr, Von's Director of Pharmacy and Burt Bates, Von's Regional Pharmacy Manager, appeared and were sworn by President Gandhi prior to answering questions or offering testimony.

Jody Lewis disclosed that she recently met Ms. Teng-Lieuallen as a new colleague for CVS, but has no knowledge of this case. Ms. Lewis indicated that her ability to make a good judgment in this matter will not be impacted.

President Gandhi disclosed that he had a telephone conversation with Ms. Teng-Lieuallen regarding her employment application to his company. His participation in this matter will be unbiased.

Paul Edwards presented a Stipulated Agreement regarding Ms. Teng-Lieuallen and Von's Pharmacy #2395 for the Board's consideration. Ms. Teng-Lieuallen and Von's Pharmacy #2395 admit to the allegations in the Notice of Intended Action and Accusation including the First, Second, and Third Causes of Action regarding a prescription written for azathioprine 50 mg. tablets. The 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.

Ms. Teng-Lieuallen shall pay a fine of \$1,000.00 and be required to complete a CE on error prevention. Von's Pharmacy #2395 shall pay a fine of \$250.00 and an administrative fee of \$295.00.

Mr. Bates informed the Board that Von's recently worked with Ken Scheuber, Board Investigator, regarding the requirements for patient counseling. Von's has retrained their Nevada pharmacists and pharmaceutical technicians on the proper procedures for patient counseling. Von's pharmacy computer system will be upgraded the first of next year and will require the initials of the counseling pharmacist to be documented in the computer.

Board Action:

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

Second: Jody Lewis

Action: Passed Unanimously

5. Application for Nevada Pharmacy

Well Care Compounding Pharmacy II – Las Vegas

Marcelino Casal, President, appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

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

Mr. Casal explained that Well Care Pharmacy recently sold five of its six pharmacies to CVS. Well Care maintained one location in Las Vegas and will be operating at that location as a compounding pharmacy. Well Care Pharmacy II will specialize in non-sterile compounding products primarily topical creams and hormone replacement therapy. Products are patient specific and will be delivered directly to the patient's home or the patient can pick up their prescription(s) at the pharmacy.

The Board noted that on page 8a, question 1 on the application which asks if the applicant has “been charged, arrested or convicted of a felony or misdemeanor in any state” was not answered. Mr. Casal verbally answered “no” to the question.

Mr. Casal answered questions to the Board’s satisfaction.

Board Action:

Motion: Leo Basch moved to approve Well Care Compounding Pharmacy II's Application for Nevada Pharmacy pending a satisfactory inspection; receipt of an updated application (page 8a); and receipt of the signed Affidavit certifying that Well Care Compounding Pharmacy II will not sell compounded sterile products.

Second: Kirk Wentworth

Action: Passed Unanimously

6. Applications for Out-of-State Compounding Pharmacy

A. Conversio Health – San Luis Obispo, CA

Kathryn Andrusko-Furphy, Managing Pharmacist, appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Ms. Andrusko-Furphy explained that Conversio Health specializes in chronic disease management (asthma, COPD, diabetes). Conversio Health is 797 compliant, JCAHO accredited, and a member of PCCA. Compounded sterile products are tested in-house and by an outside laboratory for sterility, endotoxins and potency. All products are patient specific.

Ms. Andrusko-Furphy answered questions to the Board’s satisfaction.

Board Action:

Motion: Cheryl Blomstrom moved to approve Conversio Health’s Application for Out-of-State Compounding Pharmacy.

Second: Jody Lewis

Action: Passed Unanimously

B. Fusion Rx Compounding Pharmacy – Los Angeles, CA

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

Mr. Vahedi explained Fusion Rx Compounding pharmacy provides sterile and non-sterile compounded products primarily lipotropic injections for weight loss, Trimix for erectile dysfunction and ophthalmics. Compounded sterile products are tested in-house and by an outside laboratory for sterility, endotoxins and potency. All products are patient specific. Fusion Rx was inspected by the California Board in April, 2013.

Board Action:

Motion: Kirk Wentworth moved to approve Fusion Rx Compounding Pharmacy's Application for Out-of-State Compounding Pharmacy pending receipt of their most recent California Board inspection.

Second: Leo Basch

Action: Passed Unanimously

C. Innovation Compounding, Inc. – Kennesaw, GA

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

Mr. Hodges explained that Innovation Compounding provides compounded products, primarily hormone replacement therapy, female sexual dysfunction, female pelvic pain, erectile dysfunction and topical pain medication. All products are patient specific. Innovation Compounding is licensed in twenty-nine states and is PCAB accredited. Their last Georgia Board of Pharmacy inspection was in 2010.

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

Board Action:

Motion: Cheryl Blomstrom moved to approve Innovation Compounding's Application for Out-of-State Compounding Pharmacy.

Second: Leo Basch

Action: Passed Unanimously

7. Application for Nevada MDEG

Bethesda Lake Medical Supplies, Inc. – Las Vegas

Janet Patchett, Administrator, appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Ms. Patchett explained that Bethesda Lake Medical Supplies will be providing hospital beds, wheelchairs, commodes, compression stockings, incontinence products and diabetic supplies and footwear. They will not be providing orthotics or prosthetics. Ms. Patchett is certified in diabetic footwear fitting and compression stocking fitting. Bethesda Lake Medical Supplies is certified by the Board of Certification/Accreditation and is in the process of applying as a provider with Medicare and Medicaid.

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

Board Action:

Motion: Kirk Wentworth moved to approve Bethesda Lake Medical Supplies' Application for Nevada MDEG.

Lewis offered a friendly amendment that approval be contingent upon receipt of an affidavit that Bethesda Lake Medical Supplies will not be providing orthotics or prosthetics and receipt of a copy of the certification for diabetic shoe fitting and compression stocking fitting.

Wentworth accepted the friendly amendment.

Second: Leo Basch

Action: Passed Unanimously

8. Request for Pharmaceutical Technician in Training Registration

Marc Ashcraft

Marc Ashcraft appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Mr. Ashcraft explained that during the initial application process to Kaplan College's pharmaceutical technician program, he tested positive for marijuana. When Mr. Ashcraft became aware that he would be tested for drugs, he informed the director of the program that he would fail the drug test. Mr. Ashcraft stated that prior to his enrollment, he was associating with people who used marijuana. Mr. Ashcraft said that he no longer associates with that group of people and he has not used marijuana or any illegal drugs since the drug test. Mr. Ashcraft has not received any type of drug counseling.

President Gandhi explained the PRN-PRN program to Mr. Ashcraft and suggested he contact the director, Larry Espadero.

Board Action:

Motion: Cheryl Blomstrom moved to approve Marc Ashcraft's Pharmaceutical Technician in Training Application subject to a positive evaluation by PRN-PRN.

Second: Leo Basch

Ayes: Blomstrom, Basch, Wentworth, Dalton, Lewis

Nays: Smith

Action: Motion Carried

9. Request for Reinstatement of Practitioner Dispensing Registration – Appearance

Angela Lorenzo, PA

Angela Lorenzo appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Ms. Lorenzo submitted a request to the Board for consideration of reinstatement of her practitioner dispensing license. In July 2012, Ms. Lorenzo signed a Stipulation and Agreement with the Board voluntarily surrendering her practitioner dispensing license for violations related to the unlawful practice of dispensing medications (Case 11-091-PD-S).

Ms. Lorenzo explained that during the time that she had an active dispensing license, her practice was in compliance with dispensing regulations. The complaints filed against her stem from a disgruntled former employee who Ms. Lorenzo feels has targeted her in an effort to destroy Ms. Lorenzo's name and practice. Ms. Lorenzo stated that the violations charged against her were actually committed by the former employee. Ms. Lorenzo indicated that law enforcement is currently investigating the matter and she is confident that the truth will prove that the employee committed fraud.

Ms. Lorenzo addressed questions posed by the Board and Board Staff regarding her pending civil claims. The Board discussed concerns regarding Ms. Lorenzo's pending case with the Labor Board, several civil lawsuits, and the Medical Board's malpractice case against her none of which have been resolved to date.

President Gandhi explained to Ms. Lorenzo that the reinstatement process begins with the submission of an application. Ms. Lorenzo has not submitted an application to the Board Office therefore Board action cannot be taken at this time. President Gandhi informed Ms. Lorenzo that it is the practice of the Board that pending issues be resolved by the applicant before the Board will consider reinstatement of licensure.

10. Appearance Request

Medication Review® – Ron Erkins, R.Ph

Ron Erkins, Director of Sales, presented an overview of the services offered by Medication Review®. Medication Review® is based in Spokane, Washington, and is the largest telepharmacy company in the northwest. The company provides remote pharmacist order review and order entry to small and rural hospitals twenty-four hours per day, seven days per week. Implementation services include electronic health record setup, automated drug dispensing, and computerized physician order entry. An on-call pharmacist-in-charge is always available to take care of any management level responsibilities.

Mr. Erkins addressed questions posed by the Board.

Mr. Pinson will forward this information to the Hospital Regulation Committee.

11. Discussion and Determination

The 14-Day Rule

Mr. Pinson said that the law currently states that when a Schedule II prescription is written, the patient has fourteen days to tender it to the pharmacy. Board Staff has interpreted the statute to mean that the prescription must be tendered fourteen days from the date the prescription is written. The NAC appears to move the date of issue to the “do not fill until” date. Mr. Pinson asked the Board for their interpretation of the fourteen day rule. Board Staff will use the Board’s interpretation when addressing that question.

After discussion, the Board determined that based on the NAC, the patient has fourteen days from the “do not fill until” date to tender the prescription to the pharmacy. The Board clarified that includes fourteen days plus the “do not fill until” date which is fifteen days total.

Board Staff will include an article in the newsletter clarifying the fourteen day rule.

12. General Counsel Report

Mr. Edwards thanked the Board Investigators for their collaboration with law enforcement throughout the state and other boards in cases that involve Medi-Spas, individuals operating without a valid license, etc. The Board Investigators devote a lot of time and effort investigating cases with other agencies with positive results. Mr. Pinson added that other agencies recognize and appreciate the efforts of the Board Investigators.

Ms. Blomstrom requested that statistical data on these cooperative efforts with other agencies be included in the Executive Secretary Report in future meetings.

A. SB 453: Auto-Injectable Epinephrine

Mr. Edwards stated that Board Staff reviewed SB 453 and determined that the Board's present regulations are consistent with this Bill. It appears that there is no immediate need for additional regulations pertaining to SB 453.

B. SB 410: Hypodermic Devices

Mr. Edwards stated that Board Staff reviewed SB 410 and found no conflicts between SB 410 and the Board's present regulations. No further action is required at this time.

13. Executive Secretary Report

Mr. Pinson reported that pharmacist license renewals are going smoothly and approximately 90% of pharmacists have renewed online.

A. Financial Report

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

B. Temporary Licenses

There were no temporary licenses issued since the last meeting.

C. Staff Activities

1. Presentations: Elko, Carson City, Chicago, Sparks & Reno

Since the last meeting, Mr. Wuest conducted presentations in Elko and Carson City. Mr. Pinson spoke on the topic of prescription drug abuse at the Nevada Dental Society which was attended by two-hundred dentists. Joe Depczynski presented at the annual meeting of the Nevada Society of Health System Pharmacists. Mr. Edwards, in conjunction with Debra Scott of the Nursing Board, presented to northern Nevada APRNs; Mr. Pinson and Ms. Scott will be presenting to the southern Nevada APRNs early next year.

D. Reports to Board

1. NABP Executive Officer Forum – Chicago

Mr. Pinson was invited to speak at the NABP Executive Officer Forum for a second time regarding Nevada's compounding regulations. Nevada was proactive in the development of the regulations and has established solid guidelines for inspection of compounding pharmacies.

Mr. Pinson reported that more states are contracting with NAPB to be their agent to inspect compounding pharmacies. Many states do not have the resources necessary to conduct the inspections.

Mr. Pinson said that at the District 8 meeting in Boulder, the main topic of discussion focused on how to address the issues surrounding medical marijuana.

Mr. Pinson reported that NABP has scheduled a meeting with sixteen different constituents, including the DEA and AMA, to address the issue of high volume prescribing of Schedule IIs.

2. Compounding "Boot Camp" – October

Luis Curras attended the "Boot Camp" in Chicago. He will attend the Compliance Officer Forum in December.

E. Board Related News

Mr. Pinson reported that the renewal application for pharmacies that do sterile compounding will be modified to require a copy of their latest inspection be included with the renewal application. The Board supported the requirement and recommended that a copy of applicable accreditations be submitted in addition to the latest inspection.

Mr. Pinson stated that he recently met with the Dean at UCSF who discussed with Mr. Pinson the failure of pharmacy schools to provide training in sterile compounding. UCSF will include sterile compounding in future curriculum. Mr. Pinson is scheduled to meet with the Dean of Roseman University and will discuss the inclusion of sterile compounding training for their program.

F. Activities Report

14. Workshop for Proposed Regulation Amendment

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.

Mr. Edwards presented two versions of the amendment for Board consideration. The version in the Board book requires that the pharmacy obtain the identification of the person who presents a prescription for a controlled substance and the identification of the person to whom the controlled substance is dispensed. The alternate version requires the pharmacy obtain identification of the person to whom the controlled substance is dispensed. Mr. Edwards noted that law enforcement has expressed that it would be helpful if identification is obtained when the prescription is tendered and also when it is picked up. If two different people are involved in the dropping and picking up of a fraudulent controlled substance prescription, obtaining both identifications helps law enforcement with the charging of a conspiracy claim. The draft in the Board book reflects that approach.

Liz Macmenamin, Retail Association of Nevada (RAN), stated that her members understand the need for this amendment and want to cooperate with law enforcement. The concern is that the requirement to obtain identification when a prescription is dropped off and picked up, plus the additional paperwork involved, will hinder the pharmacy.

After Board discussion, changes were recommended to the proposed language. Board Staff will incorporate the changes and bring the proposed amendment back to Workshop.

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.

Cheryl Blomstrom disclosed that she participated in the discussion of AB 170 at the Legislature and that she represents the Nursing Association.

Mr. Pinson explained that the proposed amendment will bring the pharmacy regulations in compliance with AB 170.

After discussion, minor changes were recommended to the proposed language.

Board Action:

Motion: Russell Smith moved to adopt the proposed amendment to NAC Chapter 639 to include the minor changes as discussed and move forward to Public Hearing.

Second: Jody Lewis

Action: Passed Unanimously

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.

Mr. Pinson explained that the proposed amendment will allow pharmacies to keep an electronic copy of an electronic prescription as long as it is readily retrievable for inspection by Board Staff.

Board Action:

Motion: Russell Smith moved to adopt the proposed amendment to NAC 639.7105 as presented and move forward to Public Hearing.

Second: Cheryl Blomstrom

Action: Passed Unanimously

15. Public Hearing to Act Upon a Regulation

1. **Amendment of Nevada Administrative Code 639.710 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.

President Gandhi opened the Public Hearing.

There was no public comment.

President Gandhi closed the Public Hearing.

Board Action:

Motion: Leo Basch moved to adopt the regulation as amended.

Second: Cheryl Blomstrom

Action: Passed Unanimously

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.

President Gandhi opened the Public Hearing.

Ray Seidlinger, Board Inspector, appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Mr. Seidlinger stated that the current regulation requires controlled substances be destroyed by an agent of the Board. Board Inspectors and Investigators spend a significant amount of time destroying controlled drugs for practitioners and pharmacies. The amended regulation will allow practitioners and pharmacies to destroy the drugs and complete the Form DEA-41 eliminating the requirement that an agent of the Board be present.

There was no public comment.

President Gandhi closed the Public Hearing.

Board Action:

Motion: Cheryl Blomstrom moved to adopt the regulation as amended.

Second: Jody Lewis

Action: Passed Unanimously

16. Next Board Meeting:

December 4-5, 2013 – Reno

17. Public Comment

There was 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: A to Z Pharmacy
Physical Address: 9039 Little Rd New Port Richey, FL 34654
Mailing Address: same as above
City: New Port Richey State: FL Zip Code: 34654
Telephone: 727-378-8574 Fax: 727-255-7700
Toll Free Number: 888-980-6951 (Required per NAC 639.708)
E-mail: atozpharmacy@hotmail.com Website: _____
Managing Pharmacist: Edwin Young License Number: P533965

Hours of Operation:

Monday thru Friday 9 am 6 pm Saturday 9 am 1 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

community
no
compounding

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☐ New Pharmacy

☒ Ownership Change

(Please provide current license number if making changes: PH ~~04540~~) 2123

☐ 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: Accredo Health Group, Inc.

Physical Address: 2825 W. Perimeter Road, Suite 112 ~ Indianapolis, IN 46214

Mailing Address: --Same--

City: _____ State: _____ Zip Code: _____

Telephone: 317-240-8371 Fax: 800-824-2642

Toll Free Number: 800-870-6419 (Required per NAC 639.708)

E-mail: RMStewart@express-scripts.com Website: www.accredo.com

Managing Pharmacist: Robyn Stewart License Number: 26021403A

Hours of Operation:

Monday thru Friday 8:00 am 10:00 pm

Saturday Closed am _____ pm

Sunday Closed am _____ pm

24 Hours On Call

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 type="checkbox"/> New Pharmacy	<input checked="" type="checkbox"/> Ownership Change
(Please provide current license number if making changes: PH <u>27052</u>) <u>01540</u>	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7	<input type="checkbox"/> Partnership - Pages 1,2,5,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Accredo Health Group, Inc.

Physical Address: 6272 Lee Vista Boulevard, Suite 100 ~ Orlando, FL 32822

Mailing Address: ---SAME---

City: _____ State: _____ Zip Code: _____

Telephone: 888-773-7376 Fax: 888-773-7386

Toll Free Number: 888-773-7376 (Required per NAC 639.708)

E-mail: Joseph.Casaccia@accredohealth.com Website: www.accredo.com

Managing Pharmacist: Joseph Casaccia License Number: PS21596

Hours of Operation:

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

TYPE OF PHARMACY

SERVICES PROVIDED

<input type="checkbox"/> Retail	<input type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> Parenteral
<input type="checkbox"/> Internet	<input 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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: ALLCARE PLUS PHARMACY INC.

Physical Address: 12 PLYMOUTH STREET SUITE 200 WORCESTER MA 01608

Mailing Address: 12 PLYMOUTH STREET SUITE 200 WORCESTER MA 01608

City: WORCESTER State: MA Zip Code: 01608

Telephone: 508-459-3535 Fax: 508-459-3534

Toll Free Number: 1-855-880-1091 (Required per NAC 639.708)

E-mail: AREN@RXALLCARE.COM Website: N/A

Managing Pharmacist: JOHN J. LEIGHTON License Number: PH233100

Hours of Operation:

Monday thru Friday 8:00 am 5:00 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"/> Off-site Cognitive Services	<i>No Compounding</i>
<input type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> Parenteral	
<input type="checkbox"/> Internet	<input type="checkbox"/> Parenteral (outpatient)	
<input type="checkbox"/> Nuclear	<input type="checkbox"/> Outpatient/Discharge	
<input checked="" type="checkbox"/> Out of State	<input checked="" type="checkbox"/> Mail Service	
<input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Long Term Care	

NEVADA STATE BOARD OF PHARMACY
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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: Canyon Creek Pharmacy, Inc.

Physical Address: 2235 Thousand Oaks Dr., #114A, San Antonio, TX 78232

Mailing Address: 2235 Thousand Oaks Dr., #114A

City: San Antonio State: TX Zip Code: 78232

Telephone: 210-807-4444 Fax: 210-501-0178

Toll Free Number: 855-489-7838 (Required per NAC 639.708)

E-mail: info@ccphrx.com Website: _____

Managing Pharmacist: Rohit B. Chaudhary License Number: TX 46150

Hours of Operation:

Monday thru Friday 9:00 am 5:00 pm Saturday 9:00 am 1:00 pm

Sunday _____ am _____ pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

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

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

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

Physical Address: 112-A Celtic Drive; Madison, AL 35758

Mailing Address: P.O. Box 531148

City: Birmingham State: Alabama Zip Code: 35253

Telephone: 256-464-9949 Fax: 256-464-9950

Toll Free Number: 800-829-3978 (Required per NAC 639.708)

E-mail: Info@CareDirectRx.com Website: NA

Managing Pharmacist: Cydney Lee Estes License Number: 10085

Hours of Operation:

Monday thru Friday <u>8:00</u> am <u>5:00</u> pm	Saturday <u>Closed</u> am <u>Closed</u> pm
Sunday <u>Closed</u> am <u>Closed</u> pm	24 Hours <u>NO</u>

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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64665

NEVADA STATE BOARD OF PHARMACY
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APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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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 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: IDEAL CARE PHARMACY INC

Physical Address: 1621 Ave U

Mailing Address: 1621 Ave U

City: BROOKLYN State: NY Zip Code: 11229

Telephone: (718) 382-1990 Fax: (718) 382-1991

Toll Free Number: (855) 382-1990 (Required per NAC 639.708)

E-mail: IDEALCAREPHARMACY@yahoo.com Website: _____

Managing Pharmacist: OLGA BRUK License Number: 045828, NY

Hours of Operation:

Monday thru Friday 9 am 7 pm Saturday _____ am _____ pm

Sunday _____ am _____ pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

<input checked="" type="checkbox"/> Retail <input type="checkbox"/> Hospital (# beds _____) <input type="checkbox"/> Internet <input type="checkbox"/> Nuclear <input checked="" type="checkbox"/> Out of State <input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Off-site Cognitive Services <input type="checkbox"/> Parenteral <input type="checkbox"/> Parenteral (outpatient) <input type="checkbox"/> Outpatient/Discharge <input checked="" type="checkbox"/> Mail Service <input type="checkbox"/> Long Term Care
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65110

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: IRMAT PHARMACY

Physical Address: 2 PARK AVE

Mailing Address: SAME

City: NEW YORK State: NY Zip Code: 10016

Telephone: 212-685-0500 Fax: 212-532-6596

Toll Free Number: 800-975-2809 (Required per NAC 639.708)

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

Managing Pharmacist: KWOK K. CHONG License Number: 044021

Hours of Operation:

Monday thru Friday <u>8</u> am <u>6:30</u> pm	Saturday <u>10</u> am <u>4</u> pm
Sunday <u>CLOSED</u> am _____ pm	24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

- | | |
|---|---|
| <input checked="" type="checkbox"/> Retail
<input type="checkbox"/> Hospital (# beds _____)
<input type="checkbox"/> Internet
<input type="checkbox"/> Nuclear
<input checked="" type="checkbox"/> Out of State
<input type="checkbox"/> Ambulatory Surgery Center | <input type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> Parenteral
<input type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> Outpatient/Discharge
<input checked="" type="checkbox"/> Mail Service
<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"/> Publicly Traded Corporation – Pages 1,2,3,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7
Please check box for type of ownership and complete correct part of the application. | <input type="checkbox"/> Ownership Change
<input type="checkbox"/> Partnership - Pages 1,2,5,7
<input type="checkbox"/> Sole Owner – Pages 1,2,6,7 |
|---|--|

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: LMC MEDICAL SUPPLIES, INC dba LMC PHARMACY

Physical Address: 950 PENINSULA CORPORATE CIRCLE, SUITE 1024, BOCA RATON, FL 33487-1385

Mailing Address: 933 CLINT MOORE RD

City: BOCA RATON State: FLORIDA Zip Code: 33487-2802

Telephone: (561) 995-0611 Fax: (561) 995-8188

Toll Free Number: (877) 855-6655 (Required per NAC 639.708)

E-mail: getose@lmcmmedical.com Website: www.lmcmmedical.com

Managing Pharmacist: IRA SCHULMAN License Number: PS 17701

Hours of Operation:

Monday thru Friday <u>9:00</u> am <u>5:00</u> pm	Saturday <u>9:00</u> am <u>1:00</u> pm
Sunday <u>-</u> am <u>-</u> pm	24 Hours <u>NO</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 |
|--|---|

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 checked="" 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: MED CARE CHOICE PHARMACY, INC.

Physical Address: 3570 CONSUMER STREET SUITE #8 WEST PALM BEACH, FL 33404

Mailing Address: 3570 CONSUMER STREET SUITE #8

City: WEST PALM BEACH State: FL Zip Code: 33404

Telephone: 561-283-1243 Fax: 877-265-4979

Toll Free Number: 855-731-5133 (Required per NAC 639.708)

E-mail: ADMIN@PHARMACYDME.COM Website: _____

Managing Pharmacist: Margaret Bradley License Number: PS31315

Hours of Operation:

Monday thru Friday 9 am 5 pm Saturday 10 am 4 pm
Sunday 11 am 3 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 |
|---|---|

*no
compounding*

64722

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

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

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

Application must be printed legibly or typed

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Meds Direct Rx of NY, LLC

Physical Address: 882 3rd Ave 10th Floor Suite 1000, Brooklyn NY 11232

Mailing Address: 882 3rd Ave. 10th Floor Suite 1000

City: Brooklyn State: NY Zip Code: 11232

Telephone: 718-887-9955 Fax: 718-887-9558

Toll Free Number: 855-480-6337 (Required per NAC 639.708)

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

Managing Pharmacist: Dmitriy Khleb License Number: 048358 (NY)

Hours of Operation:

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

Sunday closed am _____ pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

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

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

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

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

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

Application must be printed legibly or typed

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

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

Physical Address: 7200 S. 180th St. #104 Tukwila Wa. 98188

Mailing Address: P.O. Box 827

City: Bellevue State: Wa Zip Code: 98009

Telephone: (425) 251-1660 Fax: (425) 251-1667

Toll Free Number: (855) 301-7677 (Required per NAC 639.708)

E-mail: admin@paramountpharmacy.com Website: _____

Managing Pharmacist: Kristina E. Beed License Number: 60135313

Hours of Operation:

Monday thru Friday 7:30 am 4 pm Saturday — am — pm

Sunday — am — pm 24 Hours —

TYPE OF PHARMACY

SERVICES PROVIDED

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

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

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

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

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

Application must be printed legibly or typed

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

<input checked="" type="checkbox"/> New Pharmacy (<u>OUT OF STATE</u>) (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: QUICK CARE PHARMACY INC

Physical Address: 8330 RED OAK ST. SUITE 102

Mailing Address: - SAME AS ABOVE -

City: RANCHO CUCAMONGA State: CA Zip Code: 91730

Telephone: 909-218-3618 Fax: 866-393-5258

Toll Free Number: 866-393-8116 (Required per NAC 639.708)

E-mail: ROHIT@QUICKCAREPHARMACY.com Website: WWW.QUICKCAREPHARMACY.COM

Managing Pharmacist: ROHIT R. SHETA License Number: 17436

Hours of Operation:

Monday thru Friday <u>9:00</u> am <u>6:00</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 - <u>only no compounding</u> <input type="checkbox"/> Long Term Care
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64751

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

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

Application must be printed legibly or typed

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

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

Pharmacy Name: Safeway Pharmacy
Physical Address: 1751 Highway 95
Mailing Address: 1751 Highway 95
City: Bullhead City State: AZ Zip Code: 86442
Telephone: 928-763-1888 Fax: 928-763-5186
Toll Free Number: 855-798-7267 (Required per NAC 639.708)
E-mail: Sean.duffy@safeway.com Website: www.safeway.com
Managing Pharmacist: William Tarloff License Number: 5014011

Hours of Operation:

Monday thru Friday 8 am 8 pm Saturday 9 am 6 pm
Sunday 10 am 6 pm 24 Hours N/A

TYPE OF PHARMACY

SERVICES PROVIDED

<input checked="" type="checkbox"/> Retail <u>only</u> <input type="checkbox"/> Hospital (# beds _____) <input type="checkbox"/> Internet <input type="checkbox"/> Nuclear <input type="checkbox"/> Out of State <input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Off-site Cognitive Services <input type="checkbox"/> Parenteral <input 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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64664

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: Shoreline Pharmaceuticals, Inc.
Physical Address: 1600 Sawtelle Blvd Suite 200 Los Angeles, CA 90025
Mailing Address: 18375 Ventura Blvd STE 501
City: Tarzana State: CA Zip Code: 91356
Telephone: 310 464-9170 Fax: 310 464-9171
Toll Free Number: 877-817-1885 (Required per NAC 639.708)
E-mail: info@shorelinerx.com Website: www.shorelinerx.com
Managing Pharmacist: Matthew Walk License Number: 61081

Hours of Operation:

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

TYPE OF PHARMACY

SERVICES PROVIDED

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

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

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

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

Application must be printed legibly or typed

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: SPECIALTY MEDICAL DRUGSTORE

Physical Address: 264 Center Street Suite 1

Mailing Address: PO Box 27

City: Miamiville State: OHIO Zip Code: 45147

Telephone: 513-576-0094 Fax: 513-576-0092

Toll Free Number: 888-795-5826 (Required per NAC 639.708)

E-mail: Pharmacy@smdrugstore.com Website: N/A

Managing Pharmacist: Ron Ferguson License Number: 03117432

Hours of Operation:

Monday thru Friday 9 am 5 pm

Saturday 9 am 12 pm

Sunday closed am _____ pm

24 Hours - On Call

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
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: Sonexus Health Pharmacy Services, LLC

Physical Address: 2730 S. Edmonds Lane Suite 400 Lewisville, TX 75067

Mailing Address: 2730 S. Edmonds Lane Suite 400

City: Lewisville State: TX Zip Code: 75067

Telephone: 877 369 6083 Fax: 866 781 4998

Toll Free Number: 877 369 6083 (Required per NAC 639.708)

E-mail: jkwiatkowski@sonexushealth.com Website: sonexushealth.com

Managing Pharmacist: Jonathan Kwiatkowski License Number: 34811

Hours of Operation:

Monday thru Friday 8 am 5 pm Saturday 8 am 12 pm

Sunday closed am closed pm 24 Hours on call

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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no compounding

64895

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: Warner West Pharmacy

Physical Address: 22030 Sherman Way, Suite 100

Mailing Address: 22030 Sherman Way, suite 100

City: Canoga Park State: CA Zip Code: 91303

Telephone: (818) 883-9490 Fax: (818) 883-9493

Toll Free Number: _____ (Required per NAC 639.708)

E-mail: _____ Website: _____

Managing Pharmacist: Fred P. Startz License Number: RPH 20782

Hours of Operation:

Monday thru Friday 9 am 5 pm

Saturday _____ am _____ pm

Sunday _____ am _____ pm

24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

<input checked="" type="checkbox"/> Retail <input type="checkbox"/> Hospital (# beds _____) <input type="checkbox"/> Internet <input type="checkbox"/> Nuclear <input checked="" type="checkbox"/> Out of State <input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Off-site Cognitive Services <input type="checkbox"/> Parenteral <input type="checkbox"/> Parenteral (outpatient) <input type="checkbox"/> Outpatient/Discharge <input checked="" type="checkbox"/> Mail Service <input type="checkbox"/> Long Term Care
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65029

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

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

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

Application must be printed legibly or typed

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

- | | |
|---|---|
| <input checked="" type="checkbox"/> New Pharmacy

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

<input type="checkbox"/> Partnership - Pages 1,2,5,7
<input type="checkbox"/> Sole Owner – Pages 1,2,6,7 |
|---|---|

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: California Drug Compounding LLC
Physical Address: 6878 Beck Ave. N. Hollywood CA 91605
Mailing Address: 6878 Beck Ave
City: North Hollywood State: CALIFORNIA Zip Code: 91605
Telephone: 818.691.0286 Fax: 818.286.1424
Toll Free Number: 855.627.7872 (Required per NAC 639.708)
E-mail: info@cdcpharm.com Website: cdcpharm.com
Managing Pharmacist: Quoc Tran Duy Phan License Number: 67067

Hours of Operation:

Monday thru Friday 9 am 6 pm Saturday 0 am 0 pm
Sunday 0 am 0 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 |
|---|---|

*non
sterile
compounding*

64860

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: Central Rexall Drugs, Inc.

Physical Address: 125 East Thomas Street

Mailing Address: PO Box 1318

City: Hammond State: LA Zip Code: 70404

Telephone: 985-345-5120 Fax: 985-345-5178

Toll Free Number: 855-645-5120 (Required per NAC 639.708)

E-mail: don@centraldrugs.net Website: www.centraldrugs.net

Managing Pharmacist: Donald K. Fellows, Jr License Number: PST.009677
Louisiana

Hours of Operation:

Monday thru Friday <u>9</u> am <u>6</u> pm	Saturday <u>9</u> am <u>3</u> pm
Sunday <u>—</u> am <u>—</u> pm	24 Hours <u>—</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

non-sterile

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 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: EMERALD HILLS Pharmacy LLC

Physical Address: 3000 STIRLING RD STE 120, HOLLYWOOD FLORIDA 33021- 2066

Mailing Address: 3000 STIRLING RD STE 120

City: HOLLYWOOD State: Florida Zip Code: 33021

Telephone: 954-983-3336 Fax: 954-985-0114

Toll Free Number: 855-348-3100 (Required per NAC 639.708)

E-mail: Admin@emeraldhillsparmacy.com Website: EMERALDHILLSPHARMACY.COM

Managing Pharmacist: NEIL J CHONIN License Number: PS18715

Hours of Operation:

Monday thru Friday <u>9</u> am <u>7</u> pm	Saturday <u>10</u> am <u>4</u> pm
Sunday <u>close</u> am <u> </u> pm	24 Hours <u>no</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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*non
sterile*

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: HAWTHORNE Professional Pharmacy

Physical Address: 4477 W. 118th Street, Ste 100

Mailing Address: 4477 W. 118th Street, Ste 100

City: Hawthorne State: CA Zip Code: 90250

Telephone: (310) 675-6882 Fax: (310) 675-6893

Toll Free Number: (855) 390-7346 (Required per NAC 639.708)

E-mail: hawpropm@aol.com Website: www.hawthorneprofessionalpharmacy.ca

Managing Pharmacist: Janice M. Knight-Cooper License Number: 40781

Hours of Operation:

Monday thru Friday <u>9:15</u> am <u>6:00</u> pm	Saturday <u>9:00</u> am <u>2:00</u> pm
Sunday <u>Closed</u> 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

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
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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: HEALTHSCRIPTS SPECIALTY PHARMACY, LLC
Physical Address: 13020 DAIRY ASHFORD, SUITE 301, SUGARLAND TX 77478
Mailing Address: 6565 WEST LOOP SOUTH, SUITE 110
City: Bellaire State: TX Zip Code: 77401
Telephone: 855-777-1772 Fax: 855-595-0930
Toll Free Number: 855-777-1772 (Required per NAC 639.708)
E-mail: HEALTHSCRIPTS@GMAIL.COM Website: N/A
Managing Pharmacist: PHUONG ANH DARAUNIKONE License Number: 42645

Hours of Operation:

Monday thru Friday 9 am 6 pm
Sunday — am — pm

Saturday — am — pm
24 Hours - ACCESS TO RPh
VIA VOICEMAIL/EMAIL

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 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
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 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: Inland Medical Consultants

Physical Address: 1358 E Edinger Ave

Mailing Address: _____

City: Santa Ana State: CA Zip Code: 92706

Telephone: 714-667-3832 Fax: 888-832-2757

Toll Free Number: 888-603-8181 (Required per NAC 639.708)

E-mail: g-gillman@yahoo.com Website: _____

Managing Pharmacist: Alice Jones License Number: 38075

Hours of Operation:

Monday thru Friday <u>9</u> am <u>5</u> pm	Saturday <u>9</u> am <u>5</u> pm
Sunday <u>—</u> am <u>—</u> pm	24 Hours <u>—</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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non
strike

64822

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"/> Publicly Traded Corporation – Pages 1,2,3,7 <input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7 Please check box for type of ownership and complete correct part of the application.	<input type="checkbox"/> Ownership Change <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: Manchester Professional Pharmacy

Physical Address: 1000 W. Manchester Ave.

Mailing Address: _____

City: LDS Angeles State: CA Zip Code: 90044

Telephone: (323) 750-3523 Fax: (323) 750-1589

Toll Free Number: 1-855-740-2212 (Required per NAC 639.708)

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

Managing Pharmacist: Janice M. Knight Cooper License Number: 40781

Hours of Operation:

Monday thru Friday 10:00 am 5:30 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 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

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

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- | | |
|--|---|
| <input checked="" type="checkbox"/> New Pharmacy
(Please provide current license number if making changes: PH_____)

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7
Please check box for type of ownership and complete correct part of the application. | <input type="checkbox"/> Ownership Change

<input checked="" type="checkbox"/> Partnership - Pages 1,2,5,7
<input type="checkbox"/> Sole Owner – Pages 1,2,6,7 |
|--|---|

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Memorial Compounding Pharmacy

Physical Address: 2918 San Jacinto Street, Houston, TX 77004

Mailing Address: P.O. Box 88410

City: Houston State: TX Zip Code: 77288

Telephone: 713-256-0747 Fax: 713-490-5538

Toll Free Number: 888-890-8275 (Required per NAC 639.708)

E-mail: khyati_undavia@sbcglobal.net Website: _____

Managing Pharmacist: Khyati Undavia License Number: 36097

Hours of Operation:

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

Sunday _____ am _____ pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

- ☒ 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*

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)

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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: Z-Stat Medical LLC dba Oldsmar Pharmacy

Physical Address: 34911 US Highway 19 N ; Ste. 525A

Mailing Address: same

City: Palm Harbor State: FL Zip Code: 34684

Telephone: (727) 781-8124 Fax: (727) 683-9645

Toll Free Number: 855-781-8124 (Required per NAC 639.708)

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

Managing Pharmacist: George Chrysakis License Number: PS36009

Hours of Operation:

Monday thru Friday 8:30 am 5 pm

Saturday 9 am 12:30 pm

Sunday _____ am _____ pm

24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

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

64779

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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☒ 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: PROFESSIONAL COMPOUNDING PHARMACY

Physical Address: 721 W. WHITTIER BLVD SUITE H. LA HABRA CA 90631

Mailing Address: SAME

City: _____ State: _____ Zip Code: _____

Telephone: 562-694-5100 Fax: 562-375-6276

Toll Free Number: 855-375-6276 (Required per NAC 639.708)

E-mail: info@procompoundingpharmacy.com Website: PROcompoundingPHARMACY.COM

Managing Pharmacist: AMRUT LAL SHAH License Number: _____

Hours of Operation:

Monday thru Friday 9 am 5 pm

Saturday 10 am 2 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
strike

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

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<input checked="" type="checkbox"/> New Pharmacy <input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7 <input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: PH_____) <input checked="" 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: PRN Rx

Physical Address: 5478 S. Westridge Dr Ste B

Mailing Address: PO BOX 510142

City: New Berlin State: WI Zip Code: 53151

Telephone: 262-784-9600 Fax: 262-784-9605

Toll Free Number: 855-907-7679 (Required per NAC 639.708)

E-mail: Corynv@prnrx.com Website: prnrx.com

Managing Pharmacist: Michelle Kutcher License Number: 12870-40

Hours of Operation:

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

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

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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: KALPANA PATEL BPHARM, Inc. DBA SAN DIMAS PHARMACY
Physical Address: 3805 - A SAN DIMAS ST, BAKERSFIELD CA 93301
Mailing Address: AS ABOVE
City: BAKERSFIELD State: CA Zip Code: 93301
Telephone: 661-325-7979 Fax: 661-325-8181
Toll Free Number: 1-888-592-0875 (Required per NAC 639.708)
E-mail: SanDimasPharmacy@gmail.com Website: www.SanDimasPharmacy.com
Managing Pharmacist: KALPANA PATEL License Number: 13853 - NV

Hours of Operation:

Monday thru Friday 8:30 am 6:00 pm
Sunday closed am _____ pm
Saturday closed am _____ pm
24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

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

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

non
sterile

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: BUDGET DISCOUNT SALES CORP / ^{DEA} Sobe Compounding Apothecary

Physical Address: 13150 SW 134th St Miami FL 33186

Mailing Address: 13150 SW 134th Street

City: Miami State: FL Zip Code: 33186

Telephone: 866 570 1375 Fax: 888 979 7981

Toll Free Number: 866 570 1375 (Required per NAC 639.708)

E-mail: SobeRPh@gmail.com Website: www.sobeapothecary.com

Managing Pharmacist: Maria C. CASTRO License Number: PS 18707

Hours of Operation:

Monday thru Friday 9 am 6 pm

Saturday 10 am 7 pm

Sunday closed on-call am pm

24 Hours 24/7 on-call

TYPE OF PHARMACY

SERVICES PROVIDED

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

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

*non
sterile*

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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☒ 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: True Custom Pharmacy

Physical Address: 5300 Bee Cave Rd. Bldg. 3 Ste. 100

Mailing Address: same as physical address

City: Austin State: TX Zip Code: 78746

Telephone: (512) 314-5550 Fax: 888-382-7302

Toll Free Number: 888-382-7301 (Required per NAC 639.708)

E-mail: marketing@truecustomrx.com Website: www.truecustomrx.com

Managing Pharmacist: Isabel Colley License Number: TX 44143

Hours of Operation:

Monday thru Friday 7:00 am 6:00 pm

Saturday _____ am _____ pm

Sunday _____ am _____ pm

24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

Retail

Off-site Cognitive Services

Hospital (# beds _____)

Parenteral

Internet

Parenteral (outpatient)

Nuclear

Outpatient/Discharge

☒ Out of State

☒ Mail Service

Ambulatory Surgery Center

Long Term Care

non
sterile

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Vitality Compounding Pharmacy

Physical Address: 3501 Health Center Blvd #1200

Mailing Address: 3501 Health Center Blvd #1200

City: Bonita Springs State: FL Zip Code: 34135

Telephone: 239-992-7633 Fax: 239-992-7896

Toll Free Number: 855-801-7726 (Required per NAC 639.708)

E-mail: vc-pharmacyrx@gmail.com Website: vitalitycompounding.com

Managing Pharmacist: Joseph Catalano License Number: PS 39923
Florida

Hours of Operation:

Monday thru Friday 9 am 6 pm

Saturday 9 am 1 pm

Sunday / am / pm

24 Hours /

TYPE OF PHARMACY

SERVICES PROVIDED

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

non
sterile

65030

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: ALCON LABORATORIES, INC

Physical Address: 6440 OAK GROVE RD. SUITE 200-B

Mailing Address: 6201 SOUTH FREEWAY MAILCODE TC-36

City: FORT WORTH State: TX Zip Code: 76134

Telephone: 817-302-5753 Fax: 817-568-7528

Toll Free Number: 800-862-5266

E-mail: marc.debaere@alcon.com Website: www.alcon.com

Facility Manager: CHRIS ELLIOTT

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.

<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: Corporate Services, Inc. dba Archway Marketing Services

Physical Address: 5681 West Cleveland Road

Mailing Address: 5681 West Cleveland Road

City: South Bend State: IN Zip Code: 46628

Telephone: 574-271-2055 Fax: 574-211-2045

Toll Free Number: N/A

E-mail: jerry-ryan@archway.com Website: _____

Facility Manager: Jerry Ryan

Professional qualifications and experience of facility manager: BS and MBA
7 years as VP of Operations and Consultant

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Sales Representatives - Pharmaceutical

Type of Products to be handled or wholesaled by firm:

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

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

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

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

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

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

GENERAL INFORMATION

Facility Name: Enovachem Manufacturing

Physical Address: 381 Van Ness Ave Suite 1508/1507

Mailing Address: 381 Van Ness Ave Suite 1508/1507

City: Torrance State: CA Zip Code: 90501

Telephone: (310) 218-4146 Fax: (877) 471-2090

Toll Free Number: N/A

E-mail: gulshakark@enovachem.us.com Website: www.enovachem.us.com

Facility Manager: Jennifer Wilson

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 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: _____	

manu

64858

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: Kuehne + Nagel Inc.

Physical Address: 9425 Nevada Street, Redlands CA 92374

Mailing Address: Attn: Compliance, 10 Exchange Place, 19th floor

City: Jersey City State: NJ Zip Code: 92374

Telephone: 909-272-0200 Fax: 909-574-2390

Toll Free Number: _____

E-mail: Frederick.Holt@Kuehne-nagel.com Website: www.kuehne-nagel.com

Facility Manager: Frederick Holt

Professional qualifications and experience of facility manager: over 13 years experience in Logistics and distribution facility management including shipment and distribution of pharmaceuticals including Rx Medical Devices.

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

64778

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: Kuehne + Nagel Inc.

Physical Address: 1080 Mt. Vernon Ave, Suite 103, Riverside, CA 92507

Mailing Address: Attn: Compliance. 10 Exchange Plaza, 10th Floor

City: Jersey City State: NJ Zip Code: 07302

Telephone: 951-892-7756 Fax: 951-684-7026

Toll Free Number: _____

E-mail: fernando.franzen@kuehne-nagel.com Website: www.kuehne-nagel.com

Facility Manager: Fernando Franzen

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

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers

☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices

☐ Poisons or Chemicals ☐ Veterinary Legend Drugs

☐ Controlled Substances (include copy of DEA)

☐ Other: _____

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: Medline Industries, Inc

Physical Address: 1501 Harris Road Libertyville IL, 60048

Mailing Address: One Medline Place

City: Mundelein State: IL Zip Code: 60060

Telephone: (847)557-2400 Fax: (847)557-2405

Toll Free Number: 1(800)MEDLINE

E-mail: sconant@medline.com Website: www.medline.com

Facility Manager: Will Ingalls

Professional qualifications and experience of facility manager: See Attachment 3.

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

VAWD

64907

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

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

Application must be printed legibly

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

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

GENERAL INFORMATION

Facility Name: NIELSEN BIOSCIENCES, INC.

Physical Address: 7229 CONVOY COURT SD CA 92111

Mailing Address: PO BOX 27059

City: SAN DIEGO State: CA Zip Code: 92198

Telephone Number: (858) 571-2726 Fax Number: (858) 571-2759

Toll Free Number: (855) 855-1212

E-mail: STEWART@NIELSENBIOD Website: www.Nielsenbio.com

Facility Manager: H.S. NIELSEN JR. Ph.D.

Professional qualifications and experience of facility manager: SEE CV. ATTACHED

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

Board Use Only

Received: 11/18/13 Check Number: _____ Amount: \$500.00

65105

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

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

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

<input type="checkbox"/> New Wholesaler	<input checked="" type="checkbox"/> Ownership Change
(Please provide current license number if making changes: WHD/647)	

<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: PAR PHARMACEUTICAL, INC.

Physical Address: 30 DUNNIGAN DRIVE, MONTEBELLO, NY 10901

Mailing Address: 30 DUNNIGAN DRIVE

City: MONTEBELLO State: NY Zip Code: 10901

Telephone: 845.573.5502 Fax: 845.425.8956

Toll Free Number: _____

E-mail: ANGELA.FENIGER@PARPHARM.COM Website: _____

Facility Manager: SEAN CUNNINGHAM

Professional qualifications and experience of facility manager: 25+ YEARS 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 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 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: Wright Medical Technology, Inc.

Physical Address: 2024 West 1st Street, Suite 101, Tempe, AZ 85281

Mailing Address: 2024 West 1st Street, Suite 101

City: Tempe State: AZ Zip Code: 85281

Telephone: (480) 621-4064 Fax: (480) 621-4067

Toll Free Number: N/A

E-mail: david.mccreery@wmt.com Website: www.wmt.com

Facility Manager: David McCreery

Professional qualifications and experience of facility manager: See Attachment A

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled be firm:

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

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE 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 type="checkbox"/> New MDEG	<input checked="" type="checkbox"/> Ownership Change (Please provide current license number if making changes: <u>MP</u> or <u>MW</u> <u>00921</u>)
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<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: ALL AMERICAN MEDICAL SUPPLIES, LLC

Physical Address: 641 EAST VENICE AVE VENICE FL 34285
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 3640 ENTERPRISE WAY

City: MIRAMAR State: FLORIDA Zip Code: 33025

Telephone: 305-455-3862 Fax: 954-436-4263

E-mail: skin@livewellholdings.net Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 3 Tue: 9 to 3 Wed: 9 to 3 Thu: 9 to 3
Fri: 9 to 3 Sat: CLOSED Sun: CLOSED Holidays: CLOSED

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: STEVEN KING

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

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

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

Name: _____ Telephone: _____

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

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

FACILITY INFORMATION

Facility Name: American HomePatient

Physical Address: 9220 Palm River Rd. Ste 105 Tampa, FL 33619
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 5200 Maryland Way Ste 400

City: Brentwood State: TN Zip Code: 37027

Telephone: 813-637-2600 Fax: 866-784-9411

E-mail: Denisse.Grooms@ahom.com Website: www.ahom.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

Fri: 9am to 5pm Sat: closed to Sun: closed to Holidays: to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Michael Kirkbride Pharm D.

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>Nebulizer and CPAP equipment and 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: _____

64982

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: Donohoe Associates

Physical Address: 6265 Arapahoe
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 6265 Arapahoe

City: Shawnee State: Ks. Zip Code: 66226

Telephone: 913-422-7878 Fax: 913-422-8877

E-mail: cdonohoe@donohoe.assoc.net Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

Fri: 8 to 4:30 Sat: - to - Sun: - to - Holidays: - to -

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: OWEN DONOHOE

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

- | | |
|--|--|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input checked="" type="checkbox"/> Orthotics and Prosthesis |
| <input type="checkbox"/> Diabetic Supplies | Other: <u>Dyskinesis Bone Stimulator</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: Jodi Perales Telephone: 702-810-4266

65005

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: Florida Home Health Equipment and Supplies Inc
Physical Address: 4700 LB McLeod Rd @ Suite 5 Orlando FL 32811
(This must be a business address, we can not issue a license to a home address)

Mailing Address: Same

City: _____ State: _____ Zip Code: _____

Telephone: 407-843-2777 Fax: 407-843-5545

E-mail: info@FHHS.com Website: www.fhhs.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

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

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Faro Randazzo / Donna Randazzo

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>Breast Pumps</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: Faro Randazzo Telephone: 321-239-0596

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: Neovia Logistics Distribution, LLC

Physical Address: 1521 East Francis Street, Suite B, Ontario, CA 91761

(This must be a business address; we cannot issue a license to a home address)

Mailing Address: 1521 East Francis Street, Suite B

City: Ontario State: CA Zip Code: 91761

Telephone: (909) 673-1766 Fax: (909) 773-0191

E-mail: danny.garcia@mig.com Website: www.neovialogistics.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 0500 to 2200 Tue: 0500 to 2200 Wed: 0500 to 2200 Thu: 0500 to 2200

Fri: 0500 to 2200 Sat: Closed to Sun: Closed to Holidays: Closed to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Danny Garcia

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>Drug Free Pumps/Needles/Catheters/Tunnelers</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: _____

65012

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: Raytel Cardiac Services Inc. dba Remote Cardiac Services

Physical Address: 29-35 Griffin Road South

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

Mailing Address: PO Box 9004 Attn: Licensing Dept. Clearwater, FL 33758

City: Bloomfield State: CT Zip Code: 06002

Telephone: (860) 298-6100 Fax: (860) 298-6125

E-mail: ghowdesh@lincare.com Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8³⁰ to 5⁰⁰ Tue: 8³⁰ to 5⁰⁰ Wed: 8³⁰ to 5⁰⁰ Thu: 8³⁰ to 5⁰⁰

Fri: 8³⁰ to 5⁰⁰ Sat: on call Sun: on call Holidays: on call

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Tamara Belino

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

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

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

Other: Prothrombin time self-monitoring meters + supplies

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

Name: _____

Telephone: _____

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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<input type="checkbox"/> New MDEG	<input checked="" type="checkbox"/> Ownership Change (Please provide current license number if making changes: MP or MW <u>MP00895</u>)
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership – Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<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: SARACARE, LLC

Physical Address: 6600 NW 16TH ST SUITE 6 PLANTATION FL 33313
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 3640 ENTERPRISER WAY

City: MIRAMAR State: FL Zip Code: 33025

Telephone: 305-455-3862 Fax: 954-436-4263

E-mail: sking@livewellholdings.net Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

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 checked="" type="checkbox"/> Orthotics and Prosthesis (NON-CUSTOM) |
| <input type="checkbox"/> Diabetic Supplies | Other: _____ |

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

Name: _____ Telephone: _____

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

FACILITY INFORMATION

Facility Name: Stymco Technologies LLC

Physical Address: 8406 Benjamin Road, Suite G Tampa, Florida 33634
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 8406 Benjamin Road, Suite G

City: Tampa State: Florida Zip Code: 33634

Telephone: (813) 922-3150 Fax: (813) 922-3152

E-mail: nexarhos@stymco.com Website: www.stymco.com

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: to Sun: to Holidays: to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Nicholas Exarhos

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 Units and Electrotherapy 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: _____

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: MP or MW _____)
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input 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: Yummy Mummy LLC
Physical Address: 1201 Lexington Ave. New York, NY 10028-1437
(This must be a business address, we can not issue a license to a home address)
Mailing Address: 600 Hicksville Rd
City: Bethpage State: NY Zip Code: 11714
Telephone: 516 931-6300 Fax: 516 931 6348
E-mail: Emcdonell@groupj.com Website: http://yummymummystore.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 10 to 6 Tue: 10 to 6 Wed: 10 to 6 Thu: 10 to 6
Fri: 10 to 6 Sat: 10 to 6 Sun: — to — Holidays: — to —

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Amanda Lauren Cole LLC

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>Breast Pumps, Breast Pump 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: Amanda Cole Telephone: info @ yummymummystore.com

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

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<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: Campus Pharmacy - West

Physical Address: 1701 W. Charleston Blvd., Las Vegas, NV 89104

Mailing Address: same

City: _____ State: _____ Zip Code: _____

Telephone: 775-784-1348 (temp) Fax: 775-784-1620 (temp)

Toll Free Number: n/a

E-mail: ibuxton@medicine.nevada.edu Website: www.unr.edu/dept/pharmacology/campus
pharmacy.html

Managing Pharmacist: Timothy Kosut License Number: 14802

Hours of Operation:

Monday thru Friday 8 am 5 pm

Saturday _____ am _____ pm

Sunday _____ am _____ pm

24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

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

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

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

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<input type="checkbox"/> New Pharmacy	<input checked="" type="checkbox"/> Ownership Change	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: PH <u>01028</u>)			

<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: Express Scripts Pharmacy, Inc. dba Express Scripts

Physical Address: 6225 Annie Oakley Drive

Mailing Address: 6225 Annie Oakley Drive

City: Las Vegas State: NV Zip Code: 89120

Telephone: 702-436-8800 Fax: 702-436-8828

Toll Free Number: 800-258-2231

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

Managing Pharmacist: Jim Stupnik License Number: 9792

Hours of Operation:

Monday thru Friday 4:00 am 11:30 pm Saturday am pm
Sunday am pm 24 Hours

TYPE OF PHARMACY

SERVICES PROVIDED

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

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

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

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<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: Providence Pharmacy
Physical Address: 1729 E Charleston Blvd Las Vegas Suite F
Mailing Address: 1729 E Charleston Blvd Suite F
City: Las Vegas State: Nevada Zip Code: 89104
Telephone: 702 778 3072 Fax: 702 778 0512
Toll Free Number: N/A
E-mail: Dupeb@yahoo.com Website: N/A
Managing Pharmacist: Modupe Irorobeje License Number: 17933

Hours of Operation:

Monday thru Friday	<u>9</u> am <u>6</u> pm	Saturday	<u>10</u> am <u>3</u> pm
Sunday	<u>—</u> am <u>—</u> pm	24 Hours	<u>—</u>

TYPE OF PHARMACY

SERVICES PROVIDED

<input checked="" type="checkbox"/> Retail	<input checked="" 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 checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> Out of State	<input checked="" type="checkbox"/> Mail Service
<input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Long Term Care

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)

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Spring Valley Surgery Center, LLC

Physical Address: 1900 N. Nellis Blvd, Las Vegas NV 89115-6604

Mailing Address: 3835 S. Jones Blvd

City: Las Vegas State: NV Zip Code: 89103

Telephone: (702) 227-4440 Fax: (702) 227-4380

Toll Free Number: _____

E-mail: MWrdaysvsce@gmail.com Website: Ø

Managing Pharmacist: Douglas Cammann License Number: 13340

Hours of Operation:

Monday thru Friday <u>8</u> am <u>6</u> pm	Saturday <u>8</u> am <u>4:30</u> pm
Sunday <u>Ø</u> am <u>Ø</u> pm	24 Hours <u>Ø</u>

TYPE OF PHARMACY

SERVICES PROVIDED

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

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<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 type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b	<input checked="" 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: WELLNESS PHARMACY LLC

Physical Address: 80 N. PECOS RD, SUITE I

Mailing Address: same

City: HENDERSON State: NV Zip Code: 89074

Telephone: 702-426-6414 Fax: _____

Toll Free Number: _____

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

Managing Pharmacist: THAI VO License Number: 17678

Hours of Operation:

Monday thru Friday 9 am 7 pm

Saturday 0 am 0 pm

Sunday 10 am 4 pm

24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

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

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

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

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<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: West Sunset Surgery Center LLC
Physical Address: 9331 West Sunset Rd, LV, NV 89148
Mailing Address: 235130 S. Fort Apache Rd Suite 215-377
City: Las Vegas State: NV Zip Code: 89148
Telephone: 702-476-2951 Fax: 702-476-0609
Toll Free Number: —
E-mail: nadiasayegh@cox.net Website: —
Managing Pharmacist: Mary Grear, Rph License Number: 10687

Hours of Operation:

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

TYPE OF PHARMACY

SERVICES PROVIDED

<input type="checkbox"/> Retail	<input type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> Parenteral
<input type="checkbox"/> Internet	<input type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> Nuclear	<input type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> Out of State	<input type="checkbox"/> Mail Service
<input checked="" 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 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: Key Medical, Inc.

Physical Address: 540 W. Williams Ave. Fallon, NV 89406
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 5401 Longley Lane Suite 10 Reno, NV 89511

City: Fallon State: NV Zip Code: 89406

Telephone: 775-236-0011 Fax: 775-236-0012

E-mail: doug@keydme.com Website: www.keydme.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: By appt. or emergency to 1 to 4 Tue: 1 to 4 Wed: By appt. or emergency to 1 to 4 Thu: 1 to 4
Fri: By appt. or emergency to Sat: By appt. or emergency to Sun: By appt. or emergency to Holidays: By Appt. or Emergency to

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: John Douglas Freeman

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

☒ Medical Gases** ☒ Assistive Equipment
☒ Respiratory Equipment** ☐ Parenteral and Enteral Equipment**
☒ Life-sustaining equipment** ☐ Orthotics and Prosthesis
☐ Diabetic Supplies Other: N/A

**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: Doug Freeman Telephone: 775-236-0011

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 MP00252)

☐ 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: Medical Services of America, Inc. dba Medi Home Care

Physical Address: 5967 Harrison Drive, Suite 6, Las Vegas, NV 89120-2462
(This must be a business address, we can not issue a license to a home address)

Mailing Address: P.O. Box 2431

City: Lexington State: SC Zip Code: 29071

Telephone: 702-891-9990 Fax: 702-547-0008

E-mail: czampino@msa-corp.com Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

Fri: 9am to 5pm Sat: to Sun: to Holidays: to

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Chris Zampino

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

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

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

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	
	)	CASE NO. 12-058-RPH-A-N
Petitioner,	)	CASE NO. 12-058-RPH-B-N
v.	)	CASE NO. 12-058-PH-N
)	
MICHAEL MARKUS HAUTEKEET, RPH)	
Certificate of Registration No. 10777,	)	NOTICE OF INTENDED ACTION
	)	AND ACCUSATION
HOWARD MORTON FOND, RPH)	
Certificate of Registration No. 03510,)	
)	
MIKE'S PHARMACY)	
Certificate of Registration No. PH01108-C)	
)	
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.

1. ALLEGATIONS REGARDING MARCH 2011 INCIDENT.

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the alleged conduct Respondent Michael Markus Hautekeet, RPH (Mr. Hautekeet), was, and is, a registered pharmacist with the Board; and Respondent Mike's Pharmacy was, and is, a pharmacy registered with the Board.

II.

On or about March 24, 2011, two-year-old MS was examined by pediatric neurologist Dr. Gerardo Rodriguez. MS has a significant medical history, which includes sleep disorder. To treat the disorder, Dr. Rodriguez prescribed Clonidine 0.1mg/5ml oral liquid (suspension) with directions to take 1ml by mouth at bedtime as a sleep aid.

III.

On or about April 12, 2011, MS ingested a dose of the Clonidine medication from Mike's Pharmacy and became extremely sedated. MS's parents initially transported him to the Emergency Room at Carson Tahoe Regional Medical Center. MS was later transferred to Renown Regional Medical Center for further treatment. MS spent three days at Renown before being released.

IV.

Renown Regional Medical Center sent a sample of the Clonidine medication from Mike's Pharmacy to an independent laboratory for analysis. The analysis report indicated that the Clonidine concentration in the compounded medication was 15mg/ml, not the 0.1mg/5ml concentration that Dr. Rodriguez prescribed.

V.

The Clonidine prescription was presented to Mike's Pharmacy and scanned into the pharmacy's computer system on or about April 6, 2011. Mike's Pharmacy initiated production the next day. The pharmacy entered and assigned a unique prescription number (Rx 413053) to the prescription data for Medicaid billing purposes. It generated a label and affixed it to the back of the original prescription with the prescription number 413053. The label included the patient's name, drug name (Clonidine 0.1mg), strength, quantity, date, filling pharmacist (Respondent Hautekeet), prescriber information, and the National Drug Code (NDC) for Clonidine 0.1mg *tablets* (NDC 00378-0152-01).

VI.

Mike's Pharmacy assigned the same Clonidine prescription a second prescription number (Rx 515175), which relates to the compounding of the medication. The second prescription number (Rx 515175) was printed on a label and attached to a copy of the original prescription. The label included the patient name, drug name, strength, quantity, date, and prescriber information. The drug name printed on the second label was Clonidine 0.1mg/5ml *suspension*

#30. The NDC on the label was for Clonidine *powder* (NDC 51927-2379-00). Respondent Hautekeet compounded the Clonidine oral suspension. His handwritten initials were on the upper right hand corner of the label.

VII.

During the investigation, Mr. Hautekeet explained to the Board Investigator that Medicaid does not reimburse for Clonidine powder (NDC 51927-2379-00), which is what he used to compound the oral *suspension*. He created a fictitious label for an equivalent amount of Clonidine *tablets* (NDC 00378-0152-01) to bill to Medicaid.

VIII.

Respondents were not able to produce the original formula worksheet for the compounded Clonidine suspension.

IX.

Respondents can produce no record of patient counseling, pick up or delivery of the prescription. The prescription was picked up or delivered sometime between April 6, 2011, and April 12, 2011.

FIRST CAUSE OF ACTION

X.

In failing to strictly follow the instructions of MS's physician by verifying and dispensing a compounded concentration of Clonidine 15mg/ml, rather than the 0.1mg/5ml concentration that was prescribed, Respondents Mr. Hautekeet and Mike's Pharmacy 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

XI.

In failing to provide documents to Board Staff for its investigation, and to maintain a recordkeeping system that would allow for a readily retrievable record of patient MS's

compounded Clonidine prescription, Respondents Mr. Hautekeet and Mike's Pharmacy violated NAC 639.482, NAC 639.945(1)(i) and/or (m), which violations are grounds for action pursuant to NRS 639.210(4), (12), (15), (17) and/or NRS 639.255.

THIRD CAUSE OF ACTION

XII.

In failing to counsel, and to maintain documentation of patient counseling, Respondents Mr. Hautekeet and Mike's Pharmacy violated NAC 639.707, NRS 639.266(1), and or NAC 639.945(1)(i), which violations are grounds for action pursuant to NRS 639.210(4), (12), (15) and/or NRS 639.255.

FOURTH CAUSE OF ACTION

XIII.

In creating a false and fraudulent record to generate Medicaid claims for reimbursement, Respondents Mr. Hautekeet and Mike's Pharmacy violated NRS 639.210(1), (4), (15) and/or NRS 639.2815 and/or NAC 639.945(1)(h), which violations are grounds for action pursuant to NRS 639.210(4), (12), (15) and/or NRS 639.255.

FIFTH CAUSE OF ACTION

XIV.

As the owner of the pharmacy in which the foregoing violations, or any one of them, occurred, Respondent Mr. Hautekeet is responsible and therefore subject to discipline pursuant to NRS 639.210(4), (12) and/or (16) and/or NRS 639.255.

2. ALLEGATIONS REGARDING SEPTEMBER 2012 INCIDENT.

XV.

The Board has jurisdiction over this matter because at the time of the alleged conduct Respondent Mr. Hautekeet, was, and is, a registered pharmacist with the Board; Respondent Howard Morton Fond, RPH (Mr. Fond), was, and is, a registered pharmacist with the Board; and Respondent Mike's Pharmacy was, and is, a pharmacy registered with the Board.

XVI.

On or about March 8, 2012, Dr. Delia Wessels prescribed to patient MS a quantity of thirty (30) Clonidine 0.1mg. *tablets* with instructions to take one tablet at bedtime for thirty days. Three refills were indicated on the prescription. Dr. Wessels' office faxed the prescription to Mike's Pharmacy.

XVII.

Mike's Pharmacy personnel input the data from the faxed prescription into its Medicaid billing computer system and assigned the prescription number 0621103 on or about March 10, 2012. The pharmacy affixed two printed labels to the faxed hard copy. Both labels included the prescription number 0621103, patient identifiers and the NDC number for 0.1mg Clonidine tablets. Both labels erroneously indicated a quantity of six (6) tablets, versus the prescribed thirty (30) tablets. Both labels indicated the prescriber as Dr. Rodriguez, not the actual prescriber, Dr. Wessels. The faxed copy was filed as the original hard copy prescription

XVIII.

On October 24, 2012, Mike's Pharmacy compounded a Clonidine *suspension* as a refill for prescription 0621103. Mike's Pharmacy employee Judy Wooley delivered the medication to MS's residence on October 25 or 26, 2012.

XIX.

On October 28, 2012, MS's mother administered the first dose from the newly compounded Clonidine *suspension* (Rx516466) to MS. After MS's mother administered a second dose—consistent with Dr. Wessels' instructions—MS became extremely sedated with irregular respirations. He was transported to the Emergency Room at Carson Tahoe Regional Medical Center, where he was stabilized. He was then transported to Renown Regional Medical Center.

XX.

Edwin Peters, M.D, examined and admitted MS to the Renown Regional Medical Center PICU. Dr. Peters' History and Summary Notes indicate "Probable Clonidine overdose with decreased respiratory effort, decreased level of consciousness, and occasional bradycardia." Renown Medical Center put MS on a mechanical ventilator in its PICU, where he remained for three days.

XXI.

Available records indicate that the prescription for the Clonidine *tablets* was filled on October 24, 2012, by Respondent Howard Fond. Fond's handwritten initials are on the label affixed to the compound log and on the label on the prescription bottle for Rx 516466, which contained the suspect Clonidine *suspension*. The original prescription for 516466 could not be produced.

XXII.

In his written statement, Respondent Fond indicates that he compounded prescription 516466 on October 24, 2012. He notes that he had filled the prescription before, and had retrieved and printed the formula from the pharmacy computer. Respondent Fond believes that he made an error when weighing the Clonidine powder by adding 0.6 gm., instead of 0.6 mg.

XXIII.

MS's patient profile indicates prescription 0621103 was initially filled on September 21, 2012, with the second and last fill dated October 24, 2012. The patient profile entries note that on both dates, six (6) Clonidine 0.1mg *tablets* were dispensed. However, Clonidine *suspension* (#30) 0.1mg/5ml was actually dispensed using prescription number 516466, a number that was arbitrarily assigned for the compounding portion of prescription 0621103.

XXIV.

Prescription number 516466 was also assigned to Clonidine suspension prescriptions filled on November 9, 2011, December 16, 2011, and January 16, 2012. All three prescriptions were filled and dispensed prior to Dr. Wessels' faxed prescription received by Mike's Pharmacy on March 8, 2012.

XXV.

Respondent Mr. Hautekeet admitted to the Board Investigator that he used the arbitrary prescription number (516466) to represent the Clonidine compound prescription initially written by Dr. Rodriguez on March 24, 2011. He disregarded Dr. Wessels' instructions regarding the dosage form (tablets), and the dosage strength (0.1mg tablet daily), because they were not consistent with the formula used for the initial prescription as prescribed by Dr. Rodriguez. Respondent Mr. Hautekeet used the original fill and three refills from Dr. Wessels' prescription to augment the three refills previously authorized by Dr. Rodriguez.

SIXTH CAUSE OF ACTION

XXVI.

In failing to strictly follow the instructions of MS's physician by changing the dosage form of the prescribed Clonidine 0.1 mg *tablets* to Clonidine *suspension* without the prescriber's authorization, Respondents Mr. Fond and Mike's Pharmacy violated NAC 639.945(1)(d) and/or (i), which violations are grounds for action pursuant to NRS 639.210(4), (15) and/or NRS 639.255.

SEVENTH CAUSE OF ACTION

XXVII.

In falsifying Dr. Wessel's Clonidine prescription for *tablets* (0.1 mg.) to conform to the prescription written by Dr. Rodriguez for Clonidine *suspension* (0.1mg/5ml), and falsely adding the initial fill and refills, Respondents Mr. Fond and Mike's Pharmacy violated NAC

639.945(1)(d), (h), and/or (i), which violations are grounds for action pursuant to NRS 639.210(4), (12) and/or NRS 639.255.

EIGHTH CAUSE OF ACTION

XXVIII.

In failing to follow the prescriber's instructions and creating the compounded formulation at a one thousand times overdose by adding 0.6 ***gm.*** of Clonidine powder, instead of the 0.6 ***mg.*** prescribed, Respondents Mr. Fond and Mike's Pharmacy 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.

NINTH CAUSE OF ACTION

XXIX.

In creating a false record in the patient profile by entering that the prescription was filled with Clonidine 0.1 mg. ***tablets***, rather than the Clonidine ***powder*** that was used to compound the Clonidine suspension, Respondents Mr. Fond and Mike's Pharmacy violated NAC 639.945(1)(h), which violations are grounds for action pursuant to NRS 639.210(4), (12) and/or NRS 639.255.

TENTH CAUSE OF ACTION

XXX.

As a managing pharmacist who knew of and allowed the foregoing violations, or any one of them, to occur in his pharmacy, Respondent Mr. Hautekeet is subject to discipline pursuant to NRS 639.210(4), (12), (15) and/or (16).


ELEVENTH CAUSE OF ACTION

XXXI.

As the owner of a pharmacy in which the foregoing violations, or any one of them, occurred, Respondent Mr. Hautekeet is responsible, and therefore subject to discipline, pursuant to NRS 639.210(4), (12) and/or (16).

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 1st day of August, 2013.


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

NOTICE TO RESPONDENTS

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.

MICHAEL MARKUS HAUTEKEET, RPH
Certificate of Registration No. 10777

Respondent.

)
) **CASE NO. 12-058-RPH-A-N**
)
)
) **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, September 4, 2013, as the date for a hearing on this matter at the Hyatt Place, 1790 East Plumb Lane, Reno, Nevada. The hour of the hearing will be set by letter to follow.

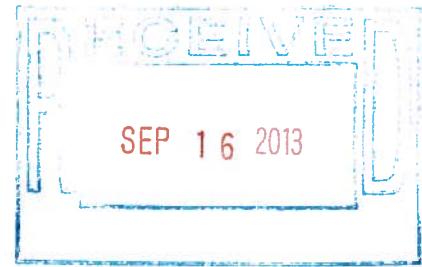
IV.

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

DATED this 1st day of August, 2013.


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

PAUL G. TAGGART, ESQ.
Nevada State Bar No. 6136
GREGORY H. MORRISON, ESQ.
Nevada State Bar No. 12454
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(775) 882-9900 – Telephone
*Attorneys for Michael Hautekett, Howard Fond
And Mike's Pharmacy*



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)
)
Petitioner,)
)
v.)
)
MICHAEL MARKUS HAUTEKETT, RPH)
Certificate of Registration No. 1077,)
)
HOWARD MORTON FOND, RPH)
Certificate of Registration No. 03510,)
)
MIKE'S PHARMACY)
Certificate of Registration No. PH01108-C)
)
Respondents.)

CASE NO. 12-058-RPH-A-N
CASE NO. 12-058-RPH-B-N
CASE NO. 12-058-PG-N

**ANSWER AND
NOTICE OF DEFENSE**

COMES NOW, Respondents, MICHAEL MARKUS HAUTEKEET, HOWARD MORTON FORD, and MIKE'S PHARMACY, (hereinafter collectively referred to as "MIKE'S"), by and through counsel, PAUL G. TAGGART, ESQ. and GREGORY H. MORRISON, ESQ., of the law firm of TAGGART & TAGGART, LTD. and hereby file their Answer to NEVADA STATE BOARD OF PHARMACY's (hereinafter referred to as "BOARD") Notice of Intended Action and Accusation, and admit, deny and aver as follows. MIKE'S reserves the right to amend this answer if additional information arises that would change the following responses.

ANSWERING ALLEGATIONS REGARDING 2011 INCIDENT

1. MIKE'S admit the allegations contained in paragraph 1 of Board's Notice of Intended Action and Accusation.

2. MIKE'S admits that Dr. Rodriguez prescribed Clonidine 0.1mg/5ml oral liquid (suspension) with the directions alleged by the Board. As to the other allegations in paragraphs 2 of Board's Notice of Intended Action, MIKE'S is without sufficient information, knowledge or belief as to the truth or falsity of the allegations contained, and therefore denies the same.

3. MIKE'S admits that Dr. Rodriguez prescribed Clonidine 0.1mg/5ml oral liquid (suspension) with the directions alleged by the Board. As to the other allegations in paragraphs 2 of Board's Notice of Intended Action, MIKE'S is without sufficient information, knowledge or belief as to the truth or falsity of the allegations contained, and therefore denies the same.

4. MIKE'S is without sufficient information, knowledge or belief as to the truth or falsity of the allegations contained in paragraphs 4, 5, 6, 7, 8, and 9 of Board's Notice of Intended Action and Accusation, and therefore deny the same.

ANSWERING FIRST CAUSE OF ACTION

5. MIKE'S reallege and incorporate herein paragraphs 1 through 4 above, as if the same were set forth herein, in full and at length.

6. MIKE'S denies the allegations contained in paragraph 10 of the Board's Notice of Intended Action and Accusation because they assert a legal conclusion, and MIKE'S is without sufficient information, knowledge or belief as to the truth or falsity of the allegations.

ANSWERING SECOND CAUSE OF ACTION

7. MIKE'S reallege and incorporate herein paragraphs 1 through 6 above, as if the same were set forth herein, in full and at length.

8. MIKE'S denies the allegations contained in paragraph 11 of the Board's Notice of Intended Action and Accusation because they assert a legal conclusion, and

1 MIKE'S is without sufficient information, knowledge or belief as to the truth or falsity of the
2 allegations.

3 **ANSWERING THIRD CAUSE OF ACTION**

4 9. MIKE'S reallege and incorporate herein paragraphs 1 through 8 above, as if
5 the same were set forth herein, in full and at length.

6 10. MIKE'S denies the allegations contained in paragraph 12 of the Board's
7 Notice of Intended Action and Accusation because they assert a legal conclusion, and
8 MIKE'S is without sufficient information, knowledge or belief as to the truth or falsity of the
9 allegations.

10 **ANSWERING FOURTH CAUSE OF ACTION**

11 11. MIKE'S reallege and incorporate herein paragraphs 1 through 10 above, as if
12 the same were set forth herein, in full and at length.

13 12. MIKE'S denies the allegations contained in paragraph 13 of the Board's
14 Notice of Intended Action and Accusation because they assert a legal conclusion, and
15 MIKE'S is without sufficient information, knowledge or belief as to the truth or falsity of the
16 allegations.

17 **ANSWERING FIFTH CAUSE OF ACTION**

18 13. MIKE'S reallege and incorporate herein paragraphs 1 through 12 above, as if
19 the same were set forth herein, in full and at length.

20 14. MIKE'S admits that Mr. Hautekett is the owner of Mike' Pharmacy, but
21 MIKE'S denies the remaining allegations contained in paragraph 14 of the Board's Notice of
22 Intended Action and Accusation because they assert a legal conclusion, and MIKE'S is
23 without sufficient information, knowledge or belief as to the truth or falsity of the allegations.

24 **ANSWERING ALLEGATIONS REGARDING 2012 INCIDENT**

25 15. MIKE'S reallege and incorporate herein paragraphs 1 through 14 above, as if
26 the same were set forth herein, in full and at length.

27 16. MIKE'S admit the allegations contained in paragraphs 15 and 16 of Board's
28 Notice of Intended Action and Accusation.

1 17. MIKE'S is without sufficient information, knowledge or belief as to the truth
2 or falsity of the allegations contained in paragraphs 17 through 19 of Board's Notice of
3 Intended Action and Accusation, and therefore deny the same.

4 18. Based on the information provided by the Board, MIKE'S admit the
5 allegations contained in paragraph 20 of Board's Notice of Intended Action and Accusation.

6 19. MIKE'S is without sufficient information, knowledge or belief as to the truth
7 or falsity of the allegations contained in paragraphs 21 through 23 of Board's Notice of
8 Intended Action and Accusation, and therefore deny the same. Paragraph 22 states that Mr.
9 Fond "believes that he made an error," when compounding the prescription. No written
10 evidence supports that allegation. Mr. Fond does not recall stating that he had made an error.
11 Mr. Fond has no knowledge of an error in compounding the Clonidine. Neither the Board nor
12 Renown tested the compound, and nothing has been produced which would confirm an error
13 was made. Simon's Statement of Complaint indicates Renown returned the bottle of
14 Clonidine, stating that it could not be tested. Therefore, no independent testing was done to
15 determine the concentration of Clonidine in the suspension. Without testing, the Board
16 alleges that MIKE'S created the compounded formulation at one thousand times overdose.
17 Without independent laboratory testing to confirm this allegation, this charge is unsupportable
18 and without merit.

19 20. MIKE'S admit the allegations contained in paragraph 24 of Board's Notice of
20 Intended Action and Accusation.

21 21. MIKE'S is without sufficient information, knowledge or belief as to the truth
22 or falsity of the allegations contained in paragraph 25 of Board's Notice of Intended Action
23 and Accusation, and therefore deny the same. In Paragraph 25, the Board alleges that Mike's
24 "disregarded Dr. Wessels' instructions" because they were not consistent with Dr. Rodriguez'
25 instructions. While not admitting that Dr. Wessels' instructions were disregarded, Dr.
26 Wessels' dosage was substantially greater than Dr. Rodriguez' and a reasonable person would
27 have concluded that such a disparity indicated a mistake by Dr. Wessels. In light of this
28 obvious error, MIKE'S acted in a reasonable manner, and in order to avoid a potential

1 overdoes of the patient, by modifying the prescription based upon the initial prescription by
2 Dr. Rodriquez.

3 **ANSWERING SIXTH CAUSE OF ACTION**

4 22. MIKE'S reallege and incorporate herein paragraphs 1 through 21 above, as if
5 the same were set forth herein, in full and at length.

6 23. MIKE'S denies the allegations contained in paragraph 26 of the Board's
7 Notice of Intended Action and Accusation because they assert a legal conclusion, and
8 MIKE'S is without sufficient information, knowledge or belief as to the truth or falsity of the
9 allegations. Further, altering the media of a prescription from a tablet to a solution is
10 reasonable given MIKE'S knowledge of the patient and the patient's prior prescriptions.

11 **ANSWERING SEVENTH CAUSE OF ACTION**

12 24. MIKE'S reallege and incorporate herein paragraphs 1 through 23 above, as if
13 the same were set forth herein, in full and at length.

14 25. MIKE'S denies the allegations contained in paragraph 27 of the Board's
15 Notice of Intended Action and Accusation because they assert a legal conclusion, and
16 MIKE'S is without sufficient information, knowledge or belief as to the truth or falsity of the
17 allegations.

18
19 **ANSWERING EIGHTH CAUSE OF ACTION**

20 26. MIKE'S reallege and incorporate herein paragraphs 1 through 25 above, as if
21 the same were set forth herein, in full and at length.

22 27. MIKE'S denies the allegations contained in paragraph 28 of the Board's
23 Notice of Intended Action and Accusation because they assert a legal conclusion, and
24 MIKE'S is without sufficient information, knowledge or belief as to the truth or falsity of the
25 allegations. Further, in the written statement provided by Roberta and Merrill Simon
26 ("Simon"), Simon stated that "[a]fter about 30 minutes [MS] was still not going to sleep . . ."
27 and a second dose was administered. If MS had taken one dose that was one thousand times
28 to strong of Clonidine, as the Board alleges, it is inconceivable that MS would not

1 demonstrated the effects of such a powerful overdose within 30 minutes. The fact that MS
2 remained awake and alert one half hour after the dose was administered strongly indicates that
3 he did not received an overdose of Clonidine.

4 **ANSWERING NINTH CAUSE OF ACTION**

5 28. MIKE'S reallege and incorporate herein paragraphs 1 through 27 above, as if
6 the same were set forth herein, in full and at length.

7 29. MIKE'S denies the allegations contained in paragraph 29 of the Board's
8 Notice of Intended Action and Accusation because they assert a legal conclusion, and
9 MIKE'S is without sufficient information, knowledge or belief as to the truth or falsity of the
10 allegations.

11 **ANSWERING TENTH CAUSE OF ACTION**

12 30. MIKE'S reallege and incorporate herein paragraphs 1 through 29 above, as if
13 the same were set forth herein, in full and at length.

14 31. MIKE'S denies the allegations contained in paragraph 30 of the Board's
15 Notice of Intended Action and Accusation because they assert a legal conclusion, and
16 MIKE'S is without sufficient information, knowledge or belief as to the truth or falsity of the
17 allegations.

18 **ANSWERING ELEVENTH CAUSE OF ACTION**

19 32. MIKE'S reallege and incorporate herein paragraphs 1 through 33 above, as if
20 the same were set forth herein, in full and at length.

21 33. MIKE'S admits that Mr. Hautekett is the owner of Mike' Pharmacy, but
22 MIKE'S denies the remaining allegations contained in paragraph 31 of the Board's Notice of
23 Intended Action and Accusation because they assert a legal conclusion, and MIKE'S is
24 without sufficient information, knowledge or belief as to the truth or falsity of the allegations.

25 WHEREFORE, MIKE'S request that judgment be entered in their favor, dismissing
26 Boards Notice of Intended Action and Accusation with prejudice, that MIKE'S be awarded

27 \\\

28 \\\

costs and attorney's fees, and further be awarded such other relief to which it may be entitled.

SIGNED this 13th day of September, 2013

TAGGART & TAGGART, LTD.
108 North Minnesota Street
Carson City, Nevada 89703
(775) 882-9900 – Telephone
(775) 883-9900 – Facsimile

By: Paul G. Taggart
PAUL G. TAGGART, ESQ.

Nevada State Bar No. 6136
GREGORY H. MORRISON, ESQ.
Nevada State Bar No. 12454

*Attorneys for Michael Hautekett, Howard Fond
and Mike's Pharmacy*

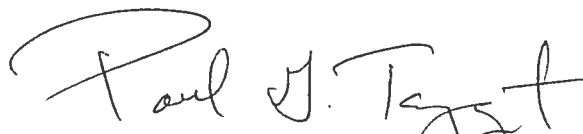
CERTIFICATE OF SERVICE

Pursuant to NRCP 5(b), I hereby certify that I am an employee of TAGGART & TAGGART, LTD., and that on this date, I served or caused to be served, a true and correct copy of the ANSWER AND INTENT TO DEFEND, as follows:

☒ By U.S. POSTAL SERVICE: I deposited for mailing in the United States Mail, with postage prepaid, an envelope containing the above-identified document, at Carson City, Nevada, in the ordinary course of business, addressed as follows:

Larry L. Pinson, Pharm.D.
Secretary-Nevada State Board of Pharmacy
431 W. Plumb Ln
Reno, NV 89509

DATED this 13th day of September, 2013.



Employee of TAGGART & TAGGART, LTD.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	
)	CASE NO. 12-058-RPH-A-N
Petitioner,)	CASE NO. 12-058-RPH-B-N
v.)	CASE NO. 12-058-PH-N
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MICHAEL MARKUS HAUTEKEET, RPH)	
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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.

1. ALLEGATIONS REGARDING MARCH 2011 INCIDENT.

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the alleged conduct Respondent Michael Markus Hautekeet, RPH (Mr. Hautekeet), was, and is, a registered pharmacist with the Board; and Respondent Mike's Pharmacy was, and is, a pharmacy registered with the Board.

II.

On or about March 24, 2011, two-year-old MS was examined by pediatric neurologist Dr. Gerardo Rodriguez. MS has a significant medical history, which includes sleep disorder. To treat the disorder, Dr. Rodriguez prescribed Clonidine 0.1mg/5ml oral liquid (suspension) with directions to take 1ml by mouth at bedtime as a sleep aid.

III.

On or about April 12, 2011, MS ingested a dose of the Clonidine medication from Mike's Pharmacy and became extremely sedated. MS's parents initially transported him to the Emergency Room at Carson Tahoe Regional Medical Center. MS was later transferred to Renown Regional Medical Center for further treatment. MS spent three days at Renown before being released.

IV.

Renown Regional Medical Center sent a sample of the Clonidine medication from Mike's Pharmacy to an independent laboratory for analysis. The analysis report indicated that the Clonidine concentration in the compounded medication was 15mg/ml, not the 0.1mg/5ml concentration that Dr. Rodriguez prescribed.

V.

The Clonidine prescription was presented to Mike's Pharmacy and scanned into the pharmacy's computer system on or about April 6, 2011. Mike's Pharmacy initiated production the next day. The pharmacy entered and assigned a unique prescription number (Rx 413053) to the prescription data for Medicaid billing purposes. It generated a label and affixed it to the back of the original prescription with the prescription number 413053. The label included the patient's name, drug name (Clonidine 0.1mg), strength, quantity, date, filling pharmacist (Respondent Hautekeet), prescriber information, and the National Drug Code (NDC) for Clonidine 0.1mg *tablets* (NDC 00378-0152-01).

VI.

Mike's Pharmacy assigned the same Clonidine prescription a second prescription number (Rx 515175), which relates to the compounding of the medication. The second prescription number (Rx 515175) was printed on a label and attached to a copy of the original prescription. The label included the patient name, drug name, strength, quantity, date, and prescriber information. The drug name printed on the second label was Clonidine 0.1mg/5ml *suspension*

#30. The NDC on the label was for Clonidine *powder* (NDC 51927-2379-00). Respondent Hautekeet compounded the Clonidine oral suspension. His handwritten initials were on the upper right hand corner of the label.

VII.

During the investigation, Mr. Hautekeet explained to the Board Investigator that Medicaid does not reimburse for Clonidine powder (NDC 51927-2379-00), which is what he used to compound the oral *suspension*. He created a fictitious label for an equivalent amount of Clonidine *tablets* (NDC 00378-0152-01) to bill to Medicaid.

VIII.

Respondents were not able to produce the original formula worksheet for the compounded Clonidine suspension.

IX.

Respondents can produce no record of patient counseling, pick up or delivery of the prescription. The prescription was picked up or delivered sometime between April 6, 2011, and April 12, 2011.

FIRST CAUSE OF ACTION

X.

In failing to strictly follow the instructions of MS's physician by verifying and dispensing a compounded concentration of Clonidine 15mg/ml, rather than the 0.1mg/5ml concentration that was prescribed, Respondents Mr. Hautekeet and Mike's Pharmacy 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

XI.

In failing to provide documents to Board Staff for its investigation, and to maintain a recordkeeping system that would allow for a readily retrievable record of patient MS's

compounded Clonidine prescription, Respondents Mr. Hautekeet and Mike's Pharmacy violated NAC 639.482, NAC 639.945(1)(i) and/or (m), which violations are grounds for action pursuant to NRS 639.210(4), (12), (15), (17) and/or NRS 639.255.

THIRD CAUSE OF ACTION

XII.

In failing to counsel, and to maintain documentation of patient counseling, Respondents Mr. Hautekeet and Mike's Pharmacy violated NAC 639.707, NRS 639.266(1), and or NAC 639.945(1)(i), which violations are grounds for action pursuant to NRS 639.210(4), (12), (15) and/or NRS 639.255.

FOURTH CAUSE OF ACTION

XIII.

In creating a false and fraudulent record to generate Medicaid claims for reimbursement, Respondents Mr. Hautekeet and Mike's Pharmacy violated NRS 639.210(1), (4), (15) and/or NRS 639.2815 and/or NAC 639.945(1)(h), which violations are grounds for action pursuant to NRS 639.210(4), (12), (15) and/or NRS 639.255.

FIFTH CAUSE OF ACTION

XIV.

As the owner of the pharmacy in which the foregoing violations, or any one of them, occurred, Respondent Mr. Hautekeet is responsible and therefore subject to discipline pursuant to NRS 639.210(4), (12) and/or (16) and/or NRS 639.255.

2. ALLEGATIONS REGARDING SEPTEMBER 2012 INCIDENT.

XV.

The Board has jurisdiction over this matter because at the time of the alleged conduct Respondent Mr. Hautekeet, was, and is, a registered pharmacist with the Board; Respondent Howard Morton Fond, RPH (Mr. Fond), was, and is, a registered pharmacist with the Board; and Respondent Mike's Pharmacy was, and is, a pharmacy registered with the Board.

XVI.

On or about March 8, 2012, Dr. Delia Wessels prescribed to patient MS a quantity of thirty (30) Clonidine 0.1mg. *tablets* with instructions to take one tablet at bedtime for thirty days. Three refills were indicated on the prescription. Dr. Wessels' office faxed the prescription to Mike's Pharmacy.

XVII.

Mike's Pharmacy personnel input the data from the faxed prescription into its Medicaid billing computer system and assigned the prescription number 0621103 on or about March 10, 2012. The pharmacy affixed two printed labels to the faxed hard copy. Both labels included the prescription number 0621103, patient identifiers and the NDC number for 0.1mg Clonidine tablets. Both labels erroneously indicated a quantity of six (6) tablets, versus the prescribed thirty (30) tablets. Both labels indicated the prescriber as Dr. Rodriguez, not the actual prescriber, Dr. Wessels. The faxed copy was filed as the original hard copy prescription

XVIII.

On October 24, 2012, Mike's Pharmacy compounded a Clonidine *suspension* as a refill for prescription 0621103. Mike's Pharmacy employee Judy Wooley delivered the medication to MS's residence on October 25 or 26, 2012.

XIX.

On October 28, 2012, MS's mother administered the first dose from the newly compounded Clonidine *suspension* (Rx516466) to MS. After MS's mother administered a second dose—consistent with Dr. Wessels' instructions—MS became extremely sedated with irregular respirations. He was transported to the Emergency Room at Carson Tahoe Regional Medical Center, where he was stabilized. He was then transported to Renown Regional Medical Center.

XX.

Edwin Peters, M.D, examined and admitted MS to the Renown Regional Medical Center PICU. Dr. Peters' History and Summary Notes indicate "Probable Clonidine overdose with decreased respiratory effort, decreased level of consciousness, and occasional bradycardia." Renown Medical Center put MS on a mechanical ventilator in its PICU, where he remained for three days.

XXI.

Available records indicate that the prescription for the Clonidine *tablets* was filled on October 24, 2012, by Respondent Howard Fond. Fond's handwritten initials are on the label affixed to the compound log and on the label on the prescription bottle for Rx 516466, which contained the suspect Clonidine *suspension*. The original prescription for 516466 could not be produced.

XXII.

In his written statement, Respondent Fond indicates that he compounded prescription 516466 on October 24, 2012. He notes that he had filled the prescription before, and had retrieved and printed the formula from the pharmacy computer. Respondent Fond believes that he made an error when weighing the Clonidine powder by adding 0.6 gm., instead of 0.6 mg.

XXIII.

MS's patient profile indicates prescription 0621103 was initially filled on September 21, 2012, with the second and last fill dated October 24, 2012. The patient profile entries note that on both dates, six (6) Clonidine 0.1mg *tablets* were dispensed. However, Clonidine *suspension* (#30) 0.1mg/5ml was actually dispensed using prescription number 516466, a number that was arbitrarily assigned for the compounding portion of prescription 0621103.

XXIV.

Prescription number 516466 was also assigned to Clonidine suspension prescriptions filled on November 9, 2011, December 16, 2011, and January 16, 2012. All three prescriptions were filled and dispensed prior to Dr. Wessels' faxed prescription received by Mike's Pharmacy on March 8, 2012.

XXV.

Respondent Mr. Hautekeet admitted to the Board Investigator that he used the arbitrary prescription number (516466) to represent the Clonidine compound prescription initially written by Dr. Rodriguez on March 24, 2011. He disregarded Dr. Wessels' instructions regarding the dosage form (tablets), and the dosage strength (0.1mg tablet daily), because they were not consistent with the formula used for the initial prescription as prescribed by Dr. Rodriguez. Respondent Mr. Hautekeet used the original fill and three refills from Dr. Wessels' prescription to augment the three refills previously authorized by Dr. Rodriguez.

SIXTH CAUSE OF ACTION

XXVI.

In failing to strictly follow the instructions of MS's physician by changing the dosage form of the prescribed Clonidine 0.1 mg *tablets* to Clonidine *suspension* without the prescriber's authorization, Respondents Mr. Fond and Mike's Pharmacy violated NAC 639.945(1)(d) and/or (i), which violations are grounds for action pursuant to NRS 639.210(4), (15) and/or NRS 639.255.

SEVENTH CAUSE OF ACTION

XXVII.

In falsifying Dr. Wessel's Clonidine prescription for *tablets* (0.1 mg.) to conform to the prescription written by Dr. Rodriguez for Clonidine *suspension* (0.1mg/5ml), and falsely adding the initial fill and refills, Respondents Mr. Fond and Mike's Pharmacy violated NAC

639.945(1)(d), (h), and/or (i), which violations are grounds for action pursuant to NRS 639.210(4), (12) and/or NRS 639.255.

EIGHTH CAUSE OF ACTION

XXVIII.

In failing to follow the prescriber's instructions and creating the compounded formulation at a one thousand times overdose by adding 0.6 ***gm.*** of Clonidine powder, instead of the 0.6 ***mg.*** prescribed, Respondents Mr. Fond and Mike's Pharmacy 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.

NINTH CAUSE OF ACTION

XXIX.

In creating a false record in the patient profile by entering that the prescription was filled with Clonidine 0.1 mg. ***tablets***, rather than the Clonidine ***powder*** that was used to compound the Clonidine suspension, Respondents Mr. Fond and Mike's Pharmacy violated NAC 639.945(1)(h), which violations are grounds for action pursuant to NRS 639.210(4), (12) and/or NRS 639.255.

TENTH CAUSE OF ACTION

XXX.

As a managing pharmacist who knew of and allowed the foregoing violations, or any one of them, to occur in his pharmacy, Respondent Mr. Hautekeet is subject to discipline pursuant to NRS 639.210(4), (12), (15) and/or (16).


ELEVENTH CAUSE OF ACTION

XXXI.

As the owner of a pharmacy in which the foregoing violations, or any one of them, occurred, Respondent Mr. Hautekeet is responsible, and therefore subject to discipline, pursuant to NRS 639.210(4), (12) and/or (16).

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 1st day of August, 2013.


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

NOTICE TO RESPONDENTS

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.

HOWARD MORTON FOND, RPH
Certificate of Registration No. 03510

Respondent.

)
) **CASE NO. 12-058-RPH-B-N**
)
)
) **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.

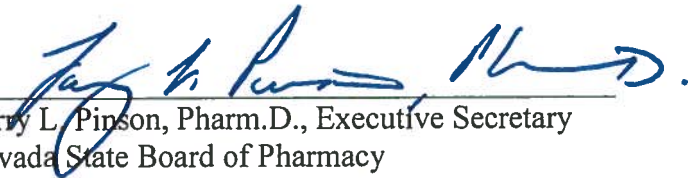
III.

The Board has reserved Wednesday, September 4, 2013, as the date for a hearing on this matter at the Hyatt Place, 1790 East Plumb Lane, Reno, Nevada. The hour of the hearing will be set by letter to follow.

IV.

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

DATED this 1ST day of August, 2013.


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

1 PAUL G. TAGGART, ESQ.
Nevada State Bar No. 6136
2 GREGORY H. MORRISON, ESQ.
Nevada State Bar No. 12454
3 TAGGART & TAGGART, LTD.
108 North Minnesota Street
4 Carson City, Nevada 89703
(775) 882-9900 - Telephone
5 *Attorneys for Michael Hautekett, Howard Fond*
6 *And Mike's Pharmacy*



7
8 **BEFORE THE NEVADA STATE BOARD OF PHARMACY**

9 NEVADA STATE BOARD OF PHARMACY,)
10)
11 Petitioner,)
12 v.)
13 MICHAEL MARKUS HAUTEKETT, RPH)
Certificate of Registration No. 1077,)
14)
15 HOWARD MORTON FOND, RPH)
Certificate of Registration No. 03510,)
16)
17 MIKE'S PHARMACY)
Certificate of Registration No. PH01108-C)
18 Respondents.)
19)

CASE NO. 12-058-RPH-A-N
CASE NO. 12-058-RPH-B-N
CASE NO. 12-058-PG-N

**ANSWER AND
NOTICE OF DEFENSE**

20
21 COMES NOW, Respondents, MICHAEL MARKUS HAUTEKEET, HOWARD
22 MORTON FORD, and MIKE'S PHARMACY, (hereinafter collectively referred to as
23 "MIKE'S), by and through counsel, PAUL G. TAGGART, ESQ. and GREGORY H.
24 MORRISON, ESQ., of the law firm of TAGGART & TAGGART, LTD. and hereby file their
25 Answer to NEVADA STATE BOARD OF PHARMACY's (hereinafter referred to as
26 "BOARD") Notice of Intended Action and Accusation, and admit, deny and aver as follows.
27 MIKE'S reserves the right to amend this answer if additional information arises that would
28 change the following responses.

ANSWERING ALLEGATIONS REGARDING 2011 INCIDENT

1. MIKE'S admit the allegations contained in paragraph 1 of Board's Notice of Intended Action and Accusation.

2. MIKE'S admits that Dr. Rodriguez prescribed Clonidine 0.1mg/5ml oral liquid (suspension) with the directions alleged by the Board. As to the other allegations in paragraphs 2 of Board's Notice of Intended Action, MIKE'S is without sufficient information, knowledge or belief as to the truth or falsity of the allegations contained, and therefore denies the same.

3. MIKE'S admits that Dr. Rodriguez prescribed Clonidine 0.1mg/5ml oral liquid (suspension) with the directions alleged by the Board. As to the other allegations in paragraphs 2 of Board's Notice of Intended Action, MIKE'S is without sufficient information, knowledge or belief as to the truth or falsity of the allegations contained, and therefore denies the same.

4. MIKE'S is without sufficient information, knowledge or belief as to the truth or falsity of the allegations contained in paragraphs 4, 5, 6, 7, 8, and 9 of Board's Notice of Intended Action and Accusation, and therefore deny the same.

ANSWERING FIRST CAUSE OF ACTION

5. MIKE'S reallege and incorporate herein paragraphs 1 through 4 above, as if the same were set forth herein, in full and at length.

6. MIKE'S denies the allegations contained in paragraph 10 of the Board's Notice of Intended Action and Accusation because they assert a legal conclusion, and MIKE'S is without sufficient information, knowledge or belief as to the truth or falsity of the allegations.

ANSWERING SECOND CAUSE OF ACTION

7. MIKE'S reallege and incorporate herein paragraphs 1 through 6 above, as if the same were set forth herein, in full and at length.

8. MIKE'S denies the allegations contained in paragraph 11 of the Board's Notice of Intended Action and Accusation because they assert a legal conclusion, and

1 MIKE'S is without sufficient information, knowledge or belief as to the truth or falsity of the
2 allegations.

3 **ANSWERING THIRD CAUSE OF ACTION**

4 9. MIKE'S reallege and incorporate herein paragraphs 1 through 8 above, as if
5 the same were set forth herein, in full and at length.

6 10. MIKE'S denies the allegations contained in paragraph 12 of the Board's
7 Notice of Intended Action and Accusation because they assert a legal conclusion, and
8 MIKE'S is without sufficient information, knowledge or belief as to the truth or falsity of the
9 allegations.

10 **ANSWERING FOURTH CAUSE OF ACTION**

11 11. MIKE'S reallege and incorporate herein paragraphs 1 through 10 above, as if
12 the same were set forth herein, in full and at length.

13 12. MIKE'S denies the allegations contained in paragraph 13 of the Board's
14 Notice of Intended Action and Accusation because they assert a legal conclusion, and
15 MIKE'S is without sufficient information, knowledge or belief as to the truth or falsity of the
16 allegations.

17 **ANSWERING FIFTH CAUSE OF ACTION**

18 13. MIKE'S reallege and incorporate herein paragraphs 1 through 12 above, as if
19 the same were set forth herein, in full and at length.

20 14. MIKE'S admits that Mr. Hautekett is the owner of Mike' Pharmacy, but
21 MIKE'S denies the remaining allegations contained in paragraph 14 of the Board's Notice of
22 Intended Action and Accusation because they assert a legal conclusion, and MIKE'S is
23 without sufficient information, knowledge or belief as to the truth or falsity of the allegations.

24 **ANSWERING ALLEGATIONS REGARDING 2012 INCIDENT**

25 15. MIKE'S reallege and incorporate herein paragraphs 1 through 14 above, as if
26 the same were set forth herein, in full and at length.

27 16. MIKE'S admit the allegations contained in paragraphs 15 and 16 of Board's
28 Notice of Intended Action and Accusation.

1 17. MIKE'S is without sufficient information, knowledge or belief as to the truth
2 or falsity of the allegations contained in paragraphs 17 through 19 of Board's Notice of
3 Intended Action and Accusation, and therefore deny the same.

4 18. Based on the information provided by the Board, MIKE'S admit the
5 allegations contained in paragraph 20 of Board's Notice of Intended Action and Accusation.

6 19. MIKE'S is without sufficient information, knowledge or belief as to the truth
7 or falsity of the allegations contained in paragraphs 21 through 23 of Board's Notice of
8 Intended Action and Accusation, and therefore deny the same. Paragraph 22 states that Mr.
9 Fond "believes that he made an error," when compounding the prescription. No written
10 evidence supports that allegation. Mr. Fond does not recall stating that he had made an error.
11 Mr. Fond has no knowledge of an error in compounding the Clonidine. Neither the Board nor
12 Renown tested the compound, and nothing has been produced which would confirm an error
13 was made. Simon's Statement of Complaint indicates Renown returned the bottle of
14 Clonidine, stating that it could not be tested. Therefore, no independent testing was done to
15 determine the concentration of Clonidine in the suspension. Without testing, the Board
16 alleges that MIKE'S created the compounded formulation at one thousand times overdose.
17 Without independent laboratory testing to confirm this allegation, this charge is unsupportable
18 and without merit.

19 20. MIKE'S admit the allegations contained in paragraph 24 of Board's Notice of
20 Intended Action and Accusation.

21 21. MIKE'S is without sufficient information, knowledge or belief as to the truth
22 or falsity of the allegations contained in paragraph 25 of Board's Notice of Intended Action
23 and Accusation, and therefore deny the same. In Paragraph 25, the Board alleges that Mike's
24 "disregarded Dr. Wessels' instructions" because they were not consistent with Dr. Rodriguez'
25 instructions. While not admitting that Dr. Wessels' instructions were disregarded, Dr.
26 Wessels' dosage was substantially greater than Dr. Rodriguez' and a reasonable person would
27 have concluded that such a disparity indicated a mistake by Dr. Wessels. In light of this
28 obvious error, MIKE'S acted in a reasonable manner, and in order to avoid a potential

1 overdoes of the patient, by modifying the prescription based upon the initial prescription by
2 Dr. Rodriguez.

3 **ANSWERING SIXTH CAUSE OF ACTION**

4 22. MIKE'S reallege and incorporate herein paragraphs 1 through 21 above, as if
5 the same were set forth herein, in full and at length.

6 23. MIKE'S denies the allegations contained in paragraph 26 of the Board's
7 Notice of Intended Action and Accusation because they assert a legal conclusion, and
8 MIKE'S is without sufficient information, knowledge or belief as to the truth or falsity of the
9 allegations. Further, altering the media of a prescription from a tablet to a solution is
10 reasonable given MIKE'S knowledge of the patient and the patient's prior prescriptions.

11 **ANSWERING SEVENTH CAUSE OF ACTION**

12 24. MIKE'S reallege and incorporate herein paragraphs 1 through 23 above, as if
13 the same were set forth herein, in full and at length.

14 25. MIKE'S denies the allegations contained in paragraph 27 of the Board's
15 Notice of Intended Action and Accusation because they assert a legal conclusion, and
16 MIKE'S is without sufficient information, knowledge or belief as to the truth or falsity of the
17 allegations.

18
19 **ANSWERING EIGHTH CAUSE OF ACTION**

20 26. MIKE'S reallege and incorporate herein paragraphs 1 through 25 above, as if
21 the same were set forth herein, in full and at length.

22 27. MIKE'S denies the allegations contained in paragraph 28 of the Board's
23 Notice of Intended Action and Accusation because they assert a legal conclusion, and
24 MIKE'S is without sufficient information, knowledge or belief as to the truth or falsity of the
25 allegations. Further, in the written statement provided by Roberta and Merrill Simon
26 ("Simon"), Simon stated that "[a]fter about 30 minutes [MS] was still not going to sleep . . ."
27 and a second dose was administered. If MS had taken one dose that was one thousand times
28 to strong of Clonidine, as the Board alleges, it is inconceivable that MS would not

1 demonstrated the effects of such a powerful overdose within 30 minutes. The fact that MS
2 remained awake and alert one half hour after the dose was administered strongly indicates that
3 he did not received an overdose of Clonidine.

4 **ANSWERING NINTH CAUSE OF ACTION**

5 28. MIKE'S reallege and incorporate herein paragraphs 1 through 27 above, as if
6 the same were set forth herein, in full and at length.

7 29. MIKE'S denies the allegations contained in paragraph 29 of the Board's
8 Notice of Intended Action and Accusation because they assert a legal conclusion, and
9 MIKE'S is without sufficient information, knowledge or belief as to the truth or falsity of the
10 allegations.

11 **ANSWERING TENTH CAUSE OF ACTION**

12 30. MIKE'S reallege and incorporate herein paragraphs 1 through 29 above, as if
13 the same were set forth herein, in full and at length.

14 31. MIKE'S denies the allegations contained in paragraph 30 of the Board's
15 Notice of Intended Action and Accusation because they assert a legal conclusion, and
16 MIKE'S is without sufficient information, knowledge or belief as to the truth or falsity of the
17 allegations.

18 **ANSWERING ELEVENTH CAUSE OF ACTION**

19 32. MIKE'S reallege and incorporate herein paragraphs 1 through 33 above, as if
20 the same were set forth herein, in full and at length.

21 33. MIKE'S admits that Mr. Hautekett is the owner of Mike' Pharmacy, but
22 MIKE'S denies the remaining allegations contained in paragraph 31 of the Board's Notice of
23 Intended Action and Accusation because they assert a legal conclusion, and MIKE'S is
24 without sufficient information, knowledge or belief as to the truth or falsity of the allegations.

25 WHEREFORE, MIKE'S request that judgment be entered in their favor, dismissing
26 Boards Notice of Intended Action and Accusation with prejudice, that MIKE'S be awarded

27 \\\

28 \\\

1 costs and attorney's fees, and further be awarded such other relief to which it may be entitled.

2 SIGNED this 13th day of September, 2013

3 TAGGART & TAGGART, LTD.

4 108 North Minnesota Street

5 Carson City, Nevada 89703

6 (775) 882-9900 – Telephone

7 (775) 883-9900 – Facsimile

8 By: Paul G. Taggart

9 PAUL G. TAGGART, ESQ.

10 Nevada State Bar No. 6136

11 GREGORY H. MORRISON, ESQ.

12 Nevada State Bar No. 12454

13 *Attorneys for Michael Hautekett, Howard Fond*
14 *and Mike's Pharmacy*

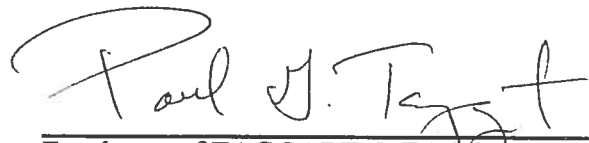
CERTIFICATE OF SERVICE

Pursuant to NRCP 5(b), I hereby certify that I am an employee of TAGGART & TAGGART, LTD., and that on this date, I served or caused to be served, a true and correct copy of the ANSWER AND INTENT TO DEFEND, as follows:

☒ By U.S. POSTAL SERVICE: I deposited for mailing in the United States Mail, with postage prepaid, an envelope containing the above-identified document, at Carson City, Nevada, in the ordinary course of business, addressed as follows:

Larry L. Pinson, Pharm.D.
Secretary-Nevada State Board of Pharmacy
431 W. Plumb Ln
Reno, NV 89509

DATED this 13th day of September, 2013.



Employee of TAGGART & TAGGART, LTD.

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

MICHAEL MARKUS HAUTEKEET, RPH
Certificate of Registration No. 10777,

HOWARD MORTON FOND, RPH
Certificate of Registration No. 03510,

MIKE'S PHARMACY
Certificate of Registration No. PH01108-C

Respondents.

)
) **CASE NO. 12-058-RPH-A-N**

) **CASE NO. 12-058-RPH-B-N**

) **CASE NO. 12-058-PH-N**
)

) **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.

1. ALLEGATIONS REGARDING MARCH 2011 INCIDENT.

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the alleged conduct Respondent Michael Markus Hautekeet, RPH (Mr. Hautekeet), was, and is, a registered pharmacist with the Board; and Respondent Mike's Pharmacy was, and is, a pharmacy registered with the Board.

II.

On or about March 24, 2011, two-year-old MS was examined by pediatric neurologist Dr. Gerardo Rodriguez. MS has a significant medical history, which includes sleep disorder. To treat the disorder, Dr. Rodriguez prescribed Clonidine 0.1mg/5ml oral liquid (suspension) with directions to take 1ml by mouth at bedtime as a sleep aid.

III.

On or about April 12, 2011, MS ingested a dose of the Clonidine medication from Mike's Pharmacy and became extremely sedated. MS's parents initially transported him to the Emergency Room at Carson Tahoe Regional Medical Center. MS was later transferred to Renown Regional Medical Center for further treatment. MS spent three days at Renown before being released.

IV.

Renown Regional Medical Center sent a sample of the Clonidine medication from Mike's Pharmacy to an independent laboratory for analysis. The analysis report indicated that the Clonidine concentration in the compounded medication was 15mg/ml, not the 0.1mg/5ml concentration that Dr. Rodriguez prescribed.

V.

The Clonidine prescription was presented to Mike's Pharmacy and scanned into the pharmacy's computer system on or about April 6, 2011. Mike's Pharmacy initiated production the next day. The pharmacy entered and assigned a unique prescription number (Rx 413053) to the prescription data for Medicaid billing purposes. It generated a label and affixed it to the back of the original prescription with the prescription number 413053. The label included the patient's name, drug name (Clonidine 0.1mg), strength, quantity, date, filling pharmacist (Respondent Hautekeet), prescriber information, and the National Drug Code (NDC) for Clonidine 0.1mg *tablets* (NDC 00378-0152-01).

VI.

Mike's Pharmacy assigned the same Clonidine prescription a second prescription number (Rx 515175), which relates to the compounding of the medication. The second prescription number (Rx 515175) was printed on a label and attached to a copy of the original prescription. The label included the patient name, drug name, strength, quantity, date, and prescriber information. The drug name printed on the second label was Clonidine 0.1mg/5ml *suspension*

#30. The NDC on the label was for Clonidine *powder* (NDC 51927-2379-00). Respondent Hautekeet compounded the Clonidine oral suspension. His handwritten initials were on the upper right hand corner of the label.

VII.

During the investigation, Mr. Hautekeet explained to the Board Investigator that Medicaid does not reimburse for Clonidine powder (NDC 51927-2379-00), which is what he used to compound the oral *suspension*. He created a fictitious label for an equivalent amount of Clonidine *tablets* (NDC 00378-0152-01) to bill to Medicaid.

VIII.

Respondents were not able to produce the original formula worksheet for the compounded Clonidine suspension.

IX.

Respondents can produce no record of patient counseling, pick up or delivery of the prescription. The prescription was picked up or delivered sometime between April 6, 2011, and April 12, 2011.

FIRST CAUSE OF ACTION

X.

In failing to strictly follow the instructions of MS's physician by verifying and dispensing a compounded concentration of Clonidine 15mg/ml, rather than the 0.1mg/5ml concentration that was prescribed, Respondents Mr. Hautekeet and Mike's Pharmacy 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

XI.

In failing to provide documents to Board Staff for its investigation, and to maintain a recordkeeping system that would allow for a readily retrievable record of patient MS's

compounded Clonidine prescription, Respondents Mr. Hautekeet and Mike's Pharmacy violated NAC 639.482, NAC 639.945(1)(i) and/or (m), which violations are grounds for action pursuant to NRS 639.210(4), (12), (15), (17) and/or NRS 639.255.

THIRD CAUSE OF ACTION

XII.

In failing to counsel, and to maintain documentation of patient counseling, Respondents Mr. Hautekeet and Mike's Pharmacy violated NAC 639.707, NRS 639.266(1), and or NAC 639.945(1)(i), which violations are grounds for action pursuant to NRS 639.210(4), (12), (15) and/or NRS 639.255.

FOURTH CAUSE OF ACTION

XIII.

In creating a false and fraudulent record to generate Medicaid claims for reimbursement, Respondents Mr. Hautekeet and Mike's Pharmacy violated NRS 639.210(1), (4), (15) and/or NRS 639.2815 and/or NAC 639.945(1)(h), which violations are grounds for action pursuant to NRS 639.210(4), (12), (15) and/or NRS 639.255.

FIFTH CAUSE OF ACTION

XIV.

As the owner of the pharmacy in which the foregoing violations, or any one of them, occurred, Respondent Mr. Hautekeet is responsible and therefore subject to discipline pursuant to NRS 639.210(4), (12) and/or (16) and/or NRS 639.255.

2. ALLEGATIONS REGARDING SEPTEMBER 2012 INCIDENT.

XV.

The Board has jurisdiction over this matter because at the time of the alleged conduct Respondent Mr. Hautekeet, was, and is, a registered pharmacist with the Board; Respondent Howard Morton Fond, RPH (Mr. Fond), was, and is, a registered pharmacist with the Board; and Respondent Mike's Pharmacy was, and is, a pharmacy registered with the Board.

XVI.

On or about March 8, 2012, Dr. Delia Wessels prescribed to patient MS a quantity of thirty (30) Clonidine 0.1mg. *tablets* with instructions to take one tablet at bedtime for thirty days. Three refills were indicated on the prescription. Dr. Wessels' office faxed the prescription to Mike's Pharmacy.

XVII.

Mike's Pharmacy personnel input the data from the faxed prescription into its Medicaid billing computer system and assigned the prescription number 0621103 on or about March 10, 2012. The pharmacy affixed two printed labels to the faxed hard copy. Both labels included the prescription number 0621103, patient identifiers and the NDC number for 0.1mg Clonidine tablets. Both labels erroneously indicated a quantity of six (6) tablets, versus the prescribed thirty (30) tablets. Both labels indicated the prescriber as Dr. Rodriguez, not the actual prescriber, Dr. Wessels. The faxed copy was filed as the original hard copy prescription

XVIII.

On October 24, 2012, Mike's Pharmacy compounded a Clonidine *suspension* as a refill for prescription 0621103. Mike's Pharmacy employee Judy Wooley delivered the medication to MS's residence on October 25 or 26, 2012.

XIX.

On October 28, 2012, MS's mother administered the first dose from the newly compounded Clonidine *suspension* (Rx516466) to MS. After MS's mother administered a second dose—consistent with Dr. Wessels' instructions—MS became extremely sedated with irregular respirations. He was transported to the Emergency Room at Carson Tahoe Regional Medical Center, where he was stabilized. He was then transported to Renown Regional Medical Center.

XX.

Edwin Peters, M.D, examined and admitted MS to the Renown Regional Medical Center PICU. Dr. Peters' History and Summary Notes indicate "Probable Clonidine overdose with decreased respiratory effort, decreased level of consciousness, and occasional bradycardia." Renown Medical Center put MS on a mechanical ventilator in its PICU, where he remained for three days.

XXI.

Available records indicate that the prescription for the Clonidine *tablets* was filled on October 24, 2012, by Respondent Howard Fond. Fond's handwritten initials are on the label affixed to the compound log and on the label on the prescription bottle for Rx 516466, which contained the suspect Clonidine *suspension*. The original prescription for 516466 could not be produced.

XXII.

In his written statement, Respondent Fond indicates that he compounded prescription 516466 on October 24, 2012. He notes that he had filled the prescription before, and had retrieved and printed the formula from the pharmacy computer. Respondent Fond believes that he made an error when weighing the Clonidine powder by adding 0.6 gm., instead of 0.6 mg.

XXIII.

MS's patient profile indicates prescription 0621103 was initially filled on September 21, 2012, with the second and last fill dated October 24, 2012. The patient profile entries note that on both dates, six (6) Clonidine 0.1mg *tablets* were dispensed. However, Clonidine *suspension* (#30) 0.1mg/5ml was actually dispensed using prescription number 516466, a number that was arbitrarily assigned for the compounding portion of prescription 0621103.

XXIV.

Prescription number 516466 was also assigned to Clonidine suspension prescriptions filled on November 9, 2011, December 16, 2011, and January 16, 2012. All three prescriptions were filled and dispensed prior to Dr. Wessels' faxed prescription received by Mike's Pharmacy on March 8, 2012.

XXV.

Respondent Mr. Hautekeet admitted to the Board Investigator that he used the arbitrary prescription number (516466) to represent the Clonidine compound prescription initially written by Dr. Rodriguez on March 24, 2011. He disregarded Dr. Wessels' instructions regarding the dosage form (tablets), and the dosage strength (0.1mg tablet daily), because they were not consistent with the formula used for the initial prescription as prescribed by Dr. Rodriguez. Respondent Mr. Hautekeet used the original fill and three refills from Dr. Wessels' prescription to augment the three refills previously authorized by Dr. Rodriguez.

SIXTH CAUSE OF ACTION

XXVI.

In failing to strictly follow the instructions of MS's physician by changing the dosage form of the prescribed Clonidine 0.1 mg *tablets* to Clonidine *suspension* without the prescriber's authorization, Respondents Mr. Fond and Mike's Pharmacy violated NAC 639.945(1)(d) and/or (i), which violations are grounds for action pursuant to NRS 639.210(4), (15) and/or NRS 639.255.

SEVENTH CAUSE OF ACTION

XXVII.

In falsifying Dr. Wessel's Clonidine prescription for *tablets* (0.1 mg.) to conform to the prescription written by Dr. Rodriguez for Clonidine *suspension* (0.1mg/5ml), and falsely adding the initial fill and refills, Respondents Mr. Fond and Mike's Pharmacy violated NAC

639.945(1)(d), (h), and/or (i), which violations are grounds for action pursuant to NRS 639.210(4), (12) and/or NRS 639.255.

EIGHTH CAUSE OF ACTION

XXVIII.

In failing to follow the prescriber's instructions and creating the compounded formulation at a one thousand times overdose by adding 0.6 **gm.** of Clonidine powder, instead of the 0.6 **mg.** prescribed, Respondents Mr. Fond and Mike's Pharmacy 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.

NINTH CAUSE OF ACTION

XXIX.

In creating a false record in the patient profile by entering that the prescription was filled with Clonidine 0.1 mg. ***tablets***, rather than the Clonidine ***powder*** that was used to compound the Clonidine suspension, Respondents Mr. Fond and Mike's Pharmacy violated NAC 639.945(1)(h), which violations are grounds for action pursuant to NRS 639.210(4), (12) and/or NRS 639.255.

TENTH CAUSE OF ACTION

XXX.

As a managing pharmacist who knew of and allowed the foregoing violations, or any one of them, to occur in his pharmacy, Respondent Mr. Hautekeet is subject to discipline pursuant to NRS 639.210(4), (12), (15) and/or (16).


ELEVENTH CAUSE OF ACTION

XXXI.

As the owner of a pharmacy in which the foregoing violations, or any one of them, occurred, Respondent Mr. Hautekeet is responsible, and therefore subject to discipline, pursuant to NRS 639.210(4), (12) and/or (16).

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 1st day of August, 2013.


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

NOTICE TO RESPONDENTS

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 . 12-058-PH-N
Petitioner,)	
v.)	
	)	STATEMENT TO THE RESPONDENT
MIKE'S PHARMACY	)	NOTICE OF INTENDED ACTION
Certificate of Registration No. PH01108-C	)	AND ACCUSATION
	)	RIGHT TO HEARING
Respondent.	/	

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, September 4, 2013, as the date for a hearing on this matter at the Hyatt Place, 1790 East Plumb Lane, Reno, Nevada. The hour of the hearing will be set by letter to follow.

IV.

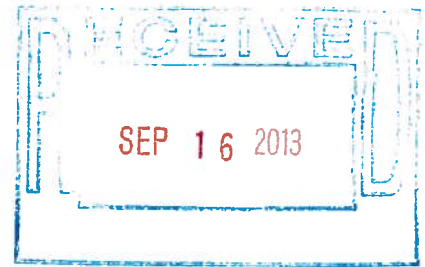
Failure to complete and file your Notice of Defense with the Board and thereby request a hearing within the time allowed shall constitute a waiver of your right to a hearing in this matter and give cause for the entering of your default to the Notice of Intended Action and Accusation filed herein, unless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

DATED this 1st day of August, 2013.



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

PAUL G. TAGGART, ESQ.
Nevada State Bar No. 6136
GREGORY H. MORRISON, ESQ.
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*Attorneys for Michael Hautekett, Howard Fond
And Mike's Pharmacy*



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)
)
Petitioner,)
)
v.)
)
MICHAEL MARKUS HAUTEKETT, RPH)
Certificate of Registration No. 1077,)
)
HOWARD MORTON FOND, RPH)
Certificate of Registration No. 03510,)
)
MIKE'S PHARMACY)
Certificate of Registration No. PH01108-C)
)
Respondents.)

CASE NO. 12-058-RPH-A-N
CASE NO. 12-058-RPH-B-N
CASE NO. 12-058-PG-N

**ANSWER AND
NOTICE OF DEFENSE**

COMES NOW, Respondents, MICHAEL MARKUS HAUTEKEET, HOWARD MORTON FORD, and MIKE'S PHARMACY, (hereinafter collectively referred to as "MIKE'S), by and through counsel, PAUL G. TAGGART, ESQ. and GREGORY H. MORRISON, ESQ., of the law firm of TAGGART & TAGGART, LTD. and hereby file their Answer to NEVADA STATE BOARD OF PHARMACY's (hereinafter referred to as "BOARD") Notice of Intended Action and Accusation, and admit, deny and aver as follows. MIKE'S reserves the right to amend this answer if additional information arises that would change the following responses.

ANSWERING ALLEGATIONS REGARDING 2011 INCIDENT

1. MIKE'S admit the allegations contained in paragraph 1 of Board's Notice of Intended Action and Accusation.

2. MIKE'S admits that Dr. Rodriguez prescribed Clonidine 0.1mg/5ml oral liquid (suspension) with the directions alleged by the Board. As to the other allegations in paragraphs 2 of Board's Notice of Intended Action, MIKE'S is without sufficient information, knowledge or belief as to the truth or falsity of the allegations contained, and therefore denies the same.

3. MIKE'S admits that Dr. Rodriguez prescribed Clonidine 0.1mg/5ml oral liquid (suspension) with the directions alleged by the Board. As to the other allegations in paragraphs 2 of Board's Notice of Intended Action, MIKE'S is without sufficient information, knowledge or belief as to the truth or falsity of the allegations contained, and therefore denies the same.

4. MIKE'S is without sufficient information, knowledge or belief as to the truth or falsity of the allegations contained in paragraphs 4, 5, 6, 7, 8, and 9 of Board's Notice of Intended Action and Accusation, and therefore deny the same.

ANSWERING FIRST CAUSE OF ACTION

5. MIKE'S reallege and incorporate herein paragraphs 1 through 4 above, as if the same were set forth herein, in full and at length.

6. MIKE'S denies the allegations contained in paragraph 10 of the Board's Notice of Intended Action and Accusation because they assert a legal conclusion, and MIKE'S is without sufficient information, knowledge or belief as to the truth or falsity of the allegations.

ANSWERING SECOND CAUSE OF ACTION

7. MIKE'S reallege and incorporate herein paragraphs 1 through 6 above, as if the same were set forth herein, in full and at length.

8. MIKE'S denies the allegations contained in paragraph 11 of the Board's Notice of Intended Action and Accusation because they assert a legal conclusion, and

1 MIKE'S is without sufficient information, knowledge or belief as to the truth or falsity of the
2 allegations.

3 **ANSWERING THIRD CAUSE OF ACTION**

4 9. MIKE'S reallege and incorporate herein paragraphs 1 through 8 above, as if
5 the same were set forth herein, in full and at length.

6 10. MIKE'S denies the allegations contained in paragraph 12 of the Board's
7 Notice of Intended Action and Accusation because they assert a legal conclusion, and
8 MIKE'S is without sufficient information, knowledge or belief as to the truth or falsity of the
9 allegations.

10 **ANSWERING FOURTH CAUSE OF ACTION**

11 11. MIKE'S reallege and incorporate herein paragraphs 1 through 10 above, as if
12 the same were set forth herein, in full and at length.

13 12. MIKE'S denies the allegations contained in paragraph 13 of the Board's
14 Notice of Intended Action and Accusation because they assert a legal conclusion, and
15 MIKE'S is without sufficient information, knowledge or belief as to the truth or falsity of the
16 allegations.

17 **ANSWERING FIFTH CAUSE OF ACTION**

18 13. MIKE'S reallege and incorporate herein paragraphs 1 through 12 above, as if
19 the same were set forth herein, in full and at length.

20 14. MIKE'S admits that Mr. Hautekett is the owner of Mike' Pharmacy, but
21 MIKE'S denies the remaining allegations contained in paragraph 14 of the Board's Notice of
22 Intended Action and Accusation because they assert a legal conclusion, and MIKE'S is
23 without sufficient information, knowledge or belief as to the truth or falsity of the allegations.

24 **ANSWERING ALLEGATIONS REGARDING 2012 INCIDENT**

25 15. MIKE'S reallege and incorporate herein paragraphs 1 through 14 above, as if
26 the same were set forth herein, in full and at length.

27 16. MIKE'S admit the allegations contained in paragraphs 15 and 16 of Board's
28 Notice of Intended Action and Accusation.

1 17. MIKE'S is without sufficient information, knowledge or belief as to the truth
2 or falsity of the allegations contained in paragraphs 17 through 19 of Board's Notice of
3 Intended Action and Accusation, and therefore deny the same.

4 18. Based on the information provided by the Board, MIKE'S admit the
5 allegations contained in paragraph 20 of Board's Notice of Intended Action and Accusation.

6 19. MIKE'S is without sufficient information, knowledge or belief as to the truth
7 or falsity of the allegations contained in paragraphs 21 through 23 of Board's Notice of
8 Intended Action and Accusation, and therefore deny the same. Paragraph 22 states that Mr.
9 Fond "believes that he made an error," when compounding the prescription. No written
10 evidence supports that allegation. Mr. Fond does not recall stating that he had made an error.
11 Mr. Fond has no knowledge of an error in compounding the Clonidine. Neither the Board nor
12 Renown tested the compound, and nothing has been produced which would confirm an error
13 was made. Simon's Statement of Complaint indicates Renown returned the bottle of
14 Clonidine, stating that it could not be tested. Therefore, no independent testing was done to
15 determine the concentration of Clonidine in the suspension. Without testing, the Board
16 alleges that MIKE'S created the compounded formulation at one thousand times overdose.
17 Without independent laboratory testing to confirm this allegation, this charge is unsupportable
18 and without merit.

19 20. MIKE'S admit the allegations contained in paragraph 24 of Board's Notice of
20 Intended Action and Accusation.

21 21. MIKE'S is without sufficient information, knowledge or belief as to the truth
22 or falsity of the allegations contained in paragraph 25 of Board's Notice of Intended Action
23 and Accusation, and therefore deny the same. In Paragraph 25, the Board alleges that Mike's
24 "disregarded Dr. Wessels' instructions" because they were not consistent with Dr. Rodriguez'
25 instructions. While not admitting that Dr. Wessels' instructions were disregarded, Dr.
26 Wessels' dosage was substantially greater than Dr. Rodriguez' and a reasonable person would
27 have concluded that such a disparity indicated a mistake by Dr. Wessels. In light of this
28 obvious error, MIKE'S acted in a reasonable manner, and in order to avoid a potential

overdoes of the patient, by modifying the prescription based upon the initial prescription by Dr. Rodriquez.

ANSWERING SIXTH CAUSE OF ACTION

22. MIKE'S reallege and incorporate herein paragraphs 1 through 21 above, as if the same were set forth herein, in full and at length.

23. MIKE'S denies the allegations contained in paragraph 26 of the Board's Notice of Intended Action and Accusation because they assert a legal conclusion, and MIKE'S is without sufficient information, knowledge or belief as to the truth or falsity of the allegations. Further, altering the media of a prescription from a tablet to a solution is reasonable given MIKE'S knowledge of the patient and the patient's prior prescriptions.

ANSWERING SEVENTH CAUSE OF ACTION

24. MIKE'S reallege and incorporate herein paragraphs 1 through 23 above, as if the same were set forth herein, in full and at length.

25. MIKE'S denies the allegations contained in paragraph 27 of the Board's Notice of Intended Action and Accusation because they assert a legal conclusion, and MIKE'S is without sufficient information, knowledge or belief as to the truth or falsity of the allegations.

ANSWERING EIGHTH CAUSE OF ACTION

26. MIKE'S reallege and incorporate herein paragraphs 1 through 25 above, as if the same were set forth herein, in full and at length.

27. MIKE'S denies the allegations contained in paragraph 28 of the Board's Notice of Intended Action and Accusation because they assert a legal conclusion, and MIKE'S is without sufficient information, knowledge or belief as to the truth or falsity of the allegations. Further, in the written statement provided by Roberta and Merrill Simon ("Simon"), Simon stated that "[a]fter about 30 minutes [MS] was still not going to sleep . . ." and a second dose was administered. If MS had taken one dose that was one thousand times to strong of Clonidine, as the Board alleges, it is inconceivable that MS would not

1 demonstrated the effects of such a powerful overdose within 30 minutes. The fact that MS
2 remained awake and alert one half hour after the dose was administered strongly indicates that
3 he did not received an overdose of Clonidine.

4 **ANSWERING NINTH CAUSE OF ACTION**

5 28. MIKE'S reallege and incorporate herein paragraphs 1 through 27 above, as if
6 the same were set forth herein, in full and at length.

7 29. MIKE'S denies the allegations contained in paragraph 29 of the Board's
8 Notice of Intended Action and Accusation because they assert a legal conclusion, and
9 MIKE'S is without sufficient information, knowledge or belief as to the truth or falsity of the
10 allegations.

11 **ANSWERING TENTH CAUSE OF ACTION**

12 30. MIKE'S reallege and incorporate herein paragraphs 1 through 29 above, as if
13 the same were set forth herein, in full and at length.

14 31. MIKE'S denies the allegations contained in paragraph 30 of the Board's
15 Notice of Intended Action and Accusation because they assert a legal conclusion, and
16 MIKE'S is without sufficient information, knowledge or belief as to the truth or falsity of the
17 allegations.

18 **ANSWERING ELEVENTH CAUSE OF ACTION**

19 32. MIKE'S reallege and incorporate herein paragraphs 1 through 33 above, as if
20 the same were set forth herein, in full and at length.

21 33. MIKE'S admits that Mr. Hautekett is the owner of Mike' Pharmacy, but
22 MIKE'S denies the remaining allegations contained in paragraph 31 of the Board's Notice of
23 Intended Action and Accusation because they assert a legal conclusion, and MIKE'S is
24 without sufficient information, knowledge or belief as to the truth or falsity of the allegations.

25 WHEREFORE, MIKE'S request that judgment be entered in their favor, dismissing
26 Boards Notice of Intended Action and Accusation with prejudice, that MIKE'S be awarded

27 \\\

28 \\\

1 costs and attorney's fees, and further be awarded such other relief to which it may be entitled.

2 SIGNED this 13th day of September, 2013

3 TAGGART & TAGGART, LTD.

4 108 North Minnesota Street

5 Carson City, Nevada 89703

6 (775) 882-9900 – Telephone

7 (775) 883-9900 – Facsimile

8 By: Paul G. Taggart

9 PAUL G. TAGGART, ESQ.

10 Nevada State Bar No. 6136

11 GREGORY H. MORRISON, ESQ.

12 Nevada State Bar No. 12454

13 *Attorneys for Michael Hautekett, Howard Fond*
14 *and Mike's Pharmacy*

CERTIFICATE OF SERVICE

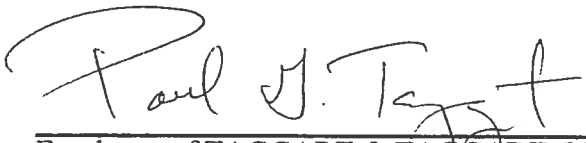
Pursuant to NRCP 5(b), I hereby certify that I am an employee of TAGGART & TAGGART, LTD., and that on this date, I served or caused to be served, a true and correct copy of the ANSWER AND INTENT TO DEFEND, as follows:

☒ [X]

By U.S. POSTAL SERVICE: I deposited for mailing in the United States Mail, with postage prepaid, an envelope containing the above-identified document, at Carson City, Nevada, in the ordinary course of business, addressed as follows:

Larry L. Pinson, Pharm.D.
Secretary-Nevada State Board of Pharmacy
431 W. Plumb Ln
Reno, NV 89509

DATED this 13th day of September, 2013.



Employee of TAGGART & TAGGART, LTD.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

CHARLES BOISSELLE, RPH

Certificate of Registration No. 12486

HALE'S PHARMACY

Certificate of Registration No. PH00734

Respondents.

) **NOTICE OF INTENDED ACTION**
) **AND ACCUSATION**

) **CASE NOS. 13-037-RPH-N**
) **13-054-RPH-N**

) **CASE NOS. 13-037-PH-N**
) **13-054-PH-N**



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 and these respondents because Respondent Charles Boisselle is a pharmacist licensed by the Board, and Respondent Hale's Pharmacy, located at 901 East Second Street, #102, Reno, Nevada, is a pharmacy licensed by the Board.

II.

On July 3, 2013, the Board entered a Stipulated Facts, Conclusions of Law and Order in Hale's Pharmacy, Case No. 12-060-PH-N. In its Order, the Board placed Hale's Pharmacy's license on probation for twelve months. The Order requires that during the probationary period, Hale's Pharmacy must self-report all of its violations of pharmacy law or regulations to the Board Office within three days of discovery of such violation(s).

1. **CASE NO. 13-037: ALLEGATIONS REGARDING PRESCRIPTION NO. 511259 FOR LANSOPRAZOLE (PREVACID) 30 MG. CAPSULES**

III.

On July 29, 2013, Hale's Pharmacy reported to the Board Office two dispensing errors, both involving prescription No. 511259 (Rx 511259). The initial error occurred on April 10, 2013. Respondents repeated the error on May 29, 2013. Respondent Boisselle was the verifying and dispensing pharmacist for Rx 511259 when both errors occurred.

IV.

On or about April 10, 2013, physician SZ telephoned in an oral prescription to Hale's Pharmacy for patient CC. The prescription was for brand name lansoprazole (Prevacid) 30 mg. capsules, with instructions to take one daily. Patient CC picked up the medication and ingested it as directed on the prescription label. CC telephoned in a refill request for Rx 511259 on May 29, 2013. Respondents processed the request and dispensed the medication the same day.

V.

On or about July 23, 2013, pharmaceutical technician Lucinda deProsse (Ms. deProsse) began processing a second refill for Rx 511259. During a routine script review prior to processing the second refill, Ms. deProsse discovered that for the initial fill and the first refill of Rx 511259, respondents erroneously dispensed omeprazole (Prilosec) 20 mg. capsules, rather than the lansoprazole (Prevacid) 30 mg. capsules CC's physician prescribed.

VI.

Respondents dispensed the wrong medication to Patient CC after Ms. deProsse erroneously selected the generic medication for Prilosec (omeprazole), instead of a generic substitution for Prevacid (lansoprazole).

VII.

Respondent Boisselle failed to identify the incorrect generic substitution during the verification process and during patient counseling for both the initial April 10, 2013 fill and the May 29, 2013 refill.

FIRST CAUSE OF ACTION

VIII.

In failing to strictly follow the instructions of Patient CC's physician by verifying and dispensing omeprazole (Prilosec) 20 mg. capsules, rather than the prescribed lansoprazole (Prevacid) 30 mg. capsules, Respondent Charles Boisselle violated Nevada Administrative Code (NAC) 639.945(1) (b), (d) and/or (i), which violations are grounds for discipline pursuant to NRS 639.210(4), (11) and/or (12), and NRS 639.255.

SECOND CAUSE OF ACTION

IX.

As the pharmacy in which the violations alleged above occurred, Hale's Pharmacy violated NAC 639.945(1)(b), (d) and/or (i), and is statutorily responsible for Respondent Boisselle's and pharmaceutical technician Lucinda deProse's actions pursuant to NAC 630.945(2), which are grounds for discipline pursuant to NRS 639.210(4), (11) and/or (12), and NRS 639.255.

2. CASE NO. 13-054: ALLEGATIONS REGARDING PRESCRIPTION NO. 511559 FOR TOPIRAMATE 50 MG. TABLETS

X.

On September 11, 2013, Hale's Pharmacy reported to the Board Office two dispensing errors for prescription No. 511559 (Rx 511559). The initial error occurred on April 19, 2013. Respondents repeated the error on May 13, 2013. Respondent Boisselle was the verifying and dispensing pharmacist for Rx 511559 when both errors occurred.

XI.

On or about April 19, 2013, JG tendered a prescription to Hale's Pharmacy for topiramate 50 mg. tablets with instructions to take two daily. JG purchased the medication from Hale's Pharmacy and ingested approximately sixty (60) tablets of the dispensed medication, as directed on the prescription label. JG telephoned in a refill request for Rx 511559 on May 13, 2013. Respondents processed the request and dispensed the medication the same day.

XII.

On or about September 5, 2013, JG telephoned in to Hale's Pharmacy a second refill request for Rx 511559. During a routine prescription review comparing the scanned hard-copy of the original prescription to the drug entered into the pharmacy's computer system, Hale's Pharmacy staff discovered that the initial fill, and the first refill, for Rx 511559 had been filled with topiramate 100 mg. tablets, rather than the topiramate 50 mg. tablets prescribed.

XIII.

Respondents dispensed the wrong medication to Patient JG on Rx 511559 after pharmaceutical technician Madison Marriott erred by selecting topiramate 100 mg. tablets, instead of the prescribed topiramate 50 mg. tablets.

XIV.

Respondent Boisselle was the verifying and dispensing pharmacist for the initial fill and first refill of Rx 511559. Mr. Boisselle failed to identify the incorrect dosage during the verification process and during patient counseling for both the initial April 19, 2013 fill and the May 13, 2013 refill.

THIRD CAUSE OF ACTION

XV.

In failing to strictly follow the instructions of Patient JG's physician on two separate occasions by verifying and dispensing topiramate 100 mg. tablets, rather than the prescribed topiramate 50 mg. tablets, Respondent Charles Boisselle violated NAC 639.945(1) (b), (d) and/or (i), which violations are grounds for discipline pursuant to NRS 639.210(4), (11) and/or (12), and NRS 639.255

FOURTH CAUSE OF ACTION

XVI.

As the pharmacy in which the violations alleged above occurred, Hale's Pharmacy violated NAC 639.945(1)(b), (d) and/or (i), and is statutorily responsible for respondent Boiselle's and

pharmaceutical technician Madison Marriott's actions pursuant to NAC 630.945(2), which is grounds for discipline pursuant to NRS 639.210(4), (11) and/or (12), and NRS 639.255.


FIFTH CAUSE OF ACTION

XVII.

In being repeatedly negligent in Case 97-061A-RPH-N and in Case 12-060-RPH-N, Respondent Boisselle is guilty of unprofessional conduct under NAC 639.945(1)(i), which is grounds for discipline under NRS 639.210(4) and (16) and NRS 639.255.

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

Signed this 30th day of October, 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.

CHARLES BOISSELLE, RPH

Certificate of Registration No. 12486

Respondent.

) **STATEMENT TO THE RESPONDENT**
) **NOTICE OF INTENDED ACTION**
) **AND ACCUSATION**
) **RIGHT TO HEARING**
)
) **CASE NOS. 13-037-RPH-N**
) **13-054-RPH-N**
)
)
)

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, December 4, 2013, as the date for a hearing on this matter at the Hyatt Place, 1790 E. Plumb Lane, Reno, Nevada. The hour of the hearing will be set by letter to follow.

IV.

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

DATED this 30th day of October, 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,	)	ANSWER AND
	)	NOTICE OF DEFENSE
v.)	
)	
CHARLES BOISSELLE, RPH	)	CASE NOS. 13-037-RPH-N
Certificate of Registration No. 12486	)	13-054-RPH-N
)	
Respondent.)	
	/	

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

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

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

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

DATED this ____ day of November, 2013.

Charles Boisselle, R.Ph.

Blank

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

CHARLES BOISSELLE, RPH
Certificate of Registration No. 12486

HALE'S PHARMACY
Certificate of Registration No. PH00734

Respondents.

) **NOTICE OF INTENDED ACTION**
) **AND ACCUSATION**

) **CASE NOS. 13-037-RPH-N**
) **13-054-RPH-N**

) **CASE NOS. 13-037-PH-N**
) **13-054-PH-N**



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 and these respondents because Respondent Charles Boisselle is a pharmacist licensed by the Board, and Respondent Hale's Pharmacy, located at 901 East Second Street, #102, Reno, Nevada, is a pharmacy licensed by the Board.

II.

On July 3, 2013, the Board entered a Stipulated Facts, Conclusions of Law and Order in Hale's Pharmacy, Case No. 12-060-PH-N. In its Order, the Board placed Hale's Pharmacy's license on probation for twelve months. The Order requires that during the probationary period, Hale's Pharmacy must self-report all of its violations of pharmacy law or regulations to the Board Office within three days of discovery of such violation(s).

1. **CASE NO. 13-037: ALLEGATIONS REGARDING PRESCRIPTION NO. 511259 FOR LANSOPRAZOLE (PREVACID) 30 MG. CAPSULES**

III.

On July 29, 2013, Hale's Pharmacy reported to the Board Office two dispensing errors, both involving prescription No. 511259 (Rx 511259). The initial error occurred on April 10, 2013. Respondents repeated the error on May 29, 2013. Respondent Boisselle was the verifying and dispensing pharmacist for Rx 511259 when both errors occurred.

IV.

On or about April 10, 2013, physician SZ telephoned in an oral prescription to Hale's Pharmacy for patient CC. The prescription was for brand name lansoprazole (Prevacid) 30 mg. capsules, with instructions to take one daily. Patient CC picked up the medication and ingested it as directed on the prescription label. CC telephoned in a refill request for Rx 511259 on May 29, 2013. Respondents processed the request and dispensed the medication the same day.

V.

On or about July 23, 2013, pharmaceutical technician Lucinda deProse (Ms. deProse) began processing a second refill for Rx 511259. During a routine script review prior to processing the second refill, Ms. deProse discovered that for the initial fill and the first refill of Rx 511259, respondents erroneously dispensed omeprazole (Prilosec) 20 mg. capsules, rather than the lansoprazole (Prevacid) 30 mg. capsules CC's physician prescribed.

VI.

Respondents dispensed the wrong medication to Patient CC after Ms. deProse erroneously selected the generic medication for Prilosec (omeprazole), instead of a generic substitution for Prevacid (lansoprazole).

VII.

Respondent Boisselle failed to identify the incorrect generic substitution during the verification process and during patient counseling for both the initial April 10, 2013 fill and the May 29, 2013 refill.

FIRST CAUSE OF ACTION

VIII.

In failing to strictly follow the instructions of Patient CC's physician by verifying and dispensing omeprazole (Prilosec) 20 mg. capsules, rather than the prescribed lansoprazole (Prevacid) 30 mg. capsules, Respondent Charles Boisselle violated Nevada Administrative Code (NAC) 639.945(1) (b), (d) and/or (i), which violations are grounds for discipline pursuant to NRS 639.210(4), (11) and/or (12), and NRS 639.255.

SECOND CAUSE OF ACTION

IX.

As the pharmacy in which the violations alleged above occurred, Hale's Pharmacy violated NAC 639.945(1)(b), (d) and/or (i), and is statutorily responsible for Respondent Boiselle's and pharmaceutical technician Lucinda deProse's actions pursuant to NAC 630.945(2), which are grounds for discipline pursuant to NRS 639.210(4), (11) and/or (12), and NRS 639.255.

2. CASE NO. 13-054: ALLEGATIONS REGARDING PRESCRIPTION NO. 511559 FOR TOPIRAMATE 50 MG. TABLETS

X.

On September 11, 2013, Hale's Pharmacy reported to the Board Office two dispensing errors for prescription No. 511559 (Rx 511559). The initial error occurred on April 19, 2013. Respondents repeated the error on May 13, 2013. Respondent Boisselle was the verifying and dispensing pharmacist for Rx 511559 when both errors occurred.

XI.

On or about April 19, 2013, JG tendered a prescription to Hale's Pharmacy for topiramate 50 mg. tablets with instructions to take two daily. JG purchased the medication from Hale's Pharmacy and ingested approximately sixty (60) tablets of the dispensed medication, as directed on the prescription label. JG telephoned in a refill request for Rx 511559 on May 13, 2013. Respondents processed the request and dispensed the medication the same day.

XII.

On or about September 5, 2013, JG telephoned in to Hale's Pharmacy a second refill request for Rx 511559. During a routine prescription review comparing the scanned hard-copy of the original prescription to the drug entered into the pharmacy's computer system, Hale's Pharmacy staff discovered that the initial fill, and the first refill, for Rx 511559 had been filled with topiramate 100 mg. tablets, rather than the topiramate 50 mg. tablets prescribed.

XIII.

Respondents dispensed the wrong medication to Patient JG on Rx 511559 after pharmaceutical technician Madison Marriott erred by selecting topiramate 100 mg. tablets, instead of the prescribed topiramate 50 mg. tablets.

XIV.

Respondent Boisselle was the verifying and dispensing pharmacist for the initial fill and first refill of Rx 511559. Mr. Boisselle failed to identify the incorrect dosage during the verification process and during patient counseling for both the initial April 19, 2013 fill and the May 13, 2013 refill.

THIRD CAUSE OF ACTION

XV.

In failing to strictly follow the instructions of Patient JG's physician on two separate occasions by verifying and dispensing topiramate 100 mg. tablets, rather than the prescribed topiramate 50 mg. tablets, Respondent Charles Boisselle violated NAC 639.945(1) (b), (d) and/or (i), which violations are grounds for discipline pursuant to NRS 639.210(4), (11) and/or (12), and NRS 639.255

FOURTH CAUSE OF ACTION

XVI.

As the pharmacy in which the violations alleged above occurred, Hale's Pharmacy violated NAC 639.945(1)(b), (d) and/or (i), and is statutorily responsible for respondent Boiselle's and

pharmaceutical technician Madison Marriott's actions pursuant to NAC 630.945(2), which is grounds for discipline pursuant to NRS 639.210(4), (11) and/or (12), and NRS 639.255.


FIFTH CAUSE OF ACTION

XVII.

In being repeatedly negligent in Case 97-061A-RPH-N and in Case 12-060-RPH-N, Respondent Boisselle is guilty of unprofessional conduct under NAC 639.945(1)(i), which is grounds for discipline under NRS 639.210(4) and (16) and NRS 639.255.

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

Signed this 30th day of October, 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.

<p>NEVADA STATE BOARD OF PHARMACY,</p> <p style="text-align: center;">Petitioner,</p> <p style="text-align: center;">v.</p> <p>HALE'S PHARMACY</p> <p>Certificate of Registration No. PH00734</p> <p style="text-align: center;">Respondent.</p>	<p>)</p> <p>)</p> <p>)</p> <p>)</p> <p>)</p> <p>)</p> <p>)</p> <p>)</p> <p>)</p>	<p>STATEMENT TO THE RESPONDENT</p> <p>NOTICE OF INTENDED ACTION</p> <p>AND ACCUSATION</p> <p>RIGHT TO HEARING</p> <p>CASE NO. 13-037-PH-N</p> <p>13-054-PH-N</p>
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I.

II.


III.

-1-

IV.

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

DATED this 30th day of October, 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,)	ANSWER AND
	)	NOTICE OF DEFENSE
Petitioner,)	
v.)	
)	
HALE'S PHARMACY	)	CASE NOS. 13-037-PH-N
Certificate of Registration No. PH00734	)	13-054-PH-N
)	
Respondent.	/	

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

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

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

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

DATED this ____ day of November, 2013.

Type or print name

Authorized Representative For
Hale's Pharmacy

Blank

1. **CASE NO. 13-037: ALLEGATIONS REGARDING PRESCRIPTION NO. 511259 FOR LANSOPRAZOLE (PREVACID) 30 MG. CAPSULES**

III.

On July 29, 2013, Hale's Pharmacy reported to the Board Office two dispensing errors, both involving prescription No. 511259 (Rx 511259). The initial error occurred on April 10, 2013. Respondents repeated the error on May 29, 2013. Respondent Boisselle was the verifying and dispensing pharmacist for Rx 511259 when both errors occurred.

IV.

On or about April 10, 2013, physician SZ telephoned in an oral prescription to Hale's Pharmacy for patient CC. The prescription was for brand name lansoprazole (Prevacid) 30 mg. capsules, with instructions to take one daily. Patient CC picked up the medication and ingested it as directed on the prescription label. CC telephoned in a refill request for Rx 511259 on May 29, 2013. Respondents processed the request and dispensed the medication the same day.

V.

On or about July 23, 2013, pharmaceutical technician Lucinda deProse (Ms. deProse) began processing a second refill for Rx 511259. During a routine script review prior to processing the second refill, Ms. deProse discovered that for the initial fill and the first refill of Rx 511259, respondents erroneously dispensed omeprazole (Prilosec) 20 mg. capsules, rather than the lansoprazole (Prevacid) 30 mg. capsules CC's physician prescribed.

VI.

Respondents dispensed the wrong medication to Patient CC after Ms. deProse erroneously selected the generic medication for Prilosec (omeprazole), instead of a generic substitution for Prevacid (lansoprazole).

VII.

Respondent Boisselle failed to identify the incorrect generic substitution during the verification process and during patient counseling for both the initial April 10, 2013 fill and the May 29, 2013 refill.

FIRST CAUSE OF ACTION

VIII.

In failing to strictly follow the instructions of Patient CC's physician by verifying and dispensing omeprazole (Prilosec) 20 mg. capsules, rather than the prescribed lansoprazole (Prevacid) 30 mg. capsules, Respondent Charles Boisselle violated Nevada Administrative Code (NAC) 639.945(1) (b), (d) and/or (i), which violations are grounds for discipline pursuant to NRS 639.210(4), (11) and/or (12), and NRS 639.255.

SECOND CAUSE OF ACTION

IX.

As the pharmacy in which the violations alleged above occurred, Hale's Pharmacy violated NAC 639.945(1)(b), (d) and/or (i), and is statutorily responsible for Respondent Boiselle's and pharmaceutical technician Lucinda deProsse's actions pursuant to NAC 630.945(2), which are grounds for discipline pursuant to NRS 639.210(4), (11) and/or (12), and NRS 639.255.

2. CASE NO. 13-054: ALLEGATIONS REGARDING PRESCRIPTION NO. 511559 FOR TOPIRAMATE 50 MG. TABLETS

X.

On September 11, 2013, Hale's Pharmacy reported to the Board Office two dispensing errors for prescription No. 511559 (Rx 511559). The initial error occurred on April 19, 2013. Respondents repeated the error on May 13, 2013. Respondent Boisselle was the verifying and dispensing pharmacist for Rx 511559 when both errors occurred.

XI.

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XII.

On or about September 5, 2013, JG telephoned in to Hale's Pharmacy a second refill request for Rx 511559. During a routine prescription review comparing the scanned hard-copy of the original prescription to the drug entered into the pharmacy's computer system, Hale's Pharmacy staff discovered that the initial fill, and the first refill, for Rx 511559 had been filled with topiramate 100 mg. tablets, rather than the topiramate 50 mg. tablets prescribed.

XIII.

Respondents dispensed the wrong medication to Patient JG on Rx 511559 after pharmaceutical technician Madison Marriott erred by selecting topiramate 100 mg. tablets, instead of the prescribed topiramate 50 mg. tablets.

XIV.

Respondent Boisselle was the verifying and dispensing pharmacist for the initial fill and first refill of Rx 511559. Mr. Boisselle failed to identify the incorrect dosage during the verification process and during patient counseling for both the initial April 19, 2013 fill and the May 13, 2013 refill.

THIRD CAUSE OF ACTION

XV.

In failing to strictly follow the instructions of Patient JG's physician on two separate occasions by verifying and dispensing topiramate 100 mg. tablets, rather than the prescribed topiramate 50 mg. tablets, Respondent Charles Boisselle violated NAC 639.945(1) (b), (d) and/or (i), which violations are grounds for discipline pursuant to NRS 639.210(4), (11) and/or (12), and NRS 639.255

FOURTH CAUSE OF ACTION

XVI.

As the pharmacy in which the violations alleged above occurred, Hale's Pharmacy violated NAC 639.945(1)(b), (d) and/or (i), and is statutorily responsible for respondent Boiselle's and

pharmaceutical technician Madison Marriott's actions pursuant to NAC 630.945(2), which is grounds for discipline pursuant to NRS 639.210(4), (11) and/or (12), and NRS 639.255.


FIFTH CAUSE OF ACTION

XVII.

In being repeatedly negligent in Case 97-061A-RPH-N and in Case 12-060-RPH-N, Respondent Boisselle is guilty of unprofessional conduct under NAC 639.945(1)(i), which is grounds for discipline under NRS 639.210(4) and (16) and NRS 639.255.

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

Signed this 30th day of October, 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.

CHARLES BOISSELLE, RPH
Certificate of Registration No. 12486

Respondent.

) **STATEMENT TO THE RESPONDENT**
) **NOTICE OF INTENDED ACTION**
) **AND ACCUSATION**
) **RIGHT TO HEARING**
)
) **CASE NOS. 13-037-RPH-N**
) **13-054-RPH-N**
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TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

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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, December 4, 2013, as the date for a hearing on this matter at the Hyatt Place, 1790 E. Plumb Lane, Reno, Nevada. The hour of the hearing will be set by letter to follow.

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DATED this 30th day of October, 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,	)	ANSWER AND
	)	NOTICE OF DEFENSE
Petitioner,)	
v.)	
)	
CHARLES BOISSELLE, RPH)	CASE NOS. 13-037-RPH-N
Certificate of Registration No. 12486)	13-054-RPH-N
)	
Respondent.)	
	/	

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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 November, 2013.

Charles Boisselle, R.Ph.

Blank

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

CHARLES BOISSELLE, RPH
Certificate of Registration No. 12486

HALE'S PHARMACY
Certificate of Registration No. PH00734

Respondents.

) **NOTICE OF INTENDED ACTION**
) **AND ACCUSATION**

) **CASE NOS. 13-037-RPH-N**
) **13-054-RPH-N**

) **CASE NOS. 13-037-PH-N**
) **13-054-PH-N**



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1. **CASE NO. 13-037: ALLEGATIONS REGARDING PRESCRIPTION NO. 511259 FOR LANSOPRAZOLE (PREVACID) 30 MG. CAPSULES**

III.

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FIRST CAUSE OF ACTION

VIII.

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SECOND CAUSE OF ACTION

IX.

As the pharmacy in which the violations alleged above occurred, Hale's Pharmacy violated NAC 639.945(1)(b), (d) and/or (i), and is statutorily responsible for Respondent Boisselle's and pharmaceutical technician Lucinda deProse's actions pursuant to NAC 630.945(2), which are grounds for discipline pursuant to NRS 639.210(4), (11) and/or (12), and NRS 639.255.

2. CASE NO. 13-054: ALLEGATIONS REGARDING PRESCRIPTION NO. 511559 FOR TOPIRAMATE 50 MG. TABLETS

X.

On September 11, 2013, Hale's Pharmacy reported to the Board Office two dispensing errors for prescription No. 511559 (Rx 511559). The initial error occurred on April 19, 2013. Respondents repeated the error on May 13, 2013. Respondent Boisselle was the verifying and dispensing pharmacist for Rx 511559 when both errors occurred.

XI.

On or about April 19, 2013, JG tendered a prescription to Hale's Pharmacy for topiramate 50 mg. tablets with instructions to take two daily. JG purchased the medication from Hale's Pharmacy and ingested approximately sixty (60) tablets of the dispensed medication, as directed on the prescription label. JG telephoned in a refill request for Rx 511559 on May 13, 2013. Respondents processed the request and dispensed the medication the same day.

XII.

On or about September 5, 2013, JG telephoned in to Hale's Pharmacy a second refill request for Rx 511559. During a routine prescription review comparing the scanned hard-copy of the original prescription to the drug entered into the pharmacy's computer system, Hale's Pharmacy staff discovered that the initial fill, and the first refill, for Rx 511559 had been filled with topiramate 100 mg. tablets, rather than the topiramate 50 mg. tablets prescribed.

XIII.

Respondents dispensed the wrong medication to Patient JG on Rx 511559 after pharmaceutical technician Madison Marriott erred by selecting topiramate 100 mg. tablets, instead of the prescribed topiramate 50 mg. tablets.

XIV.

Respondent Boisselle was the verifying and dispensing pharmacist for the initial fill and first refill of Rx 511559. Mr. Boisselle failed to identify the incorrect dosage during the verification process and during patient counseling for both the initial April 19, 2013 fill and the May 13, 2013 refill.

THIRD CAUSE OF ACTION

XV.

In failing to strictly follow the instructions of Patient JG's physician on two separate occasions by verifying and dispensing topiramate 100 mg. tablets, rather than the prescribed topiramate 50 mg. tablets, Respondent Charles Boisselle violated NAC 639.945(1) (b), (d) and/or (i), which violations are grounds for discipline pursuant to NRS 639.210(4), (11) and/or (12), and NRS 639.255

FOURTH CAUSE OF ACTION

XVI.

As the pharmacy in which the violations alleged above occurred, Hale's Pharmacy violated NAC 639.945(1)(b), (d) and/or (i), and is statutorily responsible for respondent Boisselle's and

pharmaceutical technician Madison Marriott's actions pursuant to NAC 630.945(2), which is grounds for discipline pursuant to NRS 639.210(4), (11) and/or (12), and NRS 639.255.


FIFTH CAUSE OF ACTION

XVII.

In being repeatedly negligent in Case 97-061A-RPH-N and in Case 12-060-RPH-N, Respondent Boisselle is guilty of unprofessional conduct under NAC 639.945(1)(i), which is grounds for discipline under NRS 639.210(4) and (16) and NRS 639.255.

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

Signed this 30th day of October, 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.

<p>NEVADA STATE BOARD OF PHARMACY,</p> <p style="text-align: center;">Petitioner,</p> <p style="text-align: center;">v.</p> <p>HALE'S PHARMACY</p> <p>Certificate of Registration No. PH00734</p> <p style="text-align: center;">Respondent.</p>	<p>)</p> <p>)</p> <p>)</p> <p>)</p> <p>)</p> <p>)</p> <p>)</p> <p>)</p> <p>)</p>	<p>STATEMENT TO THE RESPONDENT</p> <p>NOTICE OF INTENDED ACTION</p> <p>AND ACCUSATION</p> <p>RIGHT TO HEARING</p> <p>CASE NO. 13-037-PH-N</p> <p>13-054-PH-N</p>
--	--	--

I.

II.


III.

-1-

IV.

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

DATED this 30th day of October, 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,)	ANSWER AND
	)	NOTICE OF DEFENSE
Petitioner,)	
v.)	
)	
HALE'S PHARMACY	)	CASE NOS. 13-037-PH-N
Certificate of Registration No. PH00734	)	13-054-PH-N
)	
Respondent.	/	

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

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

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

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

DATED this ____ day of November, 2013.

Type or print name

Authorized Representative For
Hale's Pharmacy

Blank

IV.

On June 16, 2013, Mr. Rogina observed an unlabeled bottle of Vicodin tablets in Ms. Evan's purse. Ms. Evans explained that she was given the tablets at the surgery center following her elective surgery. A subsequent inventory of Safeway #1210's Vicodin stock revealed that twenty-five (25) tablets were missing.

V.

Ms. Evans met with the Board Investigator on July 11, 2013. During her interview, Ms. Evans admitted to taking handfuls of hydrocodone/APAP and Vicodin from the pharmacy stock bottles and placing them in her smock. Ms. Evans admitted to diverting controlled substances at least once a week for the previous six months. She also admitted to using cocaine, marijuana and alcohol.


FIRST CAUSE OF ACTION

VI.

In diverting controlled substances, namely, hydrocodone/APAP 10-325 and Vicodin tablets, Respondent Amanda Evans violated Nevada Revised Statute (NRS) 453.331(1)(d), NRS 453.336(1) and Nevada Administrative Code (NAC) 639.945(1)(g) and/or (h), which violations are grounds for action against Ms. Evans' registration 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 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.

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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	
	)	CASE NO. 13-041-PT-N
Petitioner,)	
v.)	
)	
AMANDA LOUISE EVANS, PT	)	ANSWER AND NOTICE
Certificate of Registration No. PT09821	)	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.

AMANDA LOUISE EVANS, PT

TOMAS V. MAZEIKA *
TIMOTHY J. GRANT
PETER S. GREGOROVIC
JACQUELINE F. STEIN
ELLIOT H. HELLER

JOHN A. CRONIN †
STEPHEN B. HEATH †
WILLIAM K. KOSKA †‡

* Licensed in Nevada
‡ Licensed in Arizona
‡ Licensed in Tennessee

† Of Counsel

FREDRICKSON, MAZEIKA & GRANT, LLP

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SCOTT C. SYMMONS *
AARON H. REISNER
AMY R. VON KELSCH
RONALD J. LAUTER ‡
JILLIAN M. FAIRCHILD
MATTHEW D. PETERDY *
JUSTIN C. EVENSON
KERRY LAIW
LAUREN A. RUSSO
MICHAEL W. HEALY

September 4, 2013

VIA E-MAIL AND OVERNIGHT MAIL

S. Paul Edwards, General Counsel
Nevada State Board of Pharmacy
431 W. Plumb Lane
Reno, NV 89509
pedwards@pharmacy.nv.gov

Re: Petition for Reconsideration of Denial of Out-of-State Pharmacy Application
Roxsan Pharmacy

Dear Mr. Edwards:

In response to the Board's action denying the application of Roxsan Pharmacy as an Out-of-State Pharmacy, this letter shall serve as a Petition for Reconsideration of that decision as provided in NRS 639.139.

As required under NRS 639.139, this petition must include: ". . . a denial, in whole or in part, of the violations alleged and a statement that the applicant is prepared to submit evidence in support of the denial of the allegations." Your letter communicating the Board's denial of the application states the following:

Your application was denied after the Board heard evidence of a substantial number of citations and fines you received from the California Board of Pharmacy, as well as evidence that some of the violations cited still had not been resolved as of your June 2013 inspection.

In a separate communication, you have provided us with the documents provided by the California Board of Pharmacy and Roxsan Pharmacy which apparently form the basis for the Nevada Board of Pharmacy's concerns and decision. We believe the information in this letter and attachments will address those concerns as required by NRS 639.139 and, hopefully, will result in the reconsideration of the Board's decision.

NEVADA
518 South Ninth Street
Las Vegas, Nevada 89101
(702) 384-4048
FAX (702) 384-4484

LOS ANGELES COUNTY
500 Brand Boulevard, 20th Floor
Glendale, California 91203
(818) 246-2318
FAX (866) 413-6263

SAN FRANCISCO
300 Montgomery Street, Suite 410
San Francisco, California 94104
(415) 957-1900
FAX (415) 634-2646

PHOENIX
40 North Central Avenue, Suite 1400
Phoenix, Arizona 85004
(602) 253-6323
FAX (602) 391-3242

Between 2004 and 2010, Roxsan Pharmacy received a number of citations and fines from the California Board of Pharmacy. Before we address these citations and fines, I believe it is important to provide some background about the Cite and Fine process of the California Board of Pharmacy. The California Board's Cite and Fine process is not considered to be "discipline" and the California Board does not report it as such. It is a system for the Board to identify enforcement issues in pharmacies and compel compliance with the Board's interpretations of the California Pharmacy Law. The system has evolved over the years to now become not only an enforcement tool for the California Board, but also an educational tool as well – one which has largely replaced the more cordial exchange between the Board and those it regulates that existed in the past. Pharmacies and pharmacists in California widely believe the use of Cite and Fine is driven by California's recent state budget problems. This belief is based, at least in part, on the fact that the Board regularly issues duplicate citations and fines against the pharmacy and the Pharmacist-in-Charge for the same alleged violations. While the Board denies any tie to budget issues, the Cite and Fine program now accounts for 15% of revenues in the California Board's \$10+ million budget (Source: CA BOP Organizational Development report, April 2013 Board meeting, see **Attachment 1**).

Without expressing a more strident conclusion regarding the reasons for the Board's use of Cite and Fine, it is clear that the system is not popular with the pharmacies, pharmacists, wholesalers and others that the California Board regulates. This was particularly true in the early days of the system, which includes the time period involved in the Citations and Fines issued against Roxsan Pharmacy. The typical reaction to receiving a citation and fine was to fix the problem identified, but to appeal the citation and fine in hopes of settling the appeal for a lower amount. This is the strategy that Roxsan Pharmacy and its owner, Shana Melamed, chose to pursue.

For example, the citation from 2004 (CI 2004 27776) was appealed. The California Board of Pharmacy did not move the appeal forward until 2006. At that time, Roxsan chose to pay the fine and withdraw the appeal (**See Attachment 2**). If the California Board has not closed the matter, we are at a loss to explain why.

Likewise, the citations and fines from 2008, 2009 and 2010 were all appealed. The California Board did not move the first of those appeals forward until sometime in 2010. As of March 2011, the later matters had not yet been entered into the appeals system and were consolidated for hearing and settlement purposes at our request (**See Attachment 3**). The ultimate outcome was resolution of all four citations and fines, with several of the fines reduced in amount.

The point of recounting this background is to illustrate that the history of citations and fines between the California Board of Pharmacy and Roxsan Pharmacy is not what it would appear at first glance. Citations and fines are not discipline. The system allows those receiving the citations to appeal and, by so doing, improve their chances of reducing the fiscal impact of the fines. Filing those appeals was something that was routinely done.

With regard to each of the citations and fines, Roxsan immediately made changes to correct the issues raised by the California Board. The history of inspections at Roxsan during that time period reflects the continual progress was made with regard to these issues, with all of them ultimately being resolved. Since 2009, Roxsan has undergone annual inspections for their sterile compounding operation, with the California Board finding their operation sufficient to meet California's requirements for renewal. Had the California Board found any problems that would result in potential danger to the public, they would not have renewed the sterile compounding permit.

Nonetheless, the Cite and Fine experience led Ms. Melamed and Roxsan Pharmacy to take a different approach to pharmacy operations. Following the settlement of the citations and fines in 2011, they retained the consultant services of Jesse Martinez, Pharm.D. to review their operations and propose and implement changes to their operations. Dr. Martinez is a Vice-Dean at Western University College of Pharmacy in Pomona, California. He has provided this service for multiple pharmacies as part of Pharmacy Helping Hands, a consulting company set up to assist pharmacies in meeting regulatory requirements. Together with Dr. Martinez, Melamed and Roxsan Pharmacy developed a strategy for improving both the retail and compounding pharmacy operation. By the end of 2011, that strategy had been successfully implemented (**See attachment #4**).

As with all pharmacy operations, compliance with regulatory requirements can be difficult and sometimes elusive. With this said, the steps taken by Roxsan Pharmacy and its owner, Shana Melamed, reflect a sincere and effective method of reducing compliance problems within the pharmacy. Because they hold a sterile compounding permit, Roxsan Pharmacy is inspected every year by the California Board of Pharmacy. The effectiveness of the efforts to meet compliance requirements is reflected in the inspection reports from October 2012, which include a routine inspection of the pharmacy and a renewal inspection for the sterile compounding permit (**See Attachments 5 and 6**). While not perfect, the improvements are clearly reflected and the inspection reports confirm that the prior problems had been corrected.

Your "Notice of Denial" references the June 2013 inspection and states that some of the violations cited still had not been resolved as of that inspection. The June 2013 inspection relates to an investigation based on a matter in Louisiana that has been disclosed to the Nevada Board. The report references two areas: training records that could not be found at the time of the inspection, which have since been provided to the California Board, and a labeling issue with regard to compounded drugs, which has since been corrected. The California inspector also requested additional documents, which Roxsan Pharmacy has provided. Roxsan Pharmacy has heard nothing further from the California Board regarding this inspection. If there are other issues related to the June 2013 inspection report, please bring the specifics to our attention, as we believe the inspection report documents continued compliance with the issues that were previously a problem.

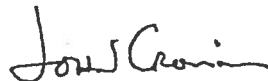
S. Paul Edwards, General Counsel
Nevada State Board of Pharmacy
Re: Petition for Reconsideration – Roxsan Pharmacy
September 4, 2013
Page 4

Most of the problems identified in the citations and fines were related to the compounding operations of Roxsan Pharmacy. We are well aware of the current regulatory environment for compounding, particularly sterile compounding that has developed in the wake of the deaths and injuries from the problems at New England Compounding Centers. With this in mind, Roxsan Pharmacy has indicated to the Nevada Board of Pharmacy that they will not ship compounded products into Nevada. Roxsan Pharmacy reiterates that pledge here and is willing to attest to it in a more formal way should the Nevada Board request it.

We appreciate the opportunity to provide this additional information to the Nevada Board of Pharmacy. We hope it will be sufficient to warrant reconsideration of the denial of the Out-of-State Pharmacy permit application. We stand ready to respond to any additional questions from the Nevada Board.

Sincerely,

FREDRICKSON, MAZEIKA & GRANT, LLP

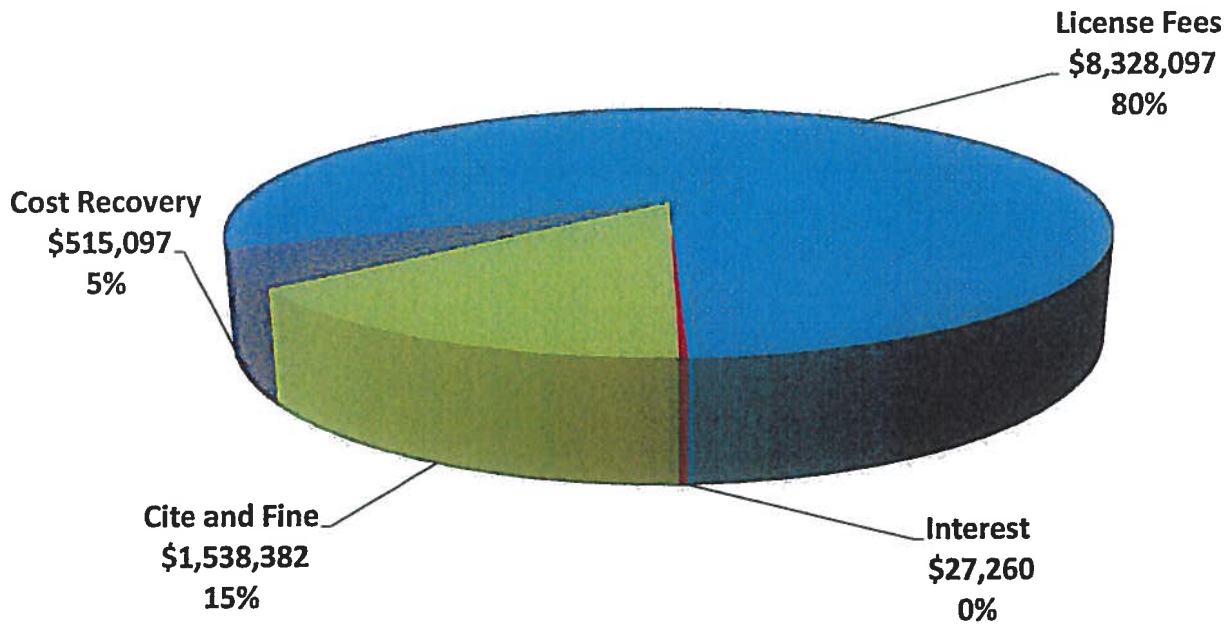
A handwritten signature in dark ink, appearing to read "John A. Cronin". The signature is fluid and cursive, with the first name "John" and last name "Cronin" clearly distinguishable.

John A. Cronin, Pharm.D., J.D.
For Roxsan Pharmacy

JAC:alr
Encl.

ATTACHMENT 1

**Origin of Revenue
FY 2012/2013
FM 8
\$10,408,835**



ATTACHMENT 2

DENNIS W. FREDRICKSON
TOMAS V. MAZEIKA *
TIMOTHY J. GRANT
PETER S. GREGOROVIC *
MARC D. CLEAVINGER
JACQUELINE F. STEIN
MICHELLE M. CLARK
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JON S. TANGONAN
JOANNE E. SAUNDERS
BERNADETTE S. TIONGSON *
ANDREW D. TAYLOR *
DARREN J. LACH *
DARLENE R. KOWALCZYK
SCOTT C. SYMMONS *

* Licensed to Practice in Nevada

June 22, 2006

Attn: Susan Cappello
California State Board of Pharmacy
1625 N. Market Blvd.
Suite N219
Sacramento CA 95834

Re: In the Matter of the Citations Against:
Roxsan Pharmacy, PHY38297; CI 2004 27776
Shahla Melamed Keyvanfar, RPH 42096; CI 200428394

Dear Ms. Cappello:

Enclosed please find check number 2838 for \$2750.00 in payment of the fine associated with the above citations. Enclosed as well is a Statement of Abatement for the same citations.

Please confirm to our office that this citation and fine case has been completed.

If there are any questions, please contact me directly.

Sincerely,

John A. Cronin, Pharm.D., J.D.
Attorney for Roxsan Pharmacy and
Shahla Melamed Keyvanfar

NEVADA
333 South 6th Street
Suite 230
Las Vegas, Nevada 89101
(702) 384-4048
FAX (702) 384-4484

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500 Brand Boulevard
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FAX (866) 413-6263

ORANGE COUNTY
7545 Irvine Center Drive
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Irvine, California 92618
(949) 727-9400
FAX (866) 413-6263

RIVERSIDE COUNTY
5055 Canyon Crest Drive
Riverside, California 92507
(951) 682-5500
FAX (866) 413-6263

BAY AREA
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Suite 710
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FAX (866) 413-6263

SACRAMENTO
300 Harding Boulevard
Suite 112
Roseville, California 95678
(916) 783-1490
FAX (916) 783-1421

PROOF OF ABATEMENT

Citation Number: CI 2004 2776 and 2004 28394

Name: Roxsan Pharmacy, Inc
and Melamed Shahla Keyvanfar

Lic.# PHY38297
Lic. # RPH 42096

Address: 465 N. Roxbury Drive, Beverly Hills CA 90210

List the specific measures taken to correct and to prevent a re-occurrence for each cited condition:

Violation Code Section/Offense	Abatement Measures
16 CCR 1716.2 Records Requirements – Compounding for future furnishing	Proper documentation procedures were in place at the time of inspection. Pharmacists and staff have been reminded about the procedures and requirements and worksheets are now checked and initialed by a pharmacist.
B&P Section 4342 Drugs lacking quality or strength	Inventory of drugs and chemicals are checked regularly for outdates, which are removed from stock.
B&P Section 4081(a) Records availability	Records requested were produced
16 CCR 1716 Variation from Prescription	Greater care is being taken to ensure documentation of orders is correct and consistent with actual formulae for compounded products. Pharmacy has not dealt with Applied Pharmacy Services since 2004.
16 CCR 1793.7 Pharmacy Technicians	Policies and Procedures and Job Description are now in place and were provided to the Board in August 2004.
21 CFR 1304.11 Inventory requirements	A copy of a complete DEA inventory was provided to the Board following the inspection that led to this citation.

ATTACHMENT 3

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Citation Against:

ROXSAN PHARMACY, INC.,
MELAMED SHAHLA KEYVANFAR,
PHARMACIST-IN-CHARGE,

Respondent(s).

Case No: CI 2007 35352, CI 2009 44011,
CI 2009 41104, CI 2007 36251

OAH No: 2010041037, 2011020557,
2011020555, 2011020558

TELEPHONIC TRIAL SETTING
CONFERENCE ORDER

A telephonic trial setting conference in the matter entitled above was held on March 7, 2011 before Michael Scarlett, Presiding Administrative Law Judge of the Office of Administrative Hearings, at Los Angeles, California.

The following appearances were made: Michel Valentine, Deputy Attorney General, for Complainant; John Cronin, Attorney at Law, for Respondents.

The following order is issued:

1. CONTINUANCE. On February 3, 2011, Respondent filed a motion to continue the hearing dates in the above-captioned case. The motion is based on the following grounds: Complainant intends to issue two additional citations against Respondent and will move to consolidate all matters. Complainant has not filed the two additional citations as of the date of this order. The other party does not oppose the motion. Good cause exists to grant the motion. The March 16, 2011 hearing dates are continued.

2. HEARING. The hearing in this case will commence on **September 28, 2011**, at **9:00 a.m.**, at the Office of Administrative Hearings, 320 West Fourth Street, 6th Floor, Suite 630 Los Angeles, California. If they have not already done so, the parties shall immediately notify all potential witnesses of the hearing dates in this case in order to assure that the witnesses will be available to appear on the current hearing dates. A witness will not be regarded as unavailable for purposes of showing "good cause" to continue the hearing pursuant to Government Code section 11524, if a party has failed to notify the witness of the hearing dates promptly.


3. On February 3, 2011, Complainant moved to consolidate the four citations, referenced in the above caption. Respondent does not oppose the consolidation. Accordingly the above captioned matters are consolidated for both hearing and decision.

4. Counsel for Complainant must send notice of the time, date and place of the hearing to all other parties within 10 days of the date of this Order and file a copy of the notice with the calendar clerk at the Office of Administrative Hearings, 320 West Fourth Street, 6th Floor, Suite 630, Los Angeles, California 90012.

5. Proceedings before the Office of Administrative Hearings may be governed by the Administrative Procedure Act (Gov. Code, §§ 11370-11529) and regulations relating to general APA hearing procedures (Cal. Code Regs., tit. 1, §§ 1000-1050). Parties to proceedings before the Office of Administrative Hearings should refer to these statutes and regulations for applicable procedures and requirements.

6. An administrative law judge may impose sanctions and/or certify the record for contempt, if a party fails to comply with the requirements of this Order or any other law applicable to this proceeding. (See Gov. Code §§ 11455.10-11455.30.)

DATED: March 8, 2011


MICHAEL SCARLETT
Presiding Administrative Law Judge
Office of Administrative Hearings

MS:sp

DECLARATION OF SERVICE

Case Name: Roxsan Pharmacy, Inc.,
Melamed Shahla Keyvanfar

OAH No.: 2010041037,
2011020557, 2011020555,
2011020558

I, Sylvia Padilla, declare as follows: I am over 18 years of age and am not a party to this action. I am employed by the Office of Administrative Hearings. My business address is 320 West Fourth Street, Suite 630, Los Angeles, CA 90013. On March 12, 2011, I served a copy of the following document(s) in the action entitled above:

TELEPHONIC TRIAL SETTING CONFERENCE ORDER

to each of the person(s) named below at the addresses listed after each name by the following method(s):

John A. Cronin, Attorney at Law
Fredrickson, Mazeika & Grant, LLP
5720 Oberlin Drive
San Diego, CA 92121-1723

Michel W. Valentine, Deputy Attorney General
Office of the Attorney General
300 South Spring St., Ste. 1702
Los Angeles, CA 90013

☒ **United States Mail.** I enclosed the document(s) in a sealed envelope or package addressed to the person(s) at the address(es) listed above, and placed the envelope or package for collection and mailing, in accordance with the Office of Administrative Hearings' ordinary business practices, in Los Angeles, California. I am readily familiar with the Office of Administrative Hearings' practice for collecting and processing documents for mailing. Correspondences are deposited in the ordinary course of business with the United States Postal Service in a sealed envelope or package with postage fully prepaid. [☐ by certified mail].

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. This declaration was executed at Los Angeles, California on March 12, 2011.


Sylvia Padilla, Declarant

ATTACHMENT 4

Confidential Report

**Roxsan Pharmacy, Inc.
Shahla "Shana" Keyvanfar Melamed, PIC
465 N. Roxbury Drive
Beverly Hills, CA 90210**

July 29, 2011

RE: Pharmacy Permits 42096 (Retail) and 99553 (Sterile Compounding)

Exploration

On Monday, July 25, 2011 a meeting was held with Shana the PIC at the pharmacy site to identify what practices may be creating non-compliance pharmacy regulatory issues, if any. After listening to Shana describe the board of pharmacy (BOP) inspector reports and general remarks about the operation, we took a tour of the pharmacy and its operations.

Conceptualization

After the tour of the pharmacy and its operations inclusive of meeting the pharmacy staff with short discussions about their functions the process began of identifying, sorting and prioritizing the information received from the exploration. Inclusive of the tour was a review of all the documentation received thus far from inspection reports, submitted plan of action in response to the deficiencies in the reports by the BOP inspector and review of all pharmacy policy and procedures within the operation. A discussion about the deficiencies in regulatory compliance found during my tour, policy and procedures and remedies to the deficiencies noted in the BOP inspection reports followed. Shana agreed that the pharmacy operations and documentation needs improvement. Shana allowed me to copy her written "Compliance Plan for Roxsan Pharmacy" dated July 16, 2011 which spelled out a plan of correction to twelve items.

Plan

A possible plan to address the issues in regulatory compliance and operational procedures was discussed with Shana. Shana agreed to review a plan that I would draft. She also agreed that time was of the essence. She was agreeable and said that she would put energy into implementing a plan that would improve her pharmacy operation.

The following are my recommendations to not only address the items in the BOP reports but to bring Roxsan Pharmacy a foundation into operational consistency. The items listed are in general language and must not be misinterpreted that specific detailed ongoing effort such as staff in-services and coaching is absent in implementation action.

The following pharmacy policy and procedures (P&P's) will be revised to reflect all new pharmacy regulations. After development of these documents, the implementation will be done by the PIC with pharmacy staff by in-services and coaching.

Pharmacy Operation P&P's for a retail pharmacy
Pharmacy Operation P&P's for sterile compounding
Pharmacy Operation P&P's for non-sterile compounding
Compounding Protocols and Documentation Procedures
Sterile Compounding Training and Assessment P&P's
Sterile Compounding Clean Room Certifications of Equipment and Environment
Pharmacist-in-Charge documentation Binder
DEA Compliance in Ordering Scheduled Medication Procedures
Inventory Management and Documentation
Pharmacy Quality Assurance P&P's

Action

There would be a two prong plan of action to implement, the first one to correct the issues stated in the BOP reports --- this plan is to be implemented immediately and has been written by the PIC. The second plan would begin implementation as a follow-up to finishing the first plan. The second plan would be to complete all items necessary to document regulatory compliance for a retail permit that includes non-sterile compounding and a sterile compounding pharmacy permit. All policy and procedures will be revised and ready for the PIC to begin implementation no later than three to four weeks from the writing of this report.

Respectfully submitted,



Jesse F. Martinez, PharmD, FASCP
Pharmacist Helping Hands, LLC

All information in this report is confidential and is provided only for the sole use of the addressee and their representatives. Any other use of this information is prohibited and is not intended to be used for any purpose except as a confidential communiqué to the addressee and their representatives. Any disclosure, copying, distributing or taking any action in reliance on the contents of this report is strictly prohibited.

Pharmacist Helping Hands, LLC

December 12, 2011

Shana Melamed
Roxan Pharmacy, Inc.
465 N. Roxbury Drive
Beverly Hills, CA 90210

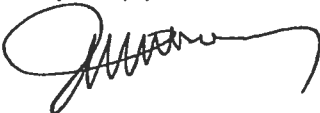
Dear Ms. Melamed,

You have retained my services to review the operation of your pharmacy, with particular attention paid to policies, procedures, and documentation found by the Board of Pharmacy to be non-compliant, as indicated in previous inspection reports, and to assist in remedying them.

I have now made several visits to the pharmacy, and have offered recommendations regarding improvement of its operation and policies & procedures. On my most recent visit, I found your facility to be operating in complete compliance with all rules and regulations pertaining to a sterile compounding pharmacy and a retail pharmacy.

I am pleased that we were able to work together to accomplish our goals.

Very truly yours,



Jesse Martinez, PharmD, FASCP

Cc: John Cronin, PharmD, Attorney, Fredrickson, Mazeika & Grant LLP, 5720 Oberlin Drive, San Diego, CA 92121

ATTACHMENT 5



California State Board of Pharmacy
 1625 N. Market Blvd, Suite N219, Sacramento, CA 95834
 Phone (916) 574-7900
 Fax (916) 574-8618
 www.pharmacy.ca.gov

STATE AND CONSUMER SERVICES AGENCY
 DEPARTMENT OF CONSUMER AFFAIRS
 GOVERNOR EDMUND G. BROWN JR.

LSC

INSPECTION REPORT

Pharmacy ☒ Hospital Pharmacy ☐ Clinic ☐ Exempt Hospital ☐ Wholesaler ☐ Hypodermic ☐

Date: 10/2/2012 Inspector: DeBora White

Firm: ROXSAN PHARMACY INC Phone: (319) 273-1644

Address: 465 N ROXBURY DR City: BEVERLY HILLS Zip: 902104206

Ownership: CORPORATION

Permit #: LSC99553 Permit Exp: 11/1/2012 DEA#: BR3438050 DEA Exp: 4/30/2013

Date of Self Assessment Form: 6/16/2011 Other Permit #: phy38297 Date of DEA Inventory: 7/28/2011

Hours M-F: 8:30-6pm Hours Saturday Hours Sunday:

PIC SHAHLA K MELAMED RPH42096 Administrator

RPH Consultant

Staff RPH Name: License #: Staff Name: License #:

TIMOTHY A LOPEZ RPH48887 MAGALY CECENA TCH95227

KATHRINE K BAMSHAD RPH58950 KEVIN CARTER TCH62462

TIMOTHY C PALMER TCH122830

ACENSION LOPEZ TCH33594

FRANCISCO J TORRES TCH87515

Reference

1	CCR 1735.6	COMPOUNDING FACILITIES & EQUIPMENT. Must document calibration, cleaning and maintenance of ALL equipment use in association with compounding Must document cleaning &/or calibration of mill, mixer, scale or other equipment used in compounding topicals or oral medication. Suggest periodic deep cleaning of compounding area (outside IV area) floor and documenting other room cleaning
2	CCR 1735.8	COMPOUNDING (NON INJECTABLE) QUALITY ASSURANCE- Must have written standards for qualitative & quantitative integrity, potency, quality & strength of compounded drugs. QA reports must be retained by pharmacy Must periodically analyze non injectable compounded drugs (topicals or orals) to assure drug meets strength, quality & integrity as labeled. No testing of compounded topical or orals at time of inspection.



California State Board of Pharmacy
1625 N. Market Blvd, Suite N219, Sacramento, CA 95834
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STATE AND CONSUMER SERVICES AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GOVERNOR EDMUND G. BROWN JR.

INSPECTION REPORT

Inspector Remarks:

WATCH TECH RATIO WHEN COMPOUNDING CREAMS

LSC RENEWAL INSPECTION

Comp SA 5-15-12

AREA-5-29-12 HOOD & clean room

Type-non sterile to sterile injectables & creams, capsules, etc. NO CHEMO

P&P- available

Labels- must add "COMPOUNDED BY Roxsan" to Rx label, container or receipt for compounded topical and injectable medications

Record keeping- refrigeration temps available, formula/worksheet available, but must document cleaning & calibration of equip (mills, mixer, scale) used in compounding topicals, capsules. Pharmacy is documenting IV Hood cleaning. Floor in outer compounding area appears **dirty but some spots could not be removed with cleaning solution.**

Training- Nov 2011 aseptic assessment

Attire- available mask, gown, cap, booties.

Stock- no expired chemicals found during inspection. Using 6 month expirations or shorter.

Reference-PCCA

PV/QA- injectable tested 6/2012 for sterility & potency. But not testing creams/capsules.

Licensee Remarks:

I have reviewed, discussed, understand and received a copy of this form.

Inspector (sign) _____

Inspector (print) _____

Pharmacist (sign) _____

Pharmacist (print) _____

Owner (sign) _____

Owner (print) _____

Additional information (for example - corrective plan of action, Quality Assurance outcomes, factors in mitigation, etc.) you want to submit for consideration may be sent on the attached form to my attention at the above address no later than 14 calendar days from the date above. Please include a copy of this form with any information that you submit.

Within 14 calendar days from the above date, please submit to me at the above address the following:

ATTACHMENT 6



California State Board of Pharmacy
 1625 N. Market Blvd, Suite N219, Sacramento, CA 95834
 Phone (916) 574-7900
 Fax (916) 574-8618
 www.pharmacy.ca.gov

STATE AND CONSUMER SERVICES AGENCY
 DEPARTMENT OF CONSUMER AFFAIRS
 GOVERNOR EDMUND G. BROWN JR.

INSPECTION REPORT

Pharmacy ☒ Hospital Pharmacy _____ Clinic _____ Exempt Hospital _____ Wholesaler _____ Hypodermic _____

Date: 10/2/2012 Inspector: De'Bora White

Firm: ROXSAN PHARMACY, INC. Phone: (310) 273-1644

Address: 465 N ROXBURY DRIVE City: BEVERLY HILLS Zip: 90210

Ownership: CORPORATION

Permit #: PHY38297 Permit Exp: 11/1/2012 DEA#: BR3438050 DEA Exp: 4/30/2013

Date of Self Assessment Form: 6/16/2011 Other Permit #: IsC99553 Date of DEA Inventory: 7/28/2011

Hours M-F: 830-6pm Hours Saturday: closed Hours Sunday: closed

PIC SHAHLA K MELAMED RPH42096 Administrator

RPH Consultant

Staff	RPH Name:	License #:	Staff Name:	License #:
	<u>KATHRINE K BAMSHAD</u>	<u>RPH58950</u>	<u>LINA R BRISKER</u>	<u>TCH29395</u>
	<u>JULIE M ALEXANDER</u>	<u>RPH55365</u>	<u>SEAN M HENRY</u>	<u>TCH104082</u>
	<u>TIMOTHY A LOPEZ</u>	<u>RPH48887</u>	<u>JESSE RAMOS</u>	<u>CLERK</u>
	<u>MAHSHID P KHALIFIAN</u>	<u>RPH44675</u>	<u>EVA BANDIKIAN</u>	<u>CLERK</u>
			<u>RAQUEL PHILLIPS</u>	<u>CLERK</u>
			<u>LESLIE JUTA</u>	<u>CLERK</u>
			<u>CES LIMDO</u>	<u>CLERK</u>
			<u>ROCHELLE YARGUS</u>	<u>CLERK</u>
			<u>ADRIENNE STEPHEN</u>	<u>TCH10984</u>
			<u>MAGALY CECENA</u>	<u>TCH95227</u>
			<u>ACENSION LOPEZ</u>	<u>TCH33594</u>
			<u>TIFFANY E MARSHALL</u>	<u>TCH108423</u>
			<u>ALINA TEVANYAN</u>	<u>TCH85879</u>
			<u>KEVIN CARTER</u>	<u>TCH62462</u>
			<u>TIMOTHY C PALMER</u>	<u>TCH122830</u>

Reference

1. CCR 1707.5 (D)

LANGUAGE INTERPRETIVE SERVICES- Must have WRITTEN policies & procedures, means to identify patient's language, hours service available, who provides language services, must have 12 languages available addition to English.

Must have WRITTEN POLICIES addressing language interpretive services available at pharmacy and include 12 required languages. Currently using Staff and Language Scientific but no written policy.. Fax to inspector w/in 30 days.

INSPECTION REPORT

Inspector Remarks:

NTC/permit-posted
CURES- data available
QA- available
Theft/Impairment P&P- amend Board reporting to 14 days instead of 30
Tch P&P/ID- available at inspection
Comp SA- 5-15-12
Label- patient center w/ description
Lang serv-no written policy but using
2 sinks both functional/ refrig- meds only w/ thermo at 38D
222/POA-electronic/separate/signed
WLS- bergen, hdsmith

Licensee Remarks:

I have reviewed, discussed, understand and received a copy of this form.

Inspector (sign)

Inspector (print)

Pharmacist (sign)

Pharmacist (print)

Owner(sign)

Owner(print)

Additional information (for example - corrective plan of action, Quality Assurance outcomes, factors in mitigation, etc.) you want to submit for consideration may be sent on the attached form to my attention at the above address no later than 14 calendar days from the date above. Please include a copy of this form with any information that you submit.

Within 14 calendar days from the above date, please submit to me at the above address the following:

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

Mr. Edwards noted that this application came before the Board at the June, 2013 meeting. The representative from Roxsan Pharmacy was not able to answer questions to the Board's satisfaction. Ms. Melamed is appearing to address the Board's questions.

The Board questioned Ms. Melamed regarding Roxsan Pharmacy's website which indicates that they are compounding pharmacy. Ms. Melamed said that the pharmacy does compounding, but will not be shipping compounded products into Nevada. Roxsan specializes primarily in fertility medications, which is the focus of their Nevada business.

The Board questioned Ms. Melamed on question 3 of the application regarding administrative action which was answered "No". Board Staff contacted the California Board of Pharmacy and learned that Roxsan Pharmacy had been issued seven citations totaling forty-six violations between 2004 and 2010, in which the pharmacy was cited and fined. In 2011, Roxsan Pharmacy entered into a \$16,000 settlement agreement for violating compounding requirements. Roxsan Pharmacy's June, 2013 California Board inspection included additional citations. Ms. Melamed explained that she answered question 3 on the application as "No" because she did not understand that a citation is considered a disciplinary action. Roxsan Pharmacy is disputing the 2013 citations, and the case is currently pending.

The Board discussed concerns regarding the multiple citations and the citations that have not been resolved to date.

Board Action:

Motion: Cheryl Blomstrom moved to deny approval of Roxsan Pharmacy's Application for Out-of-State Pharmacy License.

Second: Jody Lewis

Action: Passed Unanimously

7. Application for Nevada Pharmacy – Appearance

Meditech Laboratories, Inc. – Las Vegas

A representative from Meditech Laboratories was not present.

8. Application for Controlled Substance Registration – Appearance

Duff Kaster, DDS

Duff Kaster appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Action: Passed Unanimously

Mr. Stranz agreed to provide a copy of their next Virginia Board of Pharmacy inspection to the Nevada Board of Pharmacy office when available.

B. Innovation Compounding, Inc. – Kennesaw, GA

Innovation Compounding, Inc. requested postponement of their appearance until the July, 2013 meeting.

C. Roxsan Pharmacy, Inc. – Beverly Hills, CA

June 2013 meeting

Shahla Melamed, owner, submitted a letter authorizing Kathrine Bamshad to appear on behalf of Roxsan Pharmacy Corporation.

Kathrine Bamshad appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Ms. Bamshad explained that Roxsan Pharmacy is a retail pharmacy specializing primarily in fertility medications. Products are shipped directly to the patient.

The Board questioned Ms. Bamshad regarding Roxsan Pharmacy's application and website. On the application the "Type of Pharmacy" box was checked as "Retail." Roxsan's website indicates that they are a compounding pharmacy. Ms. Bamshad testified that Roxsan is a retail pharmacy.

Ms. Bamshad stated that the pharmacy does a minimal amount of compounding including sterile compounding, topical, oral, and injectables specifically, Lupron and HCG.

Mr. Pinson noted that the name of the managing pharmacist of Concierge Compounding Pharmacy in Henderson, Nevada, is Melamed, and asked Ms. Bamshad if there is a relationship to Shahla Melamed. Ms. Bamshad responded that they are related (mother/son), but there is no association between the two pharmacies.

Ms. Bamshad was not able to answer questions regarding the pharmacy's compounding services to the Board's satisfaction.

Board Action:

Motion: Cheryl Blomstrom moved to defer the application until clarification of the compounding services and a copy of Roxsan Pharmacy's most recent inspection of their compounding facility is received. An appearance by the compounding pharmacist and/or owner will be required for reconsideration of this application.

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: ROXSAN PHARMACY, INC.
Physical Address: 465 N. ROXBURY DR. BEVERLY HILLS, CA. 90210
Mailing Address: 465 N. ROXBURY DR.
City: BEVERLY HILLS State: CA Zip Code: 90210
Telephone: 310-273-1644 Fax: 310-276-4152
Toll Free Number: 888-371-9919 (Required per NAC 639.708)
E-mail: CUSTOMERSERVICE@ROXSAN.COM Website: WWW.ROXSAN.COM
Managing Pharmacist: SHAHLA MELAMEQ License Number: PHY38297

Hours of Operation:

Monday thru Friday 8:30 am 6:00 pm Saturday 8:30 am 11:00 am
Sunday _____ am _____ pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

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

63072

APPLICATION FOR OUT-OFSTATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

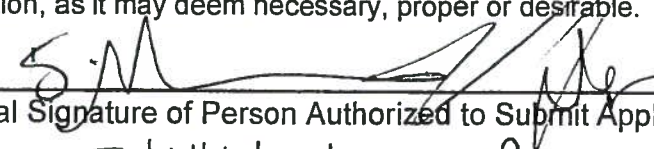
Within the last five (5) years:

- 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

SHAHLA McLANE
Print Name of Authorized Person

MARCH 22, 2013
Date

Board Use Only

Received:

5-6-13

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: _____

Corporation Name: ROXSAN PHARMACY, INC.

Mailing Address: 465 N. ROXBURY DRIVE

City: BEVERLY HILLS State: CA Zip: 90210

Telephone: 310-273-1644 Fax: 310-276-4152

Contact Person: SHAHLA MELAMED

For any corporation non publicly traded, disclose the following:

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

a) SHAHLA MELAMED 3209 HUTTON DRIVE, BEVERLY HILLS, CA. 90210
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. 100 SHARES

3) What was the price paid per share? 1.00 per share

4) What date did the corporation actually receive the cash assets? FEBRUARY 16, 1996

5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Include with the application for a non publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors

CORPORATE STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

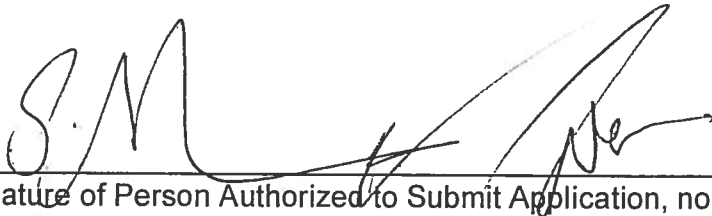
I, SHAHLA MELAMED

Responsible Person of ROXSAN PHARMACY, 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

SHAHLA MELAMED

Print Name of Authorized Person

3/22/13

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

STATE AND CONSUMER SERVICES AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GOVERNOR EDMUND G. BROWN JR.

April 5, 2013

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

California State Board of Pharmacy License Verification

This document reflects the license status of the person or entity identified below on this date with the California State Board of Pharmacy. It may be used as prima facie evidence of the facts recited below pursuant to California Business and Professions Code section 162.

Licensee Name: ROXSAN PHARMACY, INC

License Type: PHARMACY

License Number: PHY 38297

Status: ACTIVE

Issue Date: 11/03/92

Expiration Date: 11/01/13

Address of Record: 465 N ROXBURY DRIVE BEVERLY HILLS CA 90210

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 BY RECIPROCATATION AS A PHARMACIST

If you are requesting licensure by reciprocation (i.e. you have a current pharmacist license from another state and wish to transfer license information and only need to take the Nevada MPJE), complete this application:

Total Fee: \$330.00 (non-refundable, money order or cashier's check only, no cash)

Money Order or Cashier's Check made payable to: Nevada State Board of Pharmacy

Complete Name (no abbreviations):

First: DAVID Middle: ALLAN Last: ELAPP

Mailing Address: 13605 E WINDY WAY

City: VAIL State: AZ Zip Code: 85641

Telephone: _____ E-mail Address: _____

Date of Birth: _____ Place of Birth: CASPER, WY

Social Security Number: _____ Sex: ☒ M or ☐ F

Original State of Licensure you are reciprocating from must be active and issued by exam;

State: Arizona Date of Issuance: 7/20/1990

College of Pharmacy Information

Graduation Date: 5/19/90
(mm/dd/yy)

Degree Received: ☐ PharmD ☒ BS in Pharmacy ☐ Other (check one)

Name of Pharmacy School: University of Wyoming

Location of School: Laramie, Wyoming

If you are a **foreign graduate** you must attach a copy of your FPGEC certificate to THIS APPLICATION.
You also need to complete the college of pharmacy information

Board Use Only

Received: 9/4/13 Amount: \$330.00 Entity #: 64292

Laws _____ MPJE _____

Other states where you are (or were) licensed as a pharmacist or print "none"

State	Lic #	Is the license active?	State	Lic #	Is the license active?
WY	3588	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VA	0202211971	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
NM	RP00007908	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>

**Attach separate sheet if needed

						Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?..... <input checked="" type="checkbox"/>							
1. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?..... <input checked="" type="checkbox"/>							
2. Been the subject of an administrative action whether completed or pending in <u>any</u> state?..... <input checked="" type="checkbox"/>							
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?..... <input checked="" type="checkbox"/>							
If you marked YES to any of the numbered questions (1-3) above, please include the following information and provide an expiration or documents:							
Board Administrative Action:		State	Date:	Case #:			
		AZ	9/17/98	98-0019-PHX			
Criminal Action:	State	Date:	Case #:	County	Court		
	AZ	9/25/98	LIC 98-00525- 001-PHX-SMM	Maricopa	Federal District		

FEDERALLY MANDATED REQUIREMENTS

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

4. Are you the subject of a court order for the support of a child?.....Yes ☐ No ☒
- 4a. If you marked Yes, to the question 4, are you in compliance with the court order?.....Yes ☐ No ☐

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 attest to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices. I hereby authorize the Nevada State Board of Pharmacy, it's agents, servants and employees, to conduct any investigation(s) of my business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

No liability of any sort or kind shall attach to the said Nevada State Board of Pharmacy, it's members, servants or employees because or by reason of the use of the authorization.

David A. Claps
Original Signature, no copies or stamps accepted

7-28-13
Date

1 98-0019-HO

2 BEFORE THE ARIZONA STATE BOARD OF PHARMACY

3 In the Matter of:)

4 DAVID A. CLAPP)
5 Certificate of Registration)
6 Number 9617)

FINDINGS OF FACT, CONCLUSIONS
OF LAW AND BOARD ORDER

NO. 98-0019-PHR

7 DIRECTED TO: DAVID A. CLAPP
8 111 Lead Street
9 Kingman, AZ 86401

10 This Matter came before the Arizona State Board of Pharmacy on
11 the 17th day of September, 1998 pursuant to Notice of Hearing Number
12 98-19-H (hereinafter referred to as "Notice").

13 Daniel J. Jacob, president, presided with members Susan V.
14 Ford, Dennis K. McAllister, Gerald G. Ritt, William E. Jones and
15 Eugene Drake in attendance and participating therein.

16 The State was represented by the Office of the Attorney
17 General, Nancy Beck, Assistant Attorney General. The respondent
18 DAVID A. CLAPP was not present and was not represented by counsel.

19 The Board, after consideration of the evidence and testimony
20 presented, hereby makes the following Findings of Fact, Conclusions
21 of Law and Board Order. he Matter of 98-0019-PHR.

22 FINDINGS OF FACT

23 I

24 1. DAVID A. CLAPP is the holder of Certificate of Registration
25 Number 9617 issued by the Arizona State Board of Pharmacy which
26 permits the holder to practice pharmacy in the State of Arizona.

2. That the evidence and testimony presented in this Matter did

1 sustain allegations in paragraph IV of the Notice, to wit:

2 That DAVID A. CLAPP violated A.R.S. § 32-1927(A)(5)&(10), A.R.S. §
3 32-1927(B)(2), A.R.S. § 36-2525.C, A.R.S. § 36-2525.D, 21 C.F.R. §
4 1306.11, 21 C.F.R. § 1306.21:

5 1. dispensing Class II and III Controlled Substances as listed
6 in the Notice of Hearing and defined in A.R.S. § 36-2513, A.R.S. §
7 36-2514, 21 C.F.R. § 1308.12 and 21 C.F.R. § 1308.13 without a valid
prescription order as defined in A.R.S. § 32-1901.66 for personal
use.

8 2. failure to account for Class II and III Controlled
9 Substances as listed in the Notice of Hearing and defined in A.R.S.
10 § 36-2513, A.R.S. § 36-2514, 21 C.F.R. § 1308.12 and 21 C.F.R. §
1308.13 while employed at Sav-On Drugs #2336 pharmacy.

11 3. the licensee is addicted to the use of methamphetamine to
12 such a degree as to render the licensee unfit in the opinion of the
Board to practice the profession of pharmacy.

13 DAVID A. CLAPP admits to the fact that the conduct contained in
14 the factual allegations constitutes grounds for disciplinary action
15 as provided for in A.R.S. § 32-1927(A)(5) & (10) and (B)(2).

16 CONCLUSIONS OF LAW

17 II

18 1. The Board concludes that it has jurisdiction in this Matter
19 pursuant to A.R.S. § 32-1927 (A)(5) & (10) and 32-1927(B)(2).

20 2. The Board concludes that DAVID A. CLAPP did violate A.R.S. §
21 32-1927(A)(5) & (10), A.R.S. § 32-1927(B)(2), A.R.S. § 36-2525.C,
22 A.R.S. § 36-2525.D, 21 C.F.R. § 1306.11, 21 C.F.R. § 1306.21, and
23 A.A.C. R4-23-658(B)(10) to wit:

24 A. the dispensing of Class II and III Controlled Substances as
25 listed in Notice of Hearing 98-0019-PHR without valid prescription
26 orders.

1 B. the failure to account for Class II and III Controlled
2 Substances as listed in the Notice of Hearing 98-0019-PHR while
3 employed as pharmacist in charge at Sav-On Drugs #2336.

4 C. the licensee is addicted to the use of methamphetamine to
5 such a degree as to render the licensee unfit in the opinion of the
6 Board to practice the profession of pharmacy.

7 4. The Board further concludes that DAVID A. CLAPP is in
8 violation of A.R.S. § 32-1927(A)(5) & (10) and 32-1927(B)(2).

9 ORDER

10 III

11 The Certificate of Registration Number 9617 issued to DAVID A.
12 CLAPP is hereby revoked effective fifteen (15) days from the date of
13 this Order.

14 DAVID A. CLAPP is hereby notified that he has a right to
15 petition this Board for a rehearing within fifteen (15) days after
16 receipt of this Order pursuant to provisions of A.A.C. § R4-23-109.

17
18 DATED this 17th day of September, 1998

19 ARIZONA STATE BOARD OF PHARMACY

20
21
22 SEAL

23 By Llyn A. Lloyd
24 Llyn A. Lloyd
25 Executive Director
26

Copies of the foregoing Finding of Fact,
Conclusions of Law and Board Order sent
via Certified U.S. mail this 25th day of
September, 1998 to:

DAVID A. CLAPP
111 Lead St.
Kingman, AZ 86401

and by Courier Mail to:

Nancy Beck
Assistant Attorney General
Attorney General's Office
1275 W. Washington
Phoenix, AZ 85007
Attorney for the State

and

Terri Skladany
Assistant Attorney General
Solicitor General's Office
1275 W. Washington
Phoenix, AZ 85007

Is your RETURN ADDRESS completed on the reverse side?

SENDER: <ul style="list-style-type: none">• Complete items 1 and/or 2 for additional services.• Complete items 3, and 4a & b.• Print your name and address on the reverse of this form so that we can return this card to you.• Attach this form to the front of the mailpiece, or on the back if space does not permit.• Write "Return Receipt Requested" on the mailpiece below the article number.• The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: DAVID A. CLAPP 111 LEAD ST. KINGMAN, AZ 86401		4a. Article Number Z-212-647-885	
5. Signature (Addressee)		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise	
6. Signature (Agent) Nancy Beck		7. Date of Delivery Oct 26 1998	
		8. Addressee's Address (Only if requested and fee is paid)	

PS Form 3811, December 1991 - U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

Tiffany Poetsch

From: Tiffany Poetsch
Sent: Tuesday, December 21, 2010 10:35 AM
To: 'Clearinghouse'
Subject: David Clapp S009617

Please note there is no original board of order in 2005 for the reinstatement of Mr. Clapp's pharmacist license. Terms were decided at the Board meeting. See 04/2005 minutes, below.

Tiffany Poetsch
Records & Office Supervisor
Arizona State Board of Pharmacy
1700 West Washington
Suite 250
Phoenix, AZ 85007
P) 602-771-2727
F) 602-771-2749
TPoetsch@AZPharmacy.Gov

04/2005

David Clapp appeared on his own behalf to request to have his pharmacist license reinstated. President McCoy asked Mr. Clapp about the nature of his request. Mr. Clapp stated his license was revoked in 1998 and he would like to have his license reinstated.

President McCoy asked Mr. Clapp to describe the nature of his revocation. Mr. Clapp stated that he was addicted to methamphetamine. Mr. Clapp stated that he diverted drugs from the pharmacy to trade for methamphetamine.

President McCoy asked Mr. Clapp what he has been doing since his revocation. Mr. Clapp stated that he went through an extensive outpatient program at Aspen Hill in Flagstaff. Mr. Clapp stated that he entered the PAPA program. Mr. Clapp stated that he began working at a Cabinet factory in Kingman and during a period of 5 years, he worked his way up to Lead Production Supervisor.

Mr. Clapp stated that in May of 2004, he began working as a Production Supervisor for Honeywell in Kingman. Mr. Clapp stated that he was unable to continue in the PAPA program due to the costs associated with the program. Mr. Clapp stated that he has had support from his family and friends. Mr. Clapp stated that he did not appear before this time because he was embarrassed and did not have the self-confidence to appear before his peers. Mr. Clapp stated

12/21/2010

that he is appearing before the Board to see if the Board would consider his request for reinstatement.

Mr. Dutcher asked Mr. Clapp if he wants to work as a pharmacist again. Mr. Clapp replied that is correct. Mr. Dutcher stated that there would be restrictions on his license if the Board decides to reinstate his license. Mr. Clapp stated that he understands that the Board must trust him first and he does not expect an answer today. Mr. Dutcher asked Mr. Clapp if he feels he has the fortitude to stay away from the temptations. Mr. Clapp replied definitely.

President McCoy stated that her concern is that he has not completed any type of addiction program. Ms. Yates, from the PAPA program, stated that Mr. Clapp did enroll in the PAPA program and did withdraw from the program due to financial issues.

Mr. McAllister stated that the Board could create a plan to allow Mr. Clapp to restart in the pharmacy profession and protect the public. Mr. McAllister recommended that there should be monitoring, such as the PAPA program. Mr. McAllister stated that Mr. Clapp has been out of practice for seven years and the Board might want to consider an internship and the retaking of exams.

Ms. McCoy asked if the Board has ever asked for certification from a counselor. Ms. Yates stated that if Mr. Clapp signs a release form that she would be able to release his file to the Board.

Mr. Dutcher asked Mr. Clapp if he would be able to reenter the PAPA program. Mr. Clapp stated that he would have no problems entering into the PAPA program.

Mr. Pulver stated that the Board could require Mr. Clapp to see an addictionologist. Mr. Pulver stated that the addictionologist would do an extensive study and provide the Board with a report.

Mr. Pulver stated that the Board could then tailor a program to meet the individual's needs. Mr. Wand stated in the past if there has been a positive recommendation from the addictionologist, then the Board has issued a graduate intern license with the number of intern hours determined by the Board.

Mr. Pulver stated that after looking over the addictionologist's report, the Board could recommend that Mr. Clapp enroll in the PAPA program.

Mr. McAllister felt that a stepwise plan would be appropriate and the Board could lay out that plan

12/21/2010

today. Mr. McAllister stated that he felt that 1,500 hours of internship would be appropriate. Mr. McAllister felt that before a final probated license be issued that 30 CE units be completed. Mr. McAllister stated that he felt that a 5-year PAPA contract would be warranted. Mr. Wand stated that other individuals were required to take the MPJE exam.

Mr. Dutcher asked if the Board wants to start with all the suggested steps or does the Board wait for the addictionologist's report and discuss the steps at the next Board Meeting.

Mr. McAllister stated he feels that it will be a stepwise program. He stated that he feels that the staff could review the report and if there were any red flags then the Board would be informed.

Mr. Dutcher asked if the PAPA contract would be a 5-year contract. Ms. Yates stated that the steering committee would make that decision. Ms. Yates stated that the contracts are 5 year contracts.

On motion by Mr. McAllister and Mr. Dutcher, the Board unanimously agreed to issue Mr. Clapp a graduate intern license based upon a positive report from a specialist in addiction medicine. The staff will review the report. Upon a positive report, Mr. Clapp will be issued a graduate intern license to earn 1,500 hours of internship, earn 30 CE units, take the MPJE exam, and with support by PAPA, Mr. Clapp will be offered a pharmacist license on probation. Mr. Clapp will also sign a 5- year PAPA contract.

Mr. Pulver stated that the addictionologist must be approved by the Board or staff and the report must be sent from the addictionologist to the Board. Mr. Pulver stated that the report should also be sent to PAPA.

Mr. Pulver stated that the Board should put a time limit in the motion. Mr. Pulver stated that Mr. Clapp should make an appointment in 30 days and have a report back to the Board in 90 days. Mr. McAllister asked Mr. Clapp if he was prepared to move in that time line. Mr. Clapp replied yes.

On motion by Mr. McAllister and Mr. Dutcher, the Board unanimously agreed to amend the motion to require that Mr. Clapp make the appointment with a Board or staff approved addictionologist within 30 days and have the reports sent to the Board and PAPA office within 90 days.

Mr. Van Hassel stated that he feels that in seven years significant changes have occurred in the field and he does not feel that

30 CE units is adequate. Mr. Van Hassel stated that he felt that 45 or 60 CE units would be more appropriate.

Mr. McAllister stated that Mr. Clapp could complete his 1,500 hours of internship and then take the NAPLEX exam instead of completing CE credits. Mr. McAllister stated that NAPLEX would satisfy the Board's assessment of entry-level competency. Mr. Van Hassel stated that he feels that would be better than CE units. Mr. Dutcher stated that he feels that he would prefer the additional CE hours. Mr. McAllister stated that another alternative would be for Mr. Clapp to complete the Morris-Cody review course.

President McCoy asked if the Board required other individuals to take NAPLEX in the past. Mr. McAllister stated that they have asked individuals to take NAPLEX and have required other individuals to take a review course.

Mr. McAllister stated that the Board might want to request progress reports from his preceptors.

On motion by Mr. McAllister and Mr. Van Hassel, the Board unanimously agreed to amend the motion to include letters of support from Mr. Clapp's employer during his internship.

Mr. Dutcher stated that he still prefers the additional CE hours. Mr. Van Hassel stated that he has concerns about the type of CE units that would be completed. Ms. McCoy stated that if Mr. Clapp is trying to re-enter practice she hopes that he would select CE units that would be beneficial. Mr. Pulver stated that the Board can qualify what types of CE can be used to obtain credit. Mr. Dutcher asked if the types of CE needs to be stipulated in the motion or could the types of CE be stipulated at a later date. Mr. Pulver stated that it could be stipulated at any time.

On motion by Mr. McAllister and Mr. Dutcher, the Board unanimously agreed to amend the original motion. The Board agreed to remove the completion of 30 hours of CE and insert that Mr. Clapp provides documentation of completion of a NAPLEX review course, such as Morris Cody

The final amended motion approved unanimously by the Board requires Mr. Clapp to make an appointment with a Board or staff approved addictionologist within 30 days and have the reports sent to the Board and PAPA office within 90 days. Upon a positive report, Mr. Clapp will be issued a graduate intern license to earn 1,500 hours of internship. During his internship, Mr. Clapp should submit to the Board office letters of support from his employer. Mr. Clapp will be

required to complete a NAPLEX review course, such as Morris-Cody and submit documentation of completion to the Board office. Mr. Clapp will be required to take the MPJE exam. After completion of the 1,500 hours of internship, the completion of the review course, and passing the MPJE exam, Mr. Clapp will be offered a pharmacist license that is on probation. Mr. Clapp will be required to sign a 5-year PAPA contract.

11/2005

President McCoy asked Mr. Wand to address this topic. Mr. Wand stated that when Mr. Clapp appeared before the Board on April 6, 2005 to have his license reinstated, the Board requested Mr. Clapp to submit letters from his preceptors or employers during his internship. Mr. Wand stated that this letter is from Mr. Joe Hands, Pharmacy District Manager for K-Mart. Mr. Hands stated that Mr. Clapp has been a model employee and he is happy with Mr. Clapp's performance as an intern.

09/2010

David Clapp appeared on his own behalf to request that the probation imposed on his pharmacist license be terminated. Lisa Yates with the PAPA program was also present. President Berry opened the discussion by asking Mr. Clapp why he was appearing in front of the Board. Mr. Clapp stated that he is requesting that the Board terminate the probation on his license that was imposed when his license was reinstated.

Dr. Berry asked if PAPA supports his request. Ms. Yates stated that Mr. Clapp has been compliant with his contract. Ms. Yates stated that Mr. Clapp is working and has been compliant.

Mr. Haiber asked Mr. Clapp if he passed all the exams. Mr. Clapp replied yes.

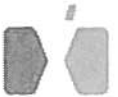
Mr. Clapp stated that he has built up a support system. Mr. Clapp stated that he works with other participants and likes to contribute back to the program.

Ms. Yates stated that Mr. Clapp has asked to serve on the steering committee, but he must wait one year.

On motion by Mr. Van Hassel and seconded by Dr. Foy, the Board unanimously agreed to approve the request by Mr. Clapp to terminate the probation imposed on his pharmacist license.

12/21/2010

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**VIA EMAIL AND SUBSEQUENT COURIER**

September 18, 2013

Mr. Larry Pinson
Executive Director
Nevada State Board of Pharmacy
"LARRY L. PINSON" <lpinson@pharmacy.nv.gov>

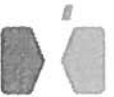
Dear Mr. Pinson,

Re: Board of Pharmacy Meeting – December 5, 2013

My name is Loreto Grimaldi and I am the Chief Operating Officer of MedAvail Technologies Inc. - a US-owned company that has developed an automated, Pharmacist-centered Remote Dispensing / Telepharmacy technology that is unique in the world. We would appreciate an opportunity to present our solution to the Nevada Board of Pharmacy at their upcoming meeting on December 5, 2013.

We would greatly appreciate the opportunity at the December meeting to present our technology to the full Board, and also to review the various safety, privacy and security features which we believe allow pharmacists to increase patient access and enhance patient care by harmonizing world leading automation and technology with the traditional role of the pharmacist. Our HIPAA-compliant technology, known as the MedAvail MedCenter™, allows a pharmacist to interact with and dispense medications to a patient remotely via our safe and secure remote dispensing vault/kiosk, while maintaining direct patient contact through a live, two-way audio and video connection. The system requires pharmacist verification of all medication dispensed to the patient and preserves the judgment and accountability of the pharmacist.

Our solution is ideally suited to a variety of deployment scenarios – including doctor's clinics, hospital emergency rooms, employer campuses (as an adjunct offering to on-site healthcare facilities), and retail locations. We firmly believe, based on strong empirical evidence, that increasing access to medications at or near the point of care, promotes stronger medication adherence, better patient outcomes and decreased healthcare costs.



We respectfully believe it would be useful to the Board to understand our pharmacy kiosk technology, and in our view this provides a unique opportunity and forum for MedAvail to describe the system, and address any questions or concerns from the Board.

Specific agenda topics and background materials will be made available in advance for the Board's prior consideration, however we would look to include an overview of the technology (and a video demonstration), and a review of how the technology fits into the current Rules.

Thank you - we await your kind reply.

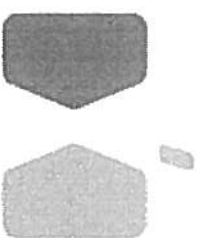
Sincerely,

Loreto Grimaldi
Chief Operating Officer & Regulatory
c. 416-540-3601
e. lgrimaldi@medavail.com

cc: Ed Rickert, Krieg DeVault LLP (erickert@kdlegal.com)
Bob Dufour, Blue Ocean Innovative Solutions (bobdufour@blueoceanis.com)
Sunny Lalli, RPh, MedAvail Technologies Inc. (slalli@MedAvail.com)

MedAvail MedCenter™

Presentation to State Board of Pharmacy



MedAvail

BRINGING PHARMACY TO THE CUSTOMER

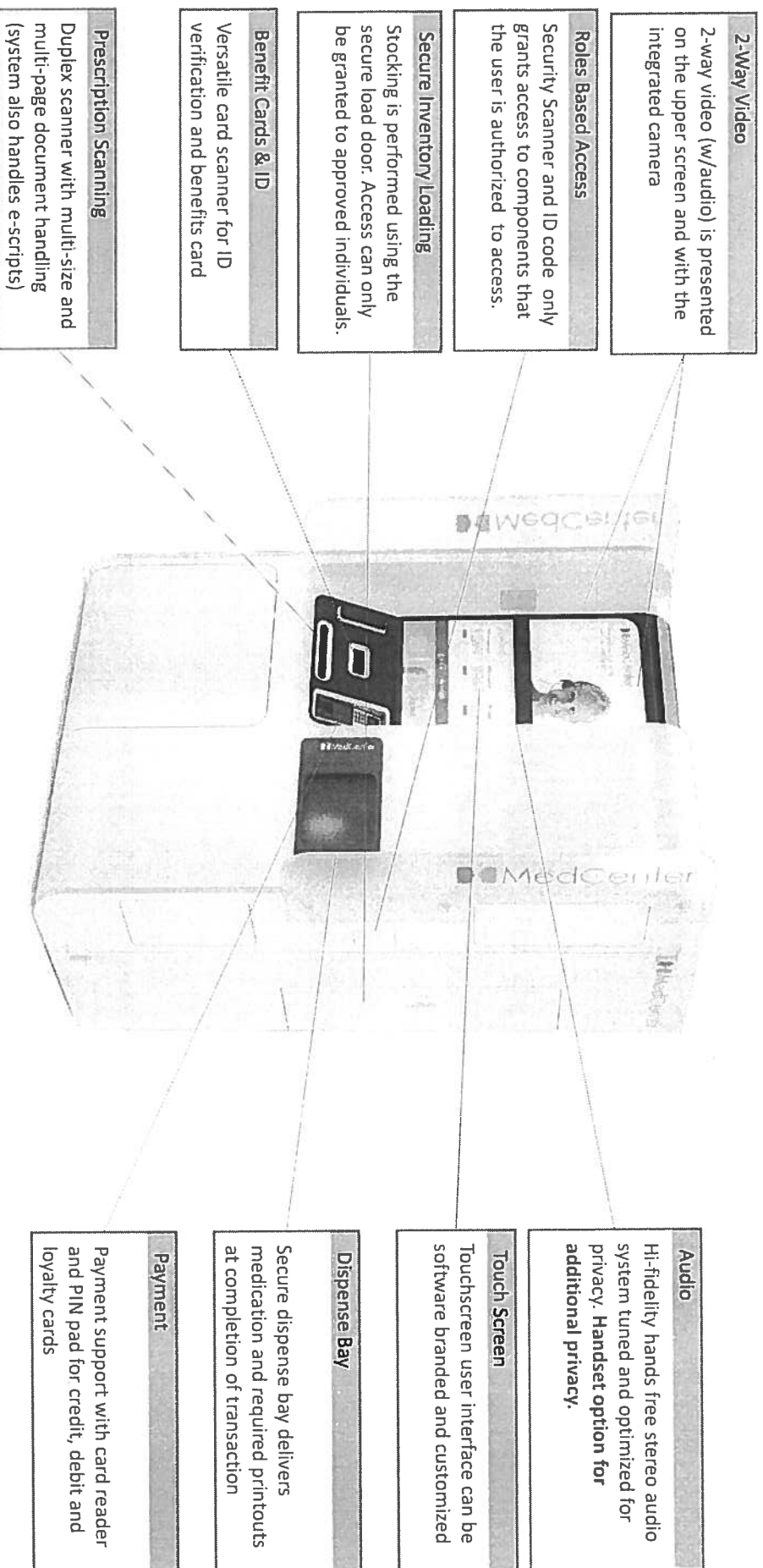
Product Introduction

- The MedAvail MedCenter™ is a *RPh*-controlled remote dispensing solution for Rx and OTCs.
- The MedAvail MedCenter™ provides confidential, real-time professional advice and counseling via a robust audio/video link.
- Accuracy checks and verification are recorded for each Rx dispensed.
- A pharmacist must approve every dispense of Rx to a patient
- A pharmacist inspects each item at several stages during dispense (ie inventory retrieval, labelling, dispense to patient).

Where Does This Technology Fit In?

- Addresses Pharmacy access issue to rural areas and provides after hours dispensing
- IMS data reports that up to 50% of prescriptions are never filled
- MedCenter improves access to a pharmacist by facilitating safe, secure and timely dispensing at the point of care
- MedCenter integrates 21st century technology with the important role of the pharmacist in Rx and OTC dispensing

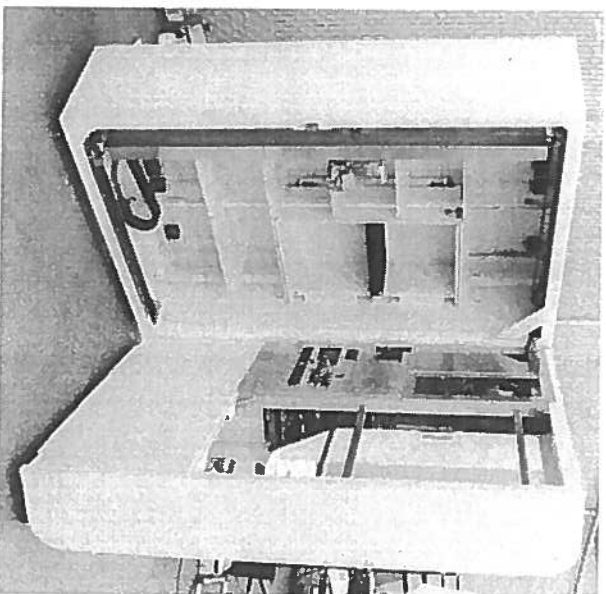
MedCenter: Exterior At a Glance



MedCenter: Security Features and Access

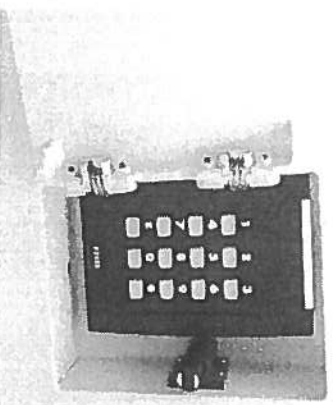
Secure Vault

Medication is protected in a secure vault. A steel wall protects areas behind the patient interface



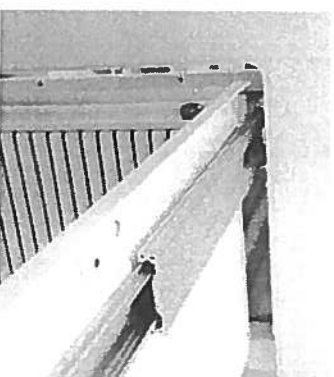
Security/Access

Access is granted via a security card scanner and unique pin. Access is restricted to areas that personnel are authorized for. I.e. RPh/Tech can access loading door, maintenance tech can access printer paper.



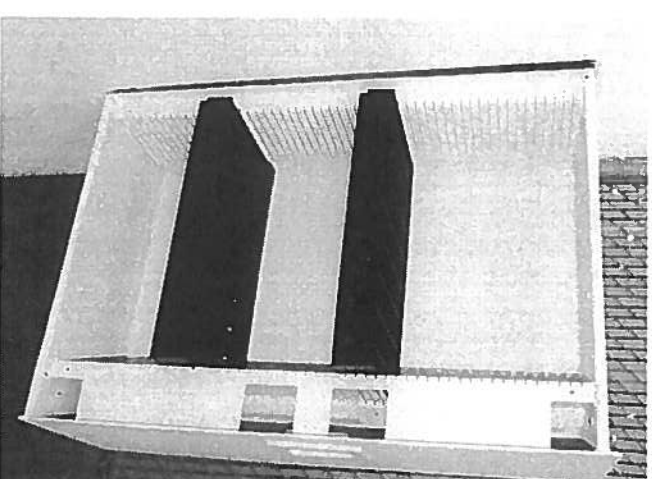
Loading Door

The loading bay door can only be accessed by authorized personnel. No vault access to medication is granted with the loading door open.

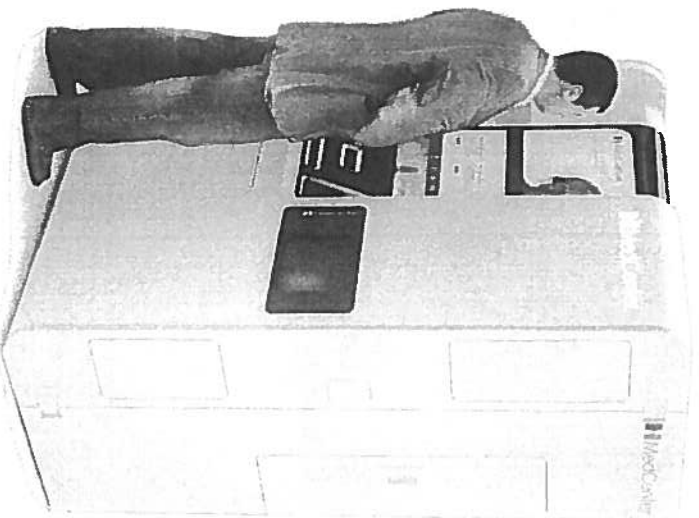


Medication Stocking

Stocking of the MedCenter is done by opening the loading door and placing medication items into trays of the appropriate size. When the door is closed the MedCenter will individually place items into inventory.



MedCenter Dispensing Process – One of Several Use Cases



1 Patient provides proof of ID

2 Patient submits or accesses their prescription

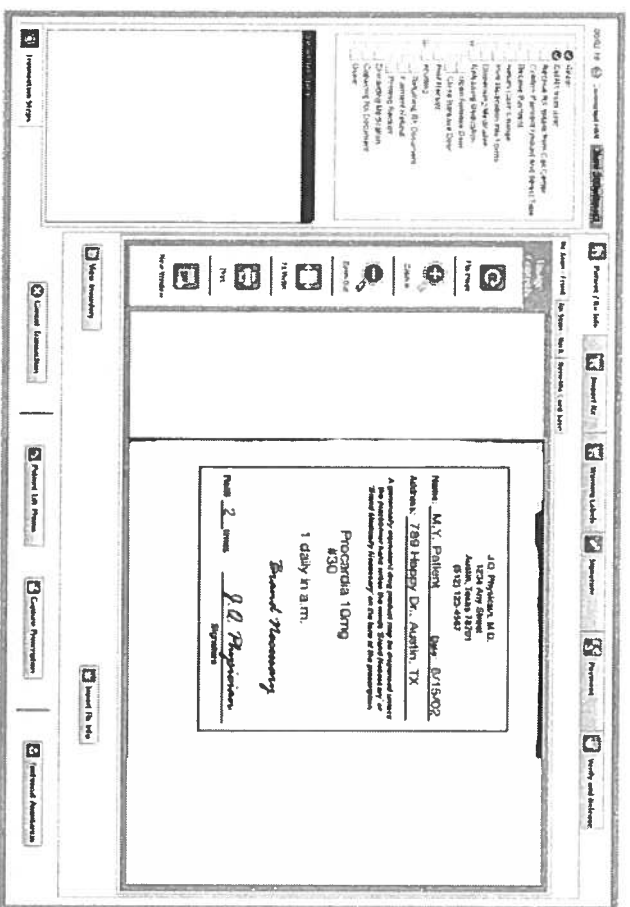
- Paper prescription inserted into scanner, OR
- Technician pulls up e-Rx/refill

3 Pharmacists and Technicians communicate with patient via Live 2 way Audio and Video connection . Pharmacists provide medication counseling and verify prescriptions before dispensing.

4 Accuracy and Accountability

- Pharmacy Management System utilized for prescription processing/adjudication
- Fully tracked and auditable
- Bar code identification of product by unit
- RPh performs final visual verification of Rx package/ label before dispense.
- No HIPAA data is stored/persisted in/on the MedCenter

Achieving High Standards of Care: Prescription Interpretation and Data Entry



- The MedCenter accepts both eRx and paper prescriptions.
- When a paper prescription is inserted, the Rph sees a high resolution scan and can zoom for enhanced viewing.
- A Rph is responsible for interpretation of all prescriptions.

	Rph	Tech (Data Entry)
Hospital	X	X
Retail	X	X
Mail Order	X	X

MedAvail
BRINGING PHARMACY TO THE CUSTOMER.

MedAvail Technologies Inc. Confidential

Achieving High Standards of Care: Drug Selection and Labeling

- Prescriptions are processed by MedCenter and a Rx number is generated.
- Medication is selected via robotics using barcode technology then labeled.
- No items are dispensed until the Rph does a final product check and provides approval.

	Rph	Tech	Robot
Hospital	X	X	X
Retail	X	X	X
Mail Order			X

[illegible]

- | | RPh |
|------------|-----|
| Hospital | X |
| Retail | X |
| Mail Order | X |

Achieving High Standard of Care: Patient Counseling

- The RPh counsels the patient via a 2 way audio/visual communication.
- The RPh can counsel on all new Rx items or require a consult if they deem it necessary.
- All required patient education and documentation is printed and dispensed along with the medication.
- Patient privacy is protected with privacy panels and an optional handset.

	RPh	Toll Free #
Hospital	x	
Retail	x	
Mail Order		x

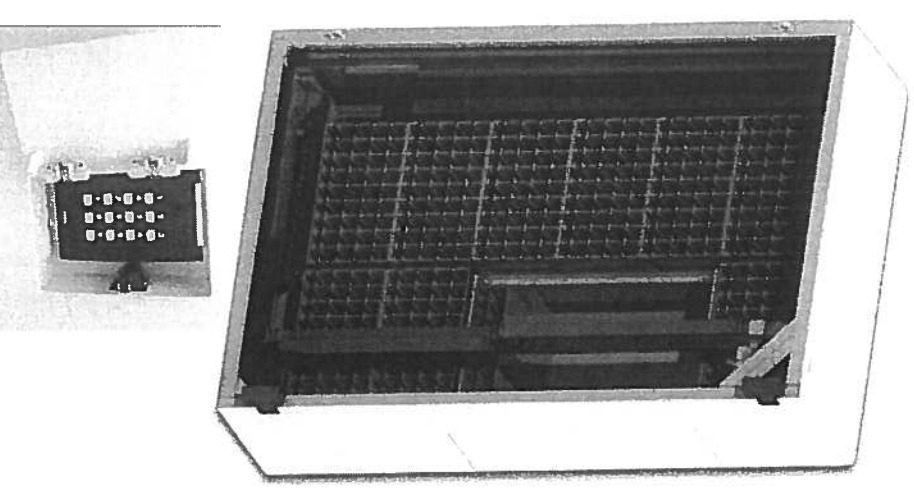
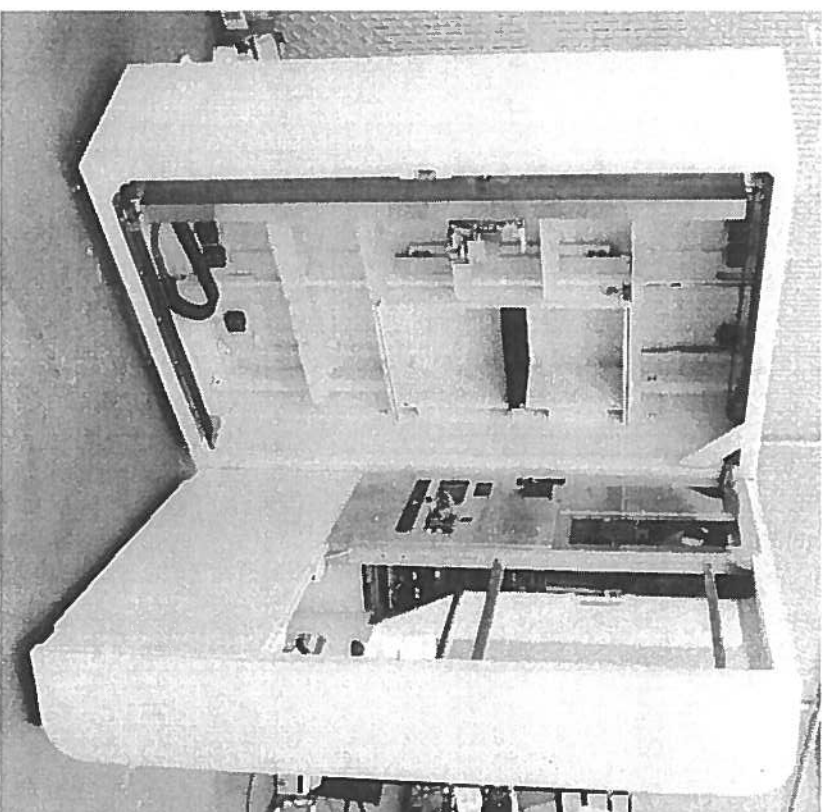
Achieving High Standards of Care: Security

- The MedCenter is equipped with alarms and monitoring.
- Stocking, maintenance, and service functions can only be performed by authorized personnel.
- Access control consists of an electronic swipe card and individually assigned access codes.
- Medication is kept in a steel vault with sensors and alarms on all points of access.

	Alarm	Surveillance	Security Guard
Hospital		X	
Retail	X	X	
Mail Order			X

MedAvail

BRINGING PHARMACY TO THE CUSTOMER.



MedAvail Technologies Inc. Confidential

Deployment Channels

- **Hospital** – Allows patients discharged from the hospital or emergency department to receive their medication before going home.
- **Clinic** – Ensures that patients have received their medications and have been educated.
- **Retail** – Can provide Rx and OTC fulfillment in retail pharmacy when in-store pharmacy is closed (ie 24 hour availability of Rx and OTC).
- **Other** – Employer sites (as an adjunct to on-site healthcare); Long Term Care Facilities; Prisons

***All Deployments of the MedCenter offer opportunities for greater access to pharmacy services, and enhance compliance by ensuring fulfillment at the point of care.**

DISCUSSION AND DETERMINATION – DECEMBER, 2013

Pharmaceutical Technicians and Drug Abuse (NAC 639.240(2)(d))

Interestingly, a close look at this regulation states: "An applicant for registration as a pharmaceutical technician (or technician in training in NAC 639.242(2)(d)) must **have no history of drug abuse**", yet historically the Board has opted in most cases before you to "give the applicant a second chance" if you will, by allowing the applicant to rehab and re-apply.

Staff has always supported those actions, and feels that the Board has done an excellent job in ferreting out those applicants that do deserve that second chance, ensuring that they are closely monitored throughout their recovery. The regulation says what it says however, so maybe should be revisited and changed to reflect your actions.

PHARMACEUTICAL TECHNICIANS

NAC 639.240 Requirements for registration of pharmaceutical technicians. (NRS 639.070, 639.1371)

1. No person may perform the duties of a pharmaceutical technician until the person has been issued a certificate of registration.

2. An applicant for registration as a pharmaceutical technician must:

- (a) Be 18 years of age or older;
- (b) Be a high school graduate or the equivalent;
- (c) Not have been convicted of any felony or a misdemeanor involving moral turpitude, dishonesty or the unlawful possession, sale or use of drugs;
- (d) Have no history of drug abuse; and
- (e) Have complied with one of the following requirements:

(1) The successful completion of a program of training for pharmaceutical technicians, including, but not limited to, a program of training offered by a postsecondary school, that is approved by the Board pursuant to NAC 639.256.

(2) Registration in another state as a pharmaceutical technician if the requirements for registration in that state are equivalent to the requirements of this State.

(3) If the state in which the applicant has been employed does not offer registration, licensure or certification as a pharmaceutical technician:

(I) The successful completion of at least 1,500 hours of experience in a pharmacy in that state performing the duties set forth in paragraph (c) of subsection 3 of NRS 639.1371 during the 3 years immediately preceding the date on which his or her application was submitted;

(II) The successful completion of at least 350 hours of employment in a pharmacy in this State; and

(III) The acquisition of a written statement to the Board from the managing pharmacist of the pharmacy referred to in sub-subparagraph (II) stating that the applicant, during his or her employment, demonstrated competence to perform the tasks assigned to him or her.

↪ Such an applicant must register as a pharmaceutical technician in training before he or she completes the requirements of sub-subparagraph (II).

(4) The successful completion of at least 1,500 hours of training and experience as a pharmaceutical technician in training. A pharmaceutical technician in training may accumulate certified hours of training from each place of employment.

(5) The successful completion of a program of training for pharmaceutical technicians conducted by a branch of the Armed Forces of the United States.

(6) Certification by the Pharmacy Technician Certification Board or the Institute for the Certification of Pharmacy Technicians as a pharmacy technician if:

(I) The applicant successfully completes a program of training for pharmaceutical technicians conducted by a postsecondary school in another state; and

(II) The program is accredited or otherwise approved by the appropriate regulatory authority in that state.

3. An applicant who attended a school outside the United States must submit to an organization which evaluates educational credentials a copy of the transcript of his or her academic record from that school for a determination of whether the grades the applicant received are substantially equivalent to the grades required for an applicant who attended a school, or a program of training for pharmaceutical technicians that is accredited by the American Society of Health-System Pharmacists, in the United States. The applicant must ensure that a copy of the organization's evaluation of the transcript is submitted to the Board.

4. Upon receipt of an application and the required fee, the Executive Secretary shall, unless he or she has good cause to deny the registration, issue a certificate of registration to the pharmaceutical technician.

[Bd. of Pharmacy, § 639.200, eff. 6-26-80]—(NAC A 12-3-84; 3-27-90; 11-15-93; 11-9-95; 7-17-96; R012-01, 11-1-2001; R041-04, 5-25-2004; R036-07, 1-30-2008; R121-08, 9-18-2008)

Assembly Bill No. 362--Assemblymen Stewart;
Hickey and Munford

CHAPTER.....

AN ACT relating to health care; providing for the establishment of the HIV/AIDS Drug Donation Program; requiring the State Board of Pharmacy to adopt regulations to carry out the Program; providing immunity from liability to certain persons who participate in the Program; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law requires the State Board of Pharmacy to establish a Cancer Drug Donation Program to allow a person to donate a cancer drug at a pharmacy, medical facility, health clinic or provider of health care that participates in the Program to be dispensed to a qualifying patient. (NRS 457.400-457.490) **Section 9** of this bill similarly requires the Board to establish and maintain an HIV/AIDS Drug Donation Program to accept, distribute and dispense drugs donated to the Program. **Section 9** allows any person to donate a prescription drug that is used to treat the human immunodeficiency virus or acquired immunodeficiency syndrome at a participating pharmacy, medical facility, health clinic or provider of health care. In addition, **section 9** requires any such drug to be in the original, unopened and sealed package and not adulterated or misbranded in order to be accepted, distributed or dispensed pursuant to the Program. **Sections 10-12** of this bill set forth requirements for a participating pharmacy, medical facility, health clinic or provider of health care regarding accepting, distributing and dispensing drugs pursuant to the Program and keeping records. **Section 13** of this bill requires the Board to adopt regulations to carry out the Program.

Section 14 of this bill provides immunity from civil or criminal liability or any disciplinary action by a professional licensing board for: (1) any person who exercises reasonable care in donating a drug to the Program; and (2) any pharmacy, medical facility, health clinic or provider of health care that exercises reasonable care in accepting, distributing or dispensing a drug pursuant to the Program. **Section 14** also provides immunity from civil and criminal liability to a manufacturer of a drug for any claim or injury arising from the donation, acceptance, distribution or dispensation of any drug pursuant to the Program. **Section 14** further requires any person to whom a drug is dispensed pursuant to the Program to sign a waiver of liability for any action described in that section.



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. Title 40 of NRS is hereby amended by adding thereto a new chapter to consist of the provisions set forth as sections 2 to 14, inclusive, of this act.

Sec. 2. *As used in this chapter, unless the context otherwise requires, the words and terms defined in sections 3 to 8, inclusive, of this act, have the meanings ascribed to them in those sections.*

Sec. 3. *"Board" means the State Board of Pharmacy.*

Sec. 4. *"HIV/AIDS drug" means a prescription drug that is used to treat the human immunodeficiency virus or acquired immunodeficiency syndrome.*

Sec. 5. *"Medical facility" has the meaning ascribed to it in NRS 449.0151.*

Sec. 6. *"Pharmacy" has the meaning ascribed to it in NRS 639.012.*

Sec. 7. *"Program" means the HIV/AIDS Drug Donation Program established pursuant to section 9 of this act.*

Sec. 8. *"Provider of health care" has the meaning ascribed to it in NRS 629.031.*

Sec. 9. 1. *The Board shall establish and maintain the HIV/AIDS Drug Donation Program to accept, distribute and dispense HIV/AIDS drugs donated to the Program.*

2. *Any person or governmental entity may donate an HIV/AIDS drug to the Program. An HIV/AIDS drug may be donated at a pharmacy, medical facility, health clinic or provider of health care that participates in the Program.*

3. *A pharmacy, medical facility, health clinic or provider of health care that participates in the Program may charge a patient who receives an HIV/AIDS drug a handling fee in accordance with the regulations adopted by the Board pursuant to section 13 of this act.*

4. *A pharmacy, medical facility, health clinic or provider of health care that participates in the Program must establish written procedures for receiving and inspecting donated HIV/AIDS drugs which are approved by the Board.*

5. *An HIV/AIDS drug may be accepted, distributed or dispensed pursuant to the Program only if the HIV/AIDS drug:*



(a) *Is in its original, unopened, sealed and tamper-evident unit dose packaging or, if packaged in single-unit doses, the single-unit dose packaging is unopened;*

(b) *Is not adulterated or misbranded; and*

(c) *Bears an expiration date that is 180 days or more after the date on which the drug is donated.*

6. *An HIV/AIDS drug donated to the Program may not be:*

(a) *Resold; or*

(b) *Designated by the donor for a specific person.*

7. *The provisions of this section do not require a pharmacy, medical facility, health clinic or provider of health care to participate in the Program.*

Sec. 10. A pharmacy, medical facility, health clinic or provider of health care that participates in the Program shall:

1. Maintain the records for any HIV/AIDS drug that is donated to the Program separate from all other records kept by the pharmacy, medical facility, health clinic or provider of health care. Records for any HIV/AIDS drug donated to the Program must include, without limitation:

(a) *The date the pharmacy, medical facility, health clinic or provider of health care received the drug;*

(b) *The date the drug was dispensed pursuant to the original prescription;*

(c) *The original prescription number of the drug;*

(d) *The name of the drug;*

(e) *The dosage of the drug;*

(f) *The quantity of the drug that is donated;*

(g) *The date of expiration of the drug;*

(h) *The name, address and telephone number of the person who originally dispensed the drug;*

(i) *The name, address and telephone number of the person who donated the drug; and*

(j) *The lot number of the drug.*

2. Maintain the record of an HIV/AIDS drug that is distributed to another pharmacy, medical facility, health clinic or provider of health care which is participating in the Program separate from all other records kept by the pharmacy, medical facility, health clinic or provider of health care. The records for any HIV/AIDS drug distributed to another pharmacy, medical facility, health clinic or provider of health care must include, without limitation:

(a) *The information required by subsection 1;*



(b) *The name, address and telephone number of the pharmacy, medical facility, health clinic or provider of health care that is distributing the drug;*

(c) *The quantity of the drug that is being distributed; and*

(d) *The name, address and telephone number of the pharmacy, medical facility, health clinic or provider of health care to which the drug is distributed.*

3. *Record and retain the name and telephone number of any person to whom a donated HIV/AIDS drug is dispensed.*

4. *Store an HIV/AIDS drug that is donated to the Program:*

(a) *Pursuant to the recommendations of the manufacturer of the drug concerning the storage conditions;*

(b) *Separate from all other drugs; and*

(c) *In a locked storage area.*

Sec. 11. *An HIV/AIDS drug donated for use in the Program may only be dispensed:*

1. *By a pharmacist who is registered pursuant to chapter 639 of NRS; and*

2. *To a person who is eligible to receive HIV/AIDS drugs dispensed pursuant to the Program.*

Sec. 12. *A pharmacy, medical facility, health clinic or provider of health care that participates in the Program:*

1. *Shall comply with all applicable state and federal laws concerning the storage, distribution and dispensing of any HIV/AIDS drugs donated to the Program; and*

2. *May distribute an HIV/AIDS drug donated to the Program to another pharmacy, medical facility, health clinic or provider of health care for use in the Program.*

Sec. 13. *The Board shall adopt regulations to carry out the provisions of this chapter. The regulations must prescribe, without limitation:*

1. *The requirements for the participation of pharmacies, medical facilities, health clinics and providers of health care in the Program;*

2. *The criteria for determining the eligibility of persons to receive HIV/AIDS drugs dispensed pursuant to the Program, including, without limitation, a requirement that a person apply to the Board on a form prescribed by the Board for eligibility to receive HIV/AIDS drugs dispensed or distributed pursuant to the Program;*

3. *The categories of HIV/AIDS drugs that may be accepted for distribution or dispensing pursuant to the Program;*



4. *The maximum fee that a pharmacy, medical facility, health clinic or provider of health care may charge to distribute or dispense HIV/AIDS drugs pursuant to the Program; and*

5. *The requirements for the written procedures established by a pharmacy, medical facility, health clinic or provider of health care for receiving and inspecting donated HIV/AIDS drugs and the manner in which a pharmacy, medical facility, health clinic or provider of health care must submit such procedures for approval.*

Sec. 14. 1. *A person who exercises reasonable care in the donation of an HIV/AIDS drug in accordance with the provisions of this chapter and the regulations adopted pursuant thereto is not subject to any civil or criminal liability or disciplinary action by a professional licensing board for any loss, injury or death that results from the donation of the HIV/AIDS drug.*

2. *A pharmacy, medical facility, health clinic or provider of health care which participates in the Program and which exercises reasonable care in the acceptance, distribution or dispensation of an HIV/AIDS drug is not subject to civil or criminal liability or disciplinary action by a professional licensing board for any loss, injury or death that results from the acceptance, distribution or dispensation of the HIV/AIDS drug.*

3. *A manufacturer of an HIV/AIDS drug is not subject to civil or criminal liability for any claim or injury arising from the donation, acceptance, distribution or dispensation of the HIV/AIDS drug pursuant to this chapter and the regulations adopted pursuant thereto.*

4. *An HIV/AIDS drug may not be dispensed pursuant to the Program unless the person to whom the drug is dispensed has signed a waiver of liability for any action described in this section performed by any person, pharmacy, medical facility, health clinic, provider of health care or manufacturer of the HIV/AIDS drug.*

Sec. 15. This act becomes effective:

1. Upon passage and approval for the purposes of adopting regulations; and

2. On October 1, 2014, for all other purposes.



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TEMPORARY LICENSES
(Issued since last board meeting)

Northeastern Nevada Regional Hospital

Bradley Walker Jr. 

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nabp

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October 15, 2013

Michele M. Leonhart
Administrator
Drug Enforcement Administration
U.S. Department of Justice
8701 Morrisette Drive
Springfield, VA 22152

Dear Ms Leonhart:

On behalf of the state boards of pharmacy and NABP, thank you for the participation of Joseph Rannazzisi, Deputy Assistant Administrator, Office of Diversion Control; John Partridge, Executive Assistant, Office of Diversion Control; Alan Santos, Assistant Deputy Assistant Administrator, Office of Diversion Control; and Imelda Paredes, Legislation/Diversion Policy Analyst, Executive Assistant, Office of Diversion Control in a meeting involving prescription drug abuse and diversion.

The meeting was convened by NABP to discuss the corresponding responsibility requirements related to the prescribing and dispensing of controlled substances. In particular focus were the policies of some chain pharmacies for the verification of prescriptions and validation of the required legitimate medical purpose, and the resolution by the American Medical Association concerning these required activities of pharmacists. The stakeholder groups included the American Academy of Family Physicians (AAFP), American Medical Association (AMA), Cardinal Health, CVS, Federation of State Medical Boards (FSMB), National Association of Chain Drug Stores (NACDS), National Community Pharmacists Association (NCPA), PhRMA, Pharmaceutical Care Management Association (PCMA), and Walgreens.

The meeting could not have occurred, and would not have been possible without the participation of the DEA representatives. The discussion and resulting outcomes recognized the importance of corresponding responsibility and opened channels of communication between the key stakeholders that did not exist or had been closed because of the individual actions of the various stakeholders. The clarification of corresponding responsibility and seriousness of the prescription drug abuse epidemic were messages eloquently and unequivocally delivered by Mr

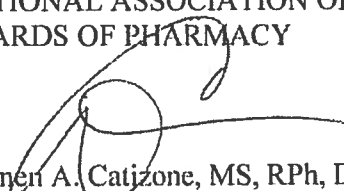
Michele M. Leonhart
October 15, 2013
Page 2

Rannazzisi and his staff. It was evident that Mr Rannazzisi and the other DEA representatives were a significant factor in the overall success of the meeting.

NABP values the close relationship it has with the DEA in combatting prescription drug abuse and a myriad of other public protection initiatives. Much of the credit for this robust collaboration and mutual support rests with Mr Rannazzisi.

Thank you again.

NATIONAL ASSOCIATION OF
BOARDS OF PHARMACY



Carmen A. Catizone, MS, RPh, DPh
Executive Director/Secretary

cc: Executive Officers - State Boards of Pharmacy



Nevada State Board of Pharmacy

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NEVADA STATE BOARD OF PHARMACY

ACTIVITIES REPORT

OCTOBER 16-17, 2013 BOARD MEETING HELD IN LAS VEGAS, NEVADA

This report is prepared and presented to keep interested legislators and others abreast of the activities of the Nevada State Board of Pharmacy. Following is a summary of the October, 2013 Board meeting.

Licensing Activity:

- 2 licenses were granted for Out-of-State MDEG (Medical Devices, Equipment and Gases) companies.
- 24 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.
- 9 licenses were granted for Out-of-State wholesalers.
- 4 applications were approved for Nevada pharmacies pending inspection.
- 3 licenses were granted for a Nevada MDEG license.
- 1 application for a pharmaceutical technician in training registration was granted pending a favorable evaluation by PRN-PRN for a failed drug screen.
- 1 application for a Dispensing Practitioner Registration was denied after review by the Board and until pending issues with the Medical Board, the Labor Board and several civil suits are addressed.

Disciplinary Action:

- Pharmacist BW was fined \$1000 and ordered a letter of reprimand for misfilling two prescriptions for the same child on the same day. Pharmaceutical technician MM had her cause of action dismissed.
- Pharmaceutical technicians DL and JY were revoked for diverting controlled substances.
- Pharmacist PC was fined \$900; ordered to complete a CE on error prevention; and ordered a letter of reprimand for misfilling a Norco prescription with Norvasc and for failing to counsel the patient. Pharmacy CV was fined \$150.
- Pharmacist TT was fined \$1000 and pharmacy VD was fined \$545 for mislabeling a prescription for a pet dog for four times the prescribed dose.

Other Activity:

- The usual Board business reports were given, including recent and future speaking engagements and meetings.
- An appearance was made by Ron Erkins of Medication Review.
- A discussion was held regarding the "14-day Rule" resulting in clarification for Board staff.

Workshop:

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:

1. **Amendment of Nevada Administrative Code 639.710 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.

Proposed Regulation of the State Board of Pharmacy

Workshop December 5, 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 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, before dispensing a controlled substance pursuant to a lawful prescription, request *that* the person *picking up the medication* ~~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 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 and the person picking up the medication is known to the pharmacy agent or employee.~~

~~(c) The pharmacy is a part of the health care facility where the patient is being treated.]~~

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 *picking up the prescription* ~~to whom the controlled substance is dispensed~~, 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 *some* ~~any~~ other documentation that is readily retrievable and *accessible for inspection by members of the Board, employees, agents and designees of the Board and by law enforcement.*

4. If a photocopy of ~~the~~ *an* identification is made pursuant to paragraph (a) of subsection 3, it must be filed with the copy of the prescription that is maintained by the pharmacy.

5. *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.*

CVS Caremark

Comments for workshop on NAC 639.748: Identification of person to whom a controlled substance is dispensed.

CVS Caremark supports efforts to ensure the appropriate prescribing and dispensing of controlled substances and prevention of prescription drug abuse and diversion. We applaud the Nevada Board of Pharmacy's efforts in clarifying and further outlining the patient ID requirements in NAC 639.748. However, CVS Caremark would like the Board to consider the following two points during the rule promulgation process:

Carefully define the identification documents that are or are not acceptable. Instead of language such as "government issued identification", it would be helpful if the Board would clearly define acceptable (and conversely, not acceptable) identification documents. We have experienced incidents where hunting licenses, library cards, student IDs, etc. have been presented to pick up controlled substances. Clearly defining what constitutes acceptable identification would significantly reduce the confusion for both patients and pharmacy teams.

Eliminate any identification requirement for patients receiving controlled substances from non-resident mail service pharmacies. Mail service pharmacies are very rarely the source of fraud and abuse with respect to dispensing of controlled substances. Non-resident mail service pharmacies that have an insurance relationship with a patient possess a great deal of demographic information on that individual. Requiring collection of further identification would be burdensome and redundant.

CVS Caremark appreciates the Board considering these comments. We are also happy to work further with the Board as the rule promulgation process progresses.

Respectfully submitted,

Richard B. Mazzoni, R.Ph.