

# Neuada State Board of Pharmacy

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

April 1, 2014

#### **AGENDA**

# ♦♦♦ PUBLIC NOTICE ♦♦♦

The Nevada State Board of Pharmacy will conduct a meeting beginning Wednesday, April 16, 2014 at 9:00 am. The meeting will continue, if necessary, on Thursday, April 17, 2014 at 9:00 am or until the Board concludes its business at the following location:

Hilton Garden Inn 7830 S Las Vegas Boulevard Las Vegas

## 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 March 5, 2014, Minutes for Possible Action
- 3. Applications for Out-of-State Pharmacy Non Appearance for Possible Action:
  - A. Arriva Medical LLC Lakeland, FL
  - B. Advanced Infusion Solutions Ridgeland, MS
  - C. Distinguished Pharmacy Houston, TX
  - D. Isomeric Pharmacy Services Salt Lake City, UT
  - E. Maxor Correctional Pharmacy Services Franklin, TN
  - F. Maxor Pharmacies Amarillo, TX
  - G. My Favorite Pharmacy LLC Tamarac, FL
  - H. National Animal Hospital Kihei, HI
  - I. Norwood Pharmacy, LLC Maryland Heights, MO
  - J. SS Pharmacy Irving, TX

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

- K. Access Compounding Pharmacy McLean, VA
- L. America's Compounding Center Newton, MA
- M. American Integrative Pharmacy Lomita, CA
- N. Century Pharmacy Lowell, MA
- O. Cottage Pharmacy & Surgical, Inc. Woodbury, NY
- P. Darjen Inc. Palm Beach Gardens, FL
- Q. Destrehan Discount Pharmacy Destrehan, LA
- R. Entracell Pharmacy Los Angeles, CA
- S. Frannill Pharmacy & Surgical Hollis, NY
- T. GenRx Scottsdale, AZ
- U. Injured Workers Pharmacy, LLC Phoenix, AZ
- V. Lumicera Health Services, LLC Madison, WI
- W. MedExpress Perris, CA
- X. National Wellness Supply Ambridge, PA
- Y. NBJ Pharmacy, Inc. Richmond, TX
- Z. Pharmaceutical Specialties Express Bogart, GA
- AA. Pinnacle Compounding LLLP Missoula, MT
- BB. Rx To Go Pharmacy, LLC Fort Myers, FL
- CC. Safe Pharmacy Mesquite, TX

- DD. Scripte Corporation Burbank, CA
- EE. SmartPractice Allergan Bank Phoenix, AZ
- FF. Specialty Care Pharmacy Boca Raton, FL
- GG. Women's International Pharmacy, Inc. Madison, WI

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

- HH. Cardinal Health Zanesville, OH
- II. Chelsea Therapeutics, Inc. Charlotte, NC
- JJ. DPT Laboratories, Ltd. San Antonio, TX
- KK. Ivesco Iowa Falls, IA
- LL. Kuehne + Nagel Inc. Pharr, TX
- MM. Lifeline Pharmaceuticals, LLC Miami, FL
- NN. McKesson Medical-Surgical Inc. Kansas City, MO
- OO. OraPharma, Inc. Bridgewater, NJ
- PP. Vetoquinol USA, Inc. Fort Worth, TX

Applications for Nevada Pharmacy – Non Appearance for Possible Action:

- QQ. A to Z Specialty Pharmacy Las Vegas
- RR. Sunset Pharmacy LLC Las Vegas

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

- SS. Bayer Healthcare LLC Milpitas, CA
- TT. Breg, Inc. Plainfield, IN
- UU. Promed Medical Supplies Culver City, CA

# ♦♦♦ REGULAR AGENDA ♦♦♦

4. Discipline for Possible Actions: <u>Note</u> – 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.	Rossitza Mirtcheva, R.Ph	(13-022-RPH-A-S)
B.	Barry Cohen, R.Ph	(13-022-RPH-B-S)
C.	Spectrum Pharmacy	(13-022-PH-S)
D.	Wendy K. Quach, R.Ph	(14-019-RPH-S)
E.	Albert Oganesyan, PT	(13-077-PT-S)
F.	Autumn Heaton, PTT	(13-079-PTT-S)
G.	Siovonne Sims, PT	(14-014-PT-S)
H.	Dawn M. Lee, PT	(14-015-PT-S)
I.	Coram Specialty Infusion Services	(14-019-PH-S)
J.	Tamara M. Masterson, R.Ph	(14-016-RPH-S)
K.	CVS/pharmacy #7251	(14-016-PH-S)

- 5. Applications for Nevada Pharmacy Appearance for Possible Action:
  - A. Ezyfast Pharmacy L.L.C. Laughlin
  - B. LV Pharmacy @ The Clinic Las Vegas
- 6. Applications for Out-of-State Compounding Pharmacy Appearance for Possible Action:
  - A. Biomed California, Inc. Inglewood, CA
  - B. Cardinal Health 414, LLC Indianapolis, IN
  - C. Focus Rx Holbrook, NY
  - D. Leiter's Compounding San Jose, CA
  - E. Suncoast RadioPharmacy Services Tampa, FL
- 7. Applications for Nevada MDEG Appearance for Possible Action:
  - A. Nevada Mobility Las Vegas
  - B. Prism Medical Products, LLC Henderson
- 8. Request for Controlled Substance License Appearance for Possible Action:

Stuart Feldman, DPM

9. Request for Pharmaceutical Technician License – Appearance for Possible Action:

Angeli V. Domingo

- 10. Executive Secretary Report for Possible Action:
  - A. Financial Report
  - B. Temporary Licenses
  - C. Staff Activities
    - 1. Presentations:
    - a. "Project Echo" through UNR School of Medicine
    - b. NABP Annual Meeting
    - c. Washoe County Division Meeting
    - d. APRN Association
  - D. Reports to Board
    - 1. Legislative Commission of Regulations
    - 2. Collaborative Efforts:
      - a. Botox (Metro; DA; DO Board)
      - b. Medi-Spas (BOME)
    - 2. Coalition Meeting on Prescription Drug Abuse
    - 3. PMP Task Force Meeting
    - 4. FDA Inter-Governmental Meeting on Compounding
  - E. Board Related News
    - 1. NABP Stakeholder Meeting
  - F. Activities Report

- 11. General Counsel Report for Possible Action:
- 12. Discussion and Determination:
  - A. Veterinary Medications
  - B. FDA Outsourcing Facilities

# ♦♦♦ PUBLIC HEARING ♦♦♦

Thursday, April 17, 2014 – 9:00 am

- 13. Notice of Intent to Act Upon a Regulation for Possible Action:
  - 1. Amendment of Nevada Administrative Code 453.530 Schedule III The proposed amendment will define Ketamine HCL to include its salts, isomers and salts of isomers to the controlled substances listed in Schedule III.
  - 2. Amendment of Nevada Administrative Code NAC 639.748 Identification of person to whom controlled substance is dispensed. The proposed amendment will define the identification requirements to obtain controlled substance medications.
  - 3. Amendment of Nevada Administrative Code 453.510 Schedule I Because of abuse of unregulated products containing synthetic cannabnoids, law enforcement has requested that the Board of Pharmacy add additional compounds to Schedule I.
- 14. Next Board Meeting:

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

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 <a href="mailto:shunting@pharmacy.nv.gov">shunting@pharmacy.nv.gov</a>.

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 <u>full day</u> to receive CE credit including the law credit.

This notice has been posted at the following locations and is available for viewing at **bop.nv.gov**:

Elko County Courthouse – Elko Washoe County Courthouse – Reno

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



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#### **MINUTES**

#### **BOARD MEETING**

Hyatt Place 1790 E. Plumb Lane Reno, Nevada

March 5, 2014

President Gandhi was absent due to a prior commitment. Leo Basch presided over the meeting as Acting President.

Leo Basch, Acting President, called the meeting to order at 9:00 a.m.

# **Board Members Present:**

Leo Basch

Cheryl Blomstrom

Jack Dalton

Kevin Desmond

Kirk Wentworth

Tallie Pederson

#### **Board Members Absent:**

Kam Gandhi

#### **Board Staff Present:**

Larry Pinson

Dave Wuest

Paul Edwards

Shirley Hunting

Joe Depczynski

Keith Marcher

#### 1. Public Comment

Randi Hunewill, Education Program Supervisor, Nevada Department of Education, presented an overview of the pharmaceutical technician course offered through the Nevada Career and Technical Education Program. The course is high school based. Students acquire entry level skills for employment and preparation for postsecondary education.

2. Approval of January 22-23, 2014, Minutes

Mr. Pinson noted that the January minutes were amended to include the section on Board members and Staff present.

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

-Item 5.B.: Paragraph 1 - ... National Specialty Pharmacy will specialize in non-sterile compounded products, ophthalmics, vitamin cocktails and pain pumps. -Item 7.B.: Paragraph 1 - Mr. Zindash explained that in addition to diverting the hydrocodone/APAP, he also diverted two bottles of Viagra.

# **Board Action:**

Motion:

Cheryl Blomstrom moved to approve the Minutes with the changes

as noted.

Second:

**Jack Dalton** 

Action:

Passed Unanimously

- 3. Applications for Out-of-State Pharmacy Non Appearance
  - A. Airport McKay Pharmacy Humble, TX
  - B. Alternative Medicine and Pharmacy, Inc. Houston, TX
  - C. American Homecare Federation, Inc. Enfield, CT
  - D. Assured RX LLC Clearwater, FL
  - E. Brookhaven Pharmacy Norman, OK
  - F. Cure Pharmacy Wyomissing, PA
  - G. Express Scripts Columbus, OH
  - H. Express Scripts Dublin, OH
  - I. Express Scripts Fairfield, OH
  - J. Express Scripts Fort Worth, TX
  - K. Express Scripts Franklin Lakes, NJ
  - L. Express Scripts Irving, TX
  - M. Express Scripts Liberty Lake, WA
  - N. Express Scripts North Versailles, PA
  - O. Express Scripts Tampa, FL
  - P. Express Scripts Tampa, FL
  - Q. Express Scripts Whitestown, IN
  - R. Express Scripts Willingboro, NJS. Legacy Pharmacy Cherry Hill, NJ
  - T. Liberty for All Pharmacy Inc. Sunrise, FL
  - U. McDaniel Pharmacy Port Gibson, MS
  - V. Oak Creek Pharmacy Omaha, NE
  - W. Pet Health Pharmacy Youngstown, AZ
  - X. Pharmazy Lone Tree, CO
  - Y. Plaza Pharmacy Inc. Coral Springs, FL
  - Z. Proact Pharmacy Services, Inc. Gouverneur, NY

AA. Seacrest Pharmacy - Boynton Beach, FL

BB. The Apothecary Shop – Dallas, TX

Application for Out-of-State Compounding Pharmacy - Non Appearance

CC. Physician Specialty Compounding by Sunlake Pharmacy - Lutz, FL

Applications for Out-of-State Wholesaler - Non Appearance

DD. Amneal Institutional, LLC - Glasgow, KY

EE. Crown Laboratories, Inc. - Johnson City, TN

FF. Expert Med, First Veterinary Supply – Memphis, TN

GG. International Pharma Packaging and Distribution - Fort Mill, SC

HH. J Knipper and Company, Inc. - Carlstadt, NJ

II. Kenco Bracco - Southhaven, MS

JJ. Turning Point Logistics LLC - Groveport, OH

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

KK. Arjo Huntleigh Inc. - Roselle, IL

LL. Arjo Huntleigh Inc. - Salt Lake City, UT

MM. Duke Medical Supply, Inc. - Fenton, CO

NN. EPL Diabetic - Memphis, TN

OO. Nestle HealthCare Nutrition, Inc. - Minnetonka, MN

PP. Personal Support Medical Supplies - Philadelphia, PA

QQ. Rochester Medical Corporation - Stewartville, MN

Applications for Nevada Pharmacy - Non Appearance

RR. 215 Surgery Center – Las Vegas

SS. CHD Pharmacy – Las Vegas

Representatives from Arjo Huntleigh, Inc. are scheduled to appear for consideration of Nevada MDEG applications under Items 8 A and 8 B. Items KK and LL were pulled from the Consent Agenda and added to Item 8.

# **Board Action:**

Motion: Kirk Wentworth found the Consent Agenda application information to be

accurate and complete and moved for approval with the exception of Item KK. Arjo Huntleigh Inc. – Roselle, IL and Item LL. Arjo Huntleigh Inc. –

Salt Lake City, UT.

Second: Kevin Desmond

Action: Passed Unanimously

# 4. Discipline Cases

A. Susan M. Blair, R.Ph (13-039-RPH-N)
B. Walgreens #11227 (13-039-PH-N)

Tallie Pederson recused from participation in this matter due to her employment with Walgreens.

Susan Blair, pharmacist, Meghan Tolley, pharmacy technician and Rick Fernandez, Walgreens' District Pharmacy Supervisor, appeared and were sworn by Acting President Basch prior to answering questions or offering testimony.

Ms. Tolley was subpoenaed to appear and is not named as a respondent in this case.

William Stilling was present as counsel representing Susan Blair and Walgreens #11227.

Paul Edwards presented a Stipulation and Order regarding Ms. Blair and Walgreens #11227 for the Board's consideration. The Respondents admit that evidence exists to establish a factual basis for the violations alleged in the Accusation that Ms. Blair and Walgreens #11227 filled an unauthorized prescription and three subsequent unauthorized refills for zolpidem 10 mg. tablets. Ms. Blair and Walgreens #11227 shall each pay a fine of \$1000.00 and an administrative fee of \$500.00. Walgreens #11227 will provide training to its pharmacists and technicians to ensure that they properly document, annotate, and close prescriptions that are superseded by other prescriptions.

Mr. Stilling explained that Ms. Blair believed that the scanned prescription on the computer screen for zolpidem 10 mg. tablets was valid. However, that prescription had been replaced by a subsequent prescription for zolpidem 5 mg. tablets. Walgreens believes that the problem occurred because the original prescription for the higher strength was not closed in the pharmacy system. It is not clear how the request for refills was reentered after the physician denied the request. Walgreens will address the issue of properly documenting and closing prescriptions.

## Board Action:

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

presented.

Second: Jack Dalton

Action: Passed Unanimously

C. Richard L. Yep, R.Ph (14-002-RPH-O)

Richard Yep appeared and was sworn by Acting President Basch prior to answering questions or offering testimony.

Hal Taylor was present as counsel representing Mr. Yep.

Mr. Edwards presented a Stipulation and Order regarding Mr. Yep for the Board's consideration. Mr. Yep admits to the allegations in the Notice of Intended Action and Accusation. Mr. Yep disclosed on his Nevada pharmacist renewal application that he has been disciplined in Oregon and California. The discipline was based on Mr. Yep's September 2011, conviction in Federal Court of Interstate Transportation of Stolen Goods. During the period of 2002 through September 2008, Mr. Yep stole glucose test strips from his employer and sold them for profit. In August 2012, the Oregon State Board of Pharmacy entered a Consent Order regarding Mr. Yep, citing violations of unprofessional conduct. By way of the Consent Order, Mr. Yep voluntarily surrendered his Oregon pharmacist license. In September 2013, the California State Board of Pharmacy adopted a Proposed Decision from an Administrative Law Judge and revoked Mr. Yep's California pharmacist license. Mr. Yep petitioned the Oregon and California Boards for reconsideration of the Boards' decisions. The Oregon and California Boards denied the requests.

Mr. Yep's Nevada pharmacist license shall be revoked. However, the revocation is stayed and Mr. Yep's license shall be placed on probation subject to terms and conditions. Mr. Yep shall pay an administrative fee of \$295.00.

Mr. Yep expressed his appreciation to the Board for the opportunity to speak. He stated that he accepts full responsibility for his actions and is remorseful for the shame he brought upon his family and himself. He apologized to the Board and the pharmacy profession.

#### **Board Action:**

<u>Motion:</u> Jack Dalton moved to accept the Stipulation and Order as presented.

Second: Cheryl Blomstrom

Action: Passed Unanimously

D. Maryanne Phillips, MD (13-061-CS-S)

Acting President Basch reminded the Board that this case was continued from the January 2014, meeting at the request of the Respondent.

Puneet K. Garg was present as counsel representing Maryanne Phillips. Dr. Phillips did not appear at the meeting.

Kevin Desmond disclosed that his brother is an attorney for the law firm of Gordon Silver. Mr. Garg is an attorney with that firm. Mr. Desmond stated that his participation in this matter will be unbiased.

Mr. Edwards moved to have the following Exhibits admitted:

A: ALJ's Proposed Decision;

B: California Board's Decision:

- C: California Board's Order Correcting Decision;
- D: California Board's Order Granting Stay
- E: California Board's Order Denying Petition for Reconsideration
- F: Affidavit signed by Mr. Edwards certifying that the documents Exhibits A through E are true and correct copies of the records available on the State of California's Medical Board website.

Mr. Garg lodged an objection that the Exhibits and a list of witnesses were not provided prior to the hearing. He argued that the evidence is based on hearsay. He moved to continue the case for thirty days until certified copies of the evidence are obtained.

Mr. Edwards responded that Nevada Revised Statute (NRS) 52.247(2) and NRS 52.625 allows for the admission of public records. Also, Exhibits A through E were attached to the Accusation served upon Dr. Phillips and included in the Board book. The Exhibits were incorporated into the Accusation by reference. Mr. Edwards objected to Mr. Garg's request for a continuance. He reminded the Board that Dr. Phillips' counsel requested a continuance to the March 2014 meeting one day before Dr. Phillips' scheduled case in January 2014. A request for continuance was granted at that time. There is no list of witnesses, as the facts in this matter have been established by the California Medical Board.

Acting President Basch denied Mr. Garg's motion for a continuance.

Acting President Basch admitted Exhibits A through F into the record.

Mr. Garg entered a standing objection based on the admission of the documents.

Mr. Edwards summarized the facts and disciplinary actions taken against Dr. Phillips' medical license by the California Medical Board, the Nevada Board of Medical Examiners, the New Mexico Medical Board, and the disciplinary action against her Controlled Substance Registration by the Nevada Board of Pharmacy. Based on the findings of those boards in those actions, Mr. Edwards submitted that Dr. Phillips' actions constitute grounds for the revocation of her Controlled Substance Registration to parallel the action taken by the California Medical Board.

Mr. Garg argued that the history stated by Mr. Edwards is not relevant in this case. The only relevance is the finding by the California Board that Dr. Phillips made false representations. He stated that the Nevada Board of Pharmacy should not institute discipline based on the California Board's findings.

Mr. Garg further argued that NRS 639.003 defines a certificate of registration for a pharmacist, therefore parallel action as cited in NRS 639.210(14) only applies to pharmacists in this state.

Mr. Edwards stated that there is no legal basis for the argument that this Board lacks the authority to take action against Dr. Phillips' Controlled Substance Registration. Mr. Edwards cited NRS 639.210(14) and NRS 639.070(c) which gives the Board the authority to take action on a license, registration or permit which has been issued by this Board.

Mr. Garg moved to have letters submitted by other providers on behalf of Dr. Phillips admitted into the record for any eventual appeal.

Mr. Edwards objected as the Exhibits were not disclosed to Board Staff prior to the meeting.

Acting President Basch agreed noting that this case is not about Dr. Phillips' ability to practice medicine. This case is based on grounds for parallel action with a sister Board.

Mr. Edwards reviewed the letters and stipulated to allow only the email from Dr. Ken Shah which points to Dr. Phillips' trustworthiness.

Acting President Basch admitted the email from Dr. Ken Shah into the record.

Mr. Garg closed by stating that if the Board is inclined to discipline Dr. Phillips based on the California Board's decision, revocation would be unduly harsh. He asked the Board to consider a lesser penalty.

Mr. Edwards said that the recommendation to revoke Dr. Phillips' Controlled Substance Registration is a lesser penalty. This is not a revocation of her medical license, but her ability to write for controlled substances. Dr. Phillips can continue to practice medicine and write prescriptions for dangerous drugs that are not scheduled as a controlled substance. The matter here is an issue of trust. Dr. Phillips cannot be trusted to submit accurate information to her multiple boards regarding prior discipline(s). There are trust issues regarding her ability to safely prescribe controlled substances.

Board discussion ensued regarding the facts of the case.

## **Board Action:**

Motion:

Cheryl Blomstrom moved to find Maryanne Phillips guilty of the alleged

violations in the First Cause of Action.

Second:

Jack Dalton

Action:

Passed Unanimously

#### Board Action:

Motion:

Cheryl Blomstrom moved to revoke Maryanne Phillips' Controlled

Substance Registration.

Board discussion ensued regarding the length of time for the revocation.

Blomstrom amended the motion to revoke Dr. Phillips' Controlled Substance
Registration for one year. Dr. Phillips may petition the Board for reinstatement after a period of not less than one (1) year has lapsed since the date of revocation. Dr. Phillips will be required to appear at that time.

Second: Kevin Desmond

Action: Passed Unanimously

Mr. Garg moved to stay the revocation pending appeal from a district court of competent jurisdiction. Mr. Marcher referenced NRS 233B which outlines the procedure for filing a petition to appeal this Board's decision. Mr. Garg must seek the stay from the district court. Mr. Garg asked if the Board's intent is to have the Order effective immediately upon receipt by Dr. Phillips or thirty days after receipt of the Order.

Board discussion ensued.

Acting President Basch said that the Motion did not specify an effective date. He referenced the language in NRS 639.251 and stated that the revocation of Dr. Phillips' Controlled Substance Registration will be effective thirty (30) days following her receipt of the Board's Order.

# 5. Request for Renewal of Intern License

Venus Vedadi

Venus Vedadi appeared and was sworn by Acting President Basch prior to answering questions or offering testimony.

Tallie Pederson disclosed that Ms. Vedadi has accepted a position with Walgreens Pharmacy. She stated that her participation in this matter will be unbiased.

Mr. Edwards explained that Ms. Vedadi had not renewed her intern pharmacist registration which expired on October 31, 2012. During the period of November 1, 2012, through January 16, 2014, Ms. Vedadi continued to complete her pharmacy rotations, and worked at her assigned pharmacy practice sites without a valid intern pharmacist registration.

On February 12, 2014, Board Staff served a Cease and Desist Order and Citation for the unlawful practice of pharmacy to Ms. Vedadi. Ms. Vedadi was assessed an administrative fine of \$500.00.

Ms. Vedadi addressed questions posed by the Board. She stated that she did not receive a renewal application, and was not aware that her intern registration had expired. Ms. Vedadi said that she had changed her address during the time period that the renewal applications may have been sent, and does not recall when she notified the Board Staff of the change. Ms. Vedadi said that there was no patient harm during the period she worked unlicensed, she is currently passing all of her classes, and all of her other certifications including her California Pharmacy Board license are current. She expressed her apologies to the Board adding that she will be a responsible pharmacist and follow the law.

Mr. Edwards referenced the email sent to the pharmacy students by the program director at Roseman University where Ms. Vedadi attends. Three emails were sent reminding the students to renew their Nevada State Board of Pharmacy intern license.

## **Board Action:**

Motion:

Kirk Wentworth moved to approve the renewal of Venus Vedadi's intern pharmacist registration with conditions. Ms. Vedadi's intern pharmacist registration will be placed on probation until such time that she applies for registration as a pharmacist. Ms. Vedadi will be required to appear before the Board for consideration of approval of her pharmacist application. Ms. Vedadi will include with the pharmacist application, letters of recommendation from Roseman University, her preceptors and supervising pharmacists.

Basch clarified that during the probationary period, Ms. Vedadi will follow Nevada pharmacy law, and will also notify Board Staff of a change of address within ten days as required by Nevada regulations.

Second:

Tallie Pederson

Action:

Passed Unanimously

6. Requests for Reinstatement of Pharmacist License

A. Jaime Cordoba-Hernandez

(12-056-RPH-S)

Jaime Cordoba-Hernandez appeared and was sworn by Acting President Basch prior to answering questions or offering testimony.

Mark Goodman appeared as counsel representing Mr. Cordoba-Hernandez.

Mr. Edwards explained that in February 2012, the Board revoked Mr. Cordoba-Hernandez's Nevada pharmacist license for violations related to the dispensing of a dangerous drug without a lawful prescription. Mr. Hernandez created and filled fraudulent prescriptions for Procrit for a cyclist friend who used Procrit to increase his cycling endurance. Mr. Cordoba-Hernandez also violated his employer's company policy by using his personal Smith's rewards points to buy the prescriptions in order to save his friend money.

Mr. Goodman presented copies of Mr. Cordoba-Hernandez's 2013 Certificate of Completion of Pharmacy Continuing Education credits in ethics, and 2013 Certificate of Achievement from Mr. Cordoba-Hernandez's current employer. Mr. Goodman explained that Mr. Cordoba-Hernandez fully cooperated with Smith's and the Pharmacy Board during the investigation of this matter. He fully admitted his wrongdoing and accepts the consequences of his actions. Mr. Cordoba-Hernandez is currently employed as a life insurance agent in the financial services industry.

Mr. Cordoba-Hernandez addressed questions posed by Mr. Edwards and the Board. He explained that there is no excuse for his actions and apologized for betraying the Board, the pharmacy profession and his family. He is thankful that his friend did not suffer ill effects from the Procrit. He noted that he has never been in trouble or been disciplined in his sixteen year pharmacy career. His mistake resulted in psychological and financial issues for his family. Mr. Cordoba-Hernandez said that he has learned his lesson and is committed to starting a new future by being a better person and professional.

# **Board Action:**

Motion:

Cheryl Blomstrom moved to reinstate Jaime Cordoba-Hernandez's license as a pharmacist (Certificate No. 17533) subject to a two year probation. Mr. Cordoba-Hernandez will be required to attend the Las Vegas Pharmacy Board meetings for one year. During the probationary period, Mr. Cordoba-Hernandez will disclose his probationary status to any and all potential pharmacy employers.

Basch offered a friendly amendment that Mr. Cordoba-Hernandez be required to obtain prior approval from Board Staff if he is unable to attend a Board meeting. Blomstrom accepted the amendment.

Second: Tallie Pederson

Ayes: Blomstrom, Dalton, Desmond, Pederson

Nays: Wentworth

Action: Motion Carried

B. William J. Mumbert (10-079-RPH-N)

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

Mr. Edwards explained that Mr. Mumbert's pharmacist license was revoked in December 2010, for diversion of controlled substances from his employer. Mr. Mumbert requested reinstatement of his pharmacist license at the September 2013 meeting. At that time, the Board was not comfortable reinstating Mr. Mumbert's license until he successfully completes a minimum of one year of his ten year contract with PRN-PRN. The matter was tabled. The Board recommended that Mr. Mumbert provide letters of support including a letter from his probation officer when he reappears before the Board.

Mr. Mumbert provided a letter of support for reinstatement of his pharmacist license from PRN-PRN. A copy of his Petition and Order of Dismissal and Discharge and Setting Aside of Conviction was included in the Board book.

Mr. Mumbert explained that he is participating in PRN-PRN and the 12-Step Program, and has been in recovery for one and a half years. He is reestablishing the relationships with his family and in his professional life. Mr. Mumbert said that he is a different person now, and handles life's challenges in a more rewarding and successful manner without drugs or alcohol.

Mr. Espadero stated that PRN-PRN is supportive of the reinstatement of Mr. Mumbert's pharmacist license with conditions. He recommended a ten year contract with PRN-PRN with no early termination, and restricted work hours of no more than ninety hours per two weeks.

Board Staff recommended that Mr. Mumbert not be permitted to work as a pharmacist in charge. Due to Mr. Mumbert's long history of substance abuse, also require that he not work alone in a pharmacy.

Board discussion ensued regarding restrictions on Mr. Mumbert's pharmacist license and concerns about his ability to work alone and/or in rural areas.

Mr. Espadero explained that per the PRN-PRN contract, Mr. Mumbert is required to notify his employer regarding his participation in PRN-PRN. If a second pharmacist is not on duty with Mr. Mumbert, that is an indicator to increase urine screens. He recommended Mr. Mumbert not be allowed to work in a rural area for more than five consecutive days so that he will have constant access to his support group.

#### **Board Action:**

#### Motion:

Cheryl Blomstrom moved to reinstate William Mumbert's license as a pharmacist (Certificate No. 13225) subject to a two year probation. Mr. Mumbert will be required to sign a ten year contract with PRN-PRN with no opportunity for an early release. Mr. Mumbert may not serve as the pharmacist in charge during the two year probationary period. He is not permitted to work in excess of ninety hours within a two week period. Mr. Mumbert cannot work alone in a pharmacy for the first year of the probationary period. Mr. Mumbert may not work in a rural area in excess of five consecutive days.

Second: Kirk Wentworth

Action: Passed Unanimously

- 7. Applications for Out-of-State Compounding Pharmacy
  - A. HM Compounding Bayonne, NJ
  - B. HM Compounding Brooklyn, NY

The applications for HM Compounding are for two pharmacies located in two different states, but managed by the same company. The Board reviewed the applications together with a separate motion for each application.

Alex Chervinsky, managing pharmacist of the New Jersey location, and Matthew Bernstein, president and managing pharmacist of the New York location, appeared and were sworn by Acting President Basch prior to answering questions or offering testimony.

Mr. Bernstein explained that the New York location is PCAB accredited and provides non-sterile and sterile compounding. The pharmacy is USP 795 and USP 797 compliant. Products are patient specific and tested for sterility and endotoxins by a third party laboratory. Products include tri-mixes, vitamins and ophthalmics. The pharmacy was inspected a month ago.

The New Jersey location is currently providing non-sterile compounding only. Plans are for the New Jersey location to become PCAB accredited and provide sterile compounding in the future. The pharmacy had their opening inspection one year ago.

Mr. Chervinsky and Mr. Bernstein answered questions to the Board's satisfaction.

#### **Board Action:**

Motion:

Cheryl Blomstrom moved to approve the Application for Out-of-State Compounding Pharmacy for HM Compounding located in New Jersey pending receipt of their opening inspection, and receipt of the signed Affidavit that they will not ship sterile compounded products into Nevada. When the New Jersey location is PCAB certified, HM Compounding will submit a copy of the certification to Board Staff and the Affidavit will be waived

Second:

Kirk Wentworth

Action:

Passed Unanimously

#### **Board Action:**

Motion:

Kirk Wentworth moved to approve the Application for Out-of-State Compounding Pharmacy for HM Compounding located in New York pending receipt of their most recent inspection and a copy of their PCAB certification.

Second:

Cheryl Blomstrom

Action:

Passed Unanimously

C.

Leiter's Compounding – San Jose, CA

Leiter's Compounding requested postponement until the April meeting.

## D. Lone Peak Professional Pharmacy – Draper, UT

Bryan Horne, managing pharmacist and co-owner, appeared and was sworn by Acting President Basch prior to answering questions or offering testimony.

Mr. Horne explained that Lone Peak Professional Pharmacy is leasing space within a medical clinic and provides full retail pharmacy services. The pharmacy also provides sterile and non-sterile compounded products. Products include tri-mixes, vitamins and ophthalmics. Products are patient specific. The pharmacy is USP compliant and products are tested for bacteria, endotoxins and potency by a third party laboratory. Mr. Horne received compounding training through MEDISCA at the University of Florida. He has developed compounding policies and procedures and provides in-house training of the pharmacy staff. The pharmacy's opening inspection was in September 2013. The Utah Board of Pharmacy requires pharmacies to periodically submit a self-inspection which Lone Peak Professional Pharmacy submitted in February 2014.

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

#### Board Action:

Motion: Kirk Wentworth moved to approve Lone Peak Professional Pharmacy's

Application for Out-of-State Compounding Pharmacy pending receipt of their most recent Utah Board inspection and a copy of their self-

inspection. A copy of the pharmacy's policies and procedures will be

provided for Board Staff's review.

Second: Kevin Desmond

Action: Passed Unanimously

E. Suncoast Radiopharmacy Services – Tampa, FL

Suncoast Radiopharmacy Services requested postponement until the April meeting.

- 8. Applications for Nevada MDEG
  - A. Arjo Huntleigh Inc. Sparks
  - B. Arjo Huntleigh Inc. Las Vegas

Items KK and LL were pulled from the Consent Agenda and added to Item 8.

KK. Arjo Huntleigh Inc. - Roselle, IL

LL. Arjo Huntleigh Inc. - Salt Lake City, UT

Kenneth Juarez, supervisor at the Las Vegas location and Harry Boniface, supervisor at the Sparks, Nevada location, appeared and were sworn by Acting President Basch prior to answering questions or offering testimony.

Mr. Juarez and Mr. Boniface explained that Arjo Huntleigh rents and services electric hospital beds and therapeutic support surfaces to hospitals and long term care facilities.

They provide delivery, set up and inservicing of the products for the nursing staff. Used products are picked up, returned to the service center and disinfected following FDA guidelines. Arjo Huntleigh does not bill third party payors. Facilities are direct billed. The same business model applies to the Roselle, Illinois and Salt Lake City, Utah facilities.

Mr. Juarez and Mr. Boniface answered questions to the Board's satisfaction.

# **Board Action:**

Motion: Kirk Wentworth moved to approve Arjo Huntleigh's Sparks, Nevada

Application for Nevada MDEG pending a satisfactory inspection.

Second: Cheryl Blomstrom

Action: Passed Unanimously

**Board Action:** 

Motion: Kirk Wentworth moved to approve Arjo Huntleigh's Las Vegas, Nevada

Application for Nevada MDEG pending a satisfactory inspection.

Second: Cheryl Blomstrom

Action: Passed Unanimously

**Board Action:** 

Motion: Cheryl Blomstrom moved to approve Arjo Huntleigh's Roselle, Illinois and

Salt Lake City, Utah Out-of-State MDEG Applications.

Second: Kevin Desmond

Action: Passed Unanimously

C. Red Seal Medical, LLC – Las Vegas

Joshua Bulkley, operations manager, appeared and was sworn by Acting President Basch prior to answering questions or offering testimony. Mr. Bulkley presented a letter from Robert C. Brough, CEO of Red Seal Medical, authorizing Mr. Bulkley to represent the company.

Mr. Bulkley explained that Red Seal Medical will provide CPAP equipment and supplies as well as braces. He stated that his experience includes working with Classic Sleep Care, and four years with Petersen Medical, which offered full MDEG services. Red Seal Medical is in the process of applying for their CHAP's accreditation.

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

#### Board Action:

Motion: Kirk Wentworth moved to approve Red Seal Medical's Application for

Nevada MDEG pending a satisfactory inspection.

Second: Kevin Desmond

Action: Passed Unanimously

# 9. General Counsel Report

Mr. Edwards provided an update on Roxsan Pharmacy. At the January 2014 meeting, the Board moved to continue Roxsan's petition for a rehearing subject to conditions, which included Roxsan Pharmacy submitting a report to Board Staff of the identification and/or resolution of their pending investigation by the California Board of Pharmacy. Since that time, Board Staff has received a copy of the California Board's accusation charging Roxsan Pharmacy with:

- 2 counts of falsifying prescription records
- 1 count of subverting a board investigation
- 1 count of dishonesty, fraud and deceit
- 4 counts of violating pharmacy laws and regulations
- 1 count of violating state and federal statutes regarding controlled substances and dangerous drugs
- 1 count of conduct which would warrant the denial of an application

Mr. Edwards will provide a copy of the California Board's accusation to the Board.

### 10. Executive Secretary Report

A. Financial Report

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

B. Temporary Licenses

There were no temporary licenses issued since the last meeting.

C. Staff Activities

Mr. Pinson advised the Board that Governor Brian Sandoval has been appointed to lead the National Governors' Association's initiative on reducing prescription drug abuse.

The NABP 2014 Annual Meeting will be held in May in Phoenix. Board members interested in attending may submit their registration directly to NABP.

- 1. Presentations:
- a. "Project Echo" through UNR School of Medicine

Mr. Pinson was invited to speak to this group on March 13, 2014. There will be a series of six lectures which will be broadcast via webinar.

b. CDR Presentation

Mr. Pinson spoke on the subject of drug abuse to the Child Death Review Committee.

Mr. Pinson shared data on recent trends in illegal and prescription drug abuse, which he also includes in his presentations.

c. APRN Association

Mr. Pinson presented to the APRN Association in Las Vegas on February 8<sup>th</sup>. Mr. Pinson informed the Board that the APRN Association has applied for a grant to study prescribing habits to determine if the prescribing of controlled substances has changed since APRN's now have autonomy, and are no longer required to practice under a collaborative physician.

Ms. Blomstrom stated that the APRN Association participates on the legislative committee that she is involved with. Ms. Blomstrom suggested to the APRN Association, and they in turn proposed to the Nursing Association, that every nurse with prescribing authority proactively sign up for the PMP as a best practice.

d. AG Working Group

Mr. Pinson stated that the Attorney General's office will be having a statewide contest for high schools. The contest involves students creating a video on the subject of drug abuse. The Board of Pharmacy will donate \$1,000 out of the Education Budget toward the prize fund for the winning videos.

D. Reports to Board

1. Verified Pharmacy Program (VPP) Update

Mr. Pinson reported that all of the Nevada compounding pharmacies' inspections have been sent to NABP for entry into the VPP database. Moving forward, non-sterile compounding pharmacy inspections will be added to the database, and eventually, all pharmacy inspections will be added. The VPP database allows for boards of pharmacy to share inspection and licensing data between states.

- 2. Collaborative Efforts:
  - a. Suspended Physician (BOME;DEA)
  - b. Medi-Spas (BOME)
  - c. Connecticut Board and Questionable Product Claims
- 3. Coalition Meeting on Prescription Drug Abuse

Mr. Pinson stated that this coalition was put together by Liz MacMenamin, Retail Association of Nevada (RAN), and includes legislators and representatives from the Attorney General's Office, health care boards and their associations, and Board Staff. The first meeting was held on January 29, 2014, in Las Vegas. Mr. Wuest attended and Mr. Pinson and Mr. Edwards participated via teleconference. The next meeting is scheduled for March 27, 2014, and will include representatives from the FDA and the industry.

E. Board Related News

-Mr. Wuest reported that the Hospital Regulations Workgroup met in February. The Workgroup has been expanded to include participation by Las Vegas hospitals. -Mr. Pinson reported that the Technician Advisory Committee met in February. Mr. Wentworth participated in the meeting.

1. Outsourcing Facilities

Mr. Pinson reviewed the Drug Quality and Security Act. The Act contains provisions relating to federal and state oversight of compounding pharmacies. This new legislation creates a new section 503B in the FD&C Act under which a facility that compounds sterile drugs can register to become an outsourcing facility. An outsourcing facility can qualify for exemptions from FDA approval requirements. The FDA will be holding

another 50-state meeting in March to discuss plans for the implementation and licensing of outsourcing facilities. Mr. Pinson and Mr. Wuest will attend the meeting.

2. Legislative Consultants

Mr. Pinson stated that he is in the process of creating a legislative consultant group. The purpose of this group is to address pending legislation. Participants invited will include President Gandhi, Cheryl Blomstrom, Liz MacMenamin (RAN), Adam Porath (NVHSP), Joe Kellogg (SNAP), Susan Nguyn (NVHSP), Mike or Fred Hillerby and Board Staff.

- F. Activities Report
- 11. Next Board Meeting:

April 16-17, 2014 – Las Vegas

#### 12. Public Comment

Liz MacMenamin, RAN, stated that a take back drug day is scheduled in northern Nevada on April 26, 2014. Pharmacists interested in volunteering may contact Ms. MacMenamin.

Ms. MacMenamin thanked Board Staff for their sponsorship for the Attorney General's drug abuse video contest.

Ms. MacMenamin said that the coalition on prescription drug abuse has been formally named the "Industry Coalition for Prescription Drug Abuse." She thanked Board Staff for their participation.

Den/

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

# APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

☐ New Pharmacy (Please provide current licens	Ownership Change e number if making changes: PHO∂QUA
<ul> <li>□ Publicly Traded Corporation – Pages 1,2,3,7</li> <li>□ Non Publicly Traded Corporation – Pages 1,2,</li> <li>Please check box for type of ownership and of</li> </ul>	☐ Partnership - Pages 1,2,5,7 4,7 ☐ Sole Owner – Pages 1,2,6,7
GENERAL INFORMATION to be completed	by all types of ownership
Pharmacy Name: ALLIVA MESICAL	UC
Physical Address: 500 EACKS LAN	Ding De Ste B LAKELAND, F1 33810
Mailing Address: 4252 NW 120 th	
	te: <u>FL</u> Zip Code: <u>35065</u>
elephone: 954-707-4760 Fax:	
Toll Free Number: 866~336~4103	
	<del>-</del> · · · · · · · · · · · · · · · · · · ·
icom	Website: WWW. ARRIVATEDICA. Con
Vanaging Pharmacist: <u>โลmaผล ∠ีร+ิเเเ</u>	- Lett License Number: PS 38617
lours of Operation:	
Monday thru Friday 8 am 5 pm	Saturday ampm
Sunday //a_ampm	24 Hours (Prune
TYPE OF PHARMACY	SERVICES PROVIDED 9-5 M-S
THEOTHAMIAO	<u>CERTIFICATION</u>
Retail	☐ Off-site Cognitive Services
☐ Hospital (# beds)	☐ Parenteral
□ Internet	☐ Parenteral (outpatient)
☐ Nuclear	☐ Outpatient/Discharge
Out of State	🗖 Mail Service
	☐ Long Term Care

Page 1

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□ New Pharmacy (Please provide current license number	ownership Change + tocation change if making changes: PH 02692
□ Publicly Traded Corporation – Pages 1,2,3,7  Non Publicly Traded Corporation – Pages 1,2,4,7  Please check box for type of ownership and complete	☐ Partnership - Pages 1,2,5,7 ☐ Sole Owner - Pages 1,2,6,7
GENERAL INFORMATION to be completed by all t	ypes of ownership
Pharmacy Name: Bond Pharmacy, Inc	. DBA Advanced Infusion Solutions
Physical Address: <u>023 Highland Color</u>	y Paneway, Ste. 100 Riageland, 1
Mailing Address: 623 Highland Co	long falfway, ste, 100
City: Ridgeland State: M	S Zip Code: 3/157
Telephone: 877-443-4006 Fax: 88	8-298-2220
Toll Free Number: (877)443-4006 (Req	
F-mail Chell@AISDharmacy, CM Webs	ite: www. AISpharmacy, com
E-mail: <u>Cbell@ATSpharmacy, CM</u> Webs Managing Pharmacist: <u>Charles R. Bell</u> ,	Jr. License Number: T8267
Hours of Operation:	
Monday thru Friday <u>8:30</u> am <u>5</u> pm	Saturday 8 am 12 pm
Sundayampm	24 Hours Pharmacist on-call 24/7/369
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

431 W Plumb Lane - Reno, NV 89509

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Mew Pharmacy or ☐Ownership Change (Provide current license number if making changes: PHCheck box below for type of ownership and complete all required forms. ☐ 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					
GENERAL INFORMATION to be completed by all types of ownership					
Pharmacy Name: Distinguished	Pharmacy				
Physical Address: 12134 Belcomus	+ St. HOU, TX77012				
Mailing Address: 12220 Bel Chnut	st. #2012				
	TX Zip Code: <u>77072</u>				
Telephone: (281) 4915-0201 Fax: (28					
Toll Free Number: 1-855-795-7004 (Re					
E-mail: distinguished. pharmacy Dyahoo.com Web					
Managing Pharmacist: Ezine C. Ozur					
TYPE OF PHARMACY AND	SERVICES PROVIDED				
Yes/No					
II IV [] Dotail	Yes/No				
M ☐ Retail	☐ ☑ Off-site Cognitive Services				
☐ ☑ Hospital (# beds)	☐ ☐ Off-site Cognitive Services ☐ ☐ Parenteral **				
☐ ☑ Hospital (# beds) ☐ ☑ Internet	☐ ☐ Off-site Cognitive Services ☐ ☐ Parenteral ** ☐ ☐ Parenteral (outpatient)				
☐ ☑ Hospital (# beds) ☐ ☑ Internet ☐ ☑ Nuclear	☐ ☐ Off-site Cognitive Services ☐ ☐ Parenteral ** ☐ ☐ Parenteral (outpatient) ☐ Outpatient/Discharge				
☐ ☑ Hospital (# beds) ☐ ☑ Internet ☐ ☑ Nuclear ☐ ☑ Ambulatory Surgery Center	☐ ☐ ☐ Off-site Cognitive Services ☐ ☐ Parenteral ** ☐ ☐ Parenteral (outpatient) ☐ Outpatient/Discharge ☐ Mail Service				
☐ ☑ Hospital (# beds) ☐ ☑ Internet ☐ ☑ Nuclear ☐ ☑ Ambulatory Surgery Center ☐ Community	☐ ☑ Off-site Cognitive Services ☐ ☐ Parenteral ** ☐ ☐ Parenteral (outpatient) ☐ Outpatient/Discharge ☐ Mail Service ☐ ☐ Long Term Care				
☐ ☑ Hospital (# beds) ☐ ☑ Internet ☐ ☑ Nuclear ☐ ☑ Ambulatory Surgery Center ☑ Community	☐ ☐ Off-site Cognitive Services ☐ ☐ Parenteral ** ☐ ☐ Parenteral (outpatient) ☐ Outpatient/Discharge ☐ Mail Service ☐ ☐ Long Term Care ☐ ☐ Sterile Compounding **				
☐ ☑ Hospital (# beds) ☐ ☑ Internet ☐ ☑ Nuclear ☐ ☑ Ambulatory Surgery Center ☐ Community	☐ ☐ Off-site Cognitive Services ☐ ☐ Parenteral ** ☐ ☐ Parenteral (outpatient) ☐ Outpatient/Discharge ☐ Mail Service ☐ ☐ Long Term Care ☐ ☐ Sterile Compounding ** ☐ ☐ Non Sterile Compounding				
☐ ☑ Hospital (# beds) ☐ ☑ Internet ☐ ☑ Nuclear ☐ ☑ Ambulatory Surgery Center ☑ Community ☐ ☐ Other:	☐ ☐ Off-site Cognitive Services ☐ ☐ Parenteral ** ☐ ☐ Parenteral (outpatient) ☐ Outpatient/Discharge ☐ Mail Service ☐ ☐ Long Term Care ☐ ☐ Sterile Compounding ** ☐ ☐ Non Sterile Compounding				

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

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☑ New Pharmacy (Please provide curr			ership Change g changes: PH)			
<ul> <li>□ Publicly Traded Corporation □ Pages</li> <li>□ Non Publicly Traded Corporation □ Pages</li> <li>□ Please check box for type of owners</li> </ul>	1,2,3,7 ages 1,2,4,7	Partr Sole	nership - Pages 1,2,5,7 Owner □Pages 1,2,6,7			
GENERAL INFORMATION to be completed by all types of ownership						
	Pharmacy Name: Isomeric Pharmacy Solutions					
Physical Address: 510 S 600 E Salt Lak	e City, UT 84102					
Mailing Address: 510 S 600 E Salt Lake	City, UT 84102					
City: Salt Lake City	State: UT		Zip Code: <u>84102</u>			
Telephone: 801.239.2040	Fax: _801.505.03	380				
Toll Free Number: 800.418.0730	(Require	ed pe	r NAC 639.708)			
E-mail: jake@inorx.com	Website:	ww	w.isomericrx.com			
Managing Pharmacist: Cody Walker			License Number: 6450171-1701			
TYPE OF PHARM	ACY AND	SE	RVICES PROVIDED			
Yes/No		Yes	/No			
☐ ☐ Retail			☑ Off-site Cognitive Services			
□ ☑ Hospital (# l	oeds)		☑ Parenteral **			
□ □ Internet			☑ Parenteral (outpatient)			
□ ☑ Nuclear			☑ Outpatient/Discharge			
☐ ☐ Ambulatory	Surgery Center	Ø	☐ Mail Service			
☐ ☐ Other:			☑ Long Term Care			
			☑ Sterile Compounding **			
			☑ Non Sterile Compounding			
			☑ Mail Service Sterile			
			Compounding **			
			☐ Other Services:			
II.						

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

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

Application must be printed legibly or typed

☐ New Pharmacy	(Please provide current license numbe	☑ Ownership Change or if making changes: PH 01411 )		
☑ Non Publicly Trace	Corporation – Pages 1,2,3,7 ded Corporation – Pages 1,2,4,7 LLC ox for type of ownership and complete	☐ Partnership - Pages 1,2,5,7 ☐ Sole Owner – Pages 1,2,6,7		
GENERAL INFOR	MATION to be completed by all	types of ownership		
	Maxor Correctional Pharmacy Services			
Physical Address:	416 Mary Lindsay Polk Drive, Su	ite 515		
Mailing Address: _	416 Mary Lindsay Polk Drive, Suit	ce 515		
City: Franklin	State: _ Tel	nnessee Zip Code: 37067		
Telephone: 615-7	771-1436 Fax: <u>800-6</u>	41-2444		
Toll Free Number:	800-833-2510 (Req	uired per NAC 639.708)		
E-mail: deleca.barr	nes@maxorcps.com Webs	site: www.maxor.com		
Managing Pharmad	cist: Deleca Reynolds-Barnes	License Number: 10608		
Hours of Operation	<u>on:</u>			
Monday thru Friday	y <u>8:00</u> am <u>5:00</u> pm	Saturday 8 <u>:00</u> am <u>12:00</u> pm		
Sunday	On-Callampm	24 Hours		
TYPE	OF PHARMACY	SERVICES PROVIDED		
□ Ret	ail	☐ Off-site Cognitive Services		
☐ Hos	spital (# beds)	☑ Parenteral		
□ Inte	ernet	☐ Parenteral (outpatient)		
□ Nuc	clear	☐ Outpatient/Discharge		
☑ Out of State ☑ Mail Service				
☐ Amb	oulatory Surgery Center	☐ Long Term Care		

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				A STATE OF STREET	CARLS OF THE OWNER			
☐ New Pharmacy	, with the second control of the second cont			wnership Char				
(Please provide current license number if making changes: PH <u>01873</u> )								
□ Publicly Traded C	orporation - Pages 1,2,	3,7	<u></u> □ P	artnership - Pa	ages 1,2	,5,7		
	ed Corporation - Pages	s 1,2,4,7	LLC S	Sole Owner – Pa	ages 1,2	,6,7		
Please check bo	x for type of ownership	and com	plete corre	ect part of the a	ipplicatio	<u>n.</u>		
GENERAL INFORMATION to be completed by all types of ownership								
Pharmacy Name: _	Maxor Pharmacies							_
Physical Address:	216 S. Polk Street							_
Mailing Address: _	216 S. Polk Street							_
City: Amarillo		State:	Texas	Zip	Code: _	79101		_
Telephone: 806-3	24-5541	Fax: _8	06-324-55	11	/			
Toll Free Number:	800-687-8629	(	(Required	per NAC 639	.708)			
E-mail: ccapps@max	or.com	V	Vebsite:	www.maxor.com			,	_
Managing Pharmad	cist: Carol Capps			License N	lumber:	34437		_
Hours of Operatio	on:							
Monday thru Friday	/ <u>8:00</u> am <u>6:00</u>	pm		Saturday	9:00	_am	5:00	_pm
Sunday	<u>9:00</u> am <u>5:00</u>	pm		24 Hours		_		
TYPE	OF PHARMACY		SEI	RVICES PRO	<u>/IDED</u>			
□ Re	tail			Off-site Cognitive	Services	;		
□ Ho:	spital (# beds)			Parenteral				
□ Inte	ernet		□ F	Parenteral (outpa	tient)			
□ Nu	clear			Outpatient/Discha	arge			
	t of State			/lail Service				
	bulatory Surgery Center			ong Term Care				
						<del></del>		

431 W Plumb Lane - Reno, NV 89509

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New Pharmacy or <b>Dwnership Chang</b> e (Provide current license number if making changes: <b>PH</b> Check box below for type of ownership and complete all required forms.					
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Non Publicly Traded Corporation – Pages 1,2,4,7	☐ Partnership - Pages 1,2,5,7				
☐ Non Publicity Traded Corporation — Pages 1,2,4,7	Sole Owner – Pages 1,2,6,7				
GENERAL INFORMATION to be completed by all	types of ownership				
Pharmacy Name: My Favorite Pharmacy LLC.					
Physical Address: 7142 North Uni	versity				
Mailing Address: Some As above					
City: Tamarac State:	= L Zip Code: 33391				
Telephone: 866.582-3640 Fax: 88	8. 370.1311				
Toll Free Number: 866 · 582 - 3640 (Req	uired per NAC 639.708)				
E-mail: Myfavont Pharmacy @ gmail.com Webs	site: WWW, MY FAUOR, TE PHARMA				
Managing Pharmacist: 500 Ph Davis					
TYPE OF PHARMACY AND	SERVICES PROVIDED				
Yes/Mo	Yes/No _				
☑ □ Retail	☐ Øff-site Cognitive Services				
☐ ☐ Haspital (# beds)	☐ ☐ Parenteral **				
□ □ Internet	☐ ☑ Parenteral (outpatient)				
☐ ☐ Ŋuclear	☐ ☑ Outpatient/Discharge				
☐	☑ ☑ Mail Service				
☑ ☑ <b>Ø</b> ommunity	□ ☑ 上ong Term Care				
□ Ø Other:	☐ ☐ Şterile Compounding **				
	☐ ☑ Non Sterile Compounding				
All boxes must be checked	☐ ☐ Mail Service Sterile Compounding **				
For the application to be complete	□ □ Other Services:				
**If you shook "you" on any of those types of cory	to an array will be an arrived to medica an				

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

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

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New Pharmacy   ☐ Ownership Change	
(Please provide current license number if making changes: PH)	
□ Publicly Traded Corporation – Pages 1,2,3,7 □ Partnership - Pages 1,2,5,7	
Non Publicly Traded Corporation – Pages 1,2,4,7	
GENERAL INFORMATION to be completed by all types of ownership	
Pharmacy Name: NATIONAL ANIMAL HOSPITAL	
Physical Address: 300 OHILIKAI RD, STE C-315 KIHEI, HI 91	0753
Mailing Address: 300 OHILKAI RD, STE C-315	
City: KHEI State: HI Zip Code: 967	<u> 153</u>
Telephone: $(800)817 - 7357$ Fax: $(808)692 - 0694$	
Toll Free Number: (800)817-7357 (Required per NAC 639.708)	
E-mail: <u>National ah@gmail.com</u> Website: <u>WWW. Nationalah.</u>	com
Managing Pharmacist: 1001 M MUER License Number: PH	1894
TYPE OF PHARMACY AND SERVICES PROVIDED	
Yes/No Yes/No	
☐ Retail ☐ Ø Off-site Cognitive Ser	vices
☐ Ø Hospital (# beds) ☐ Ø Parenteral **	
対 口 Internet ロ 垣 Parenteral (outpatient	;)
☐ Ø Nuclear ☐ Ø Outpatient/Discharge	
☐ Ø Ambulatory Surgery Center Ø ☐ Mail Service	
☐ Ø Other: ☐ Ø Long Term Care	
☐ Ø Sterile Compounding	H
☐ 💆 Non Sterile Compoun	ding
☐ Mail Service Sterile	
Compounding **	
☐ 🗹 Other Services:	
	<del></del>

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

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

New Pharmacy (Please provide current license numbe	☐ Ownership Change
Debugger Publicly Traded Corporation – Pages 1,2,3,7  Non Publicly Traded Corporation – Pages 1,2,4,7  Please check box for type of ownership and complete	<ul><li>□ Partnership - Pages 1,2,5,7</li><li>□ Sole Owner - Pages 1,2,6,7</li></ul>
Pharmacy Name: NWWW NATION TO be completed by all	
Physical Address: 2512 MATO BL	
City: MWWW HOW State: M	Zip Code: <u>12047</u>
Telephone: 74.888.994 Fax: 314-	88 0140
Toll Free Number: 811-192 0153 (Rec	uired per NAC 639.708)
=-mail: 2001 MUCISE NW 1000 PVW WWeb:	site: Mare
Managing Pharmacist: MRISSA AMAIO	License Number: 2000 1085
TYPE OF PHARMACY AND	SERVICES PROVIDED
Yes/No  Retail Hospital (# beds) Internet Nuclear Ambulatory Surgery Center Other:	Yes/No  Off-site Cognitive Services Parenteral **  Outpatient/Discharge Mail Service Compounding **  Non Sterile Compounding Mail Service Sterile Compounding **  Other Services:

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

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May Dharman			C Owno	rehin Change		
	New Pharmacy   Ownership Change  (Please provide current license number if making changes: PH)					
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Non Publicly Traded Corporation – Pages 1,2,4,7 ☐				Owner – Pages 1,2,6	5,7	
Please check b	ox for type of ownership and	d complete of	correct p	art of the application		
GENERAL INFORMATION to be completed by all types of ownership						
Pharmacy Name:	armacy Name: SS Pharmacy					
Physical Address:	2919 Markum Drive, Haltom	City, TX 761:	17			
Mailing Address:	8653 North MacArthur Boulev	vard, #2087				
City: <u>Irving</u>	S	tate:	TX	Zip Code: _	75063	
Telephone: 817-6	532-7779 Fa	ax: <u>817-63</u>	2-7780		_	
Toll Free Number	: 877-949-2626	(Requ	ired per	NAC 639.708)		
E-mail: ssrxtx@gma	E-mail: ssrxtx@gmail.com Website:					
-	TYPE OF PHARMACY	AND	SEI	RVICES PROVIDE	D	
	TYPE OF PHARMACY Yes/No	AND	SEI Yes/	4	D	
		AND	Yes/	4		
	Yes/No		Yes/	No		
	Yes/No		Yes/	No  Off-site Cognitive	e Services	
	Yes/No ☑ Retail ☑ Hospital (# beds		Yes/	No  ☑ Off-site Cognitive ☑ Parenteral **	e Services atient)	
	Yes/No  A □ Retail □ √ Hospital (# beds □ √ Internet □ √ Nuclear	_)	Yes/	No ☑ Off-site Cognitive ☑ Parenteral ** ☑ Parenteral (outp	e Services atient)	
	Yes/No	) Center	Yes/	No  ☑ Off-site Cognitive ☑ Parenteral ** ☑ Parenteral (outpatient/Disch	e Services atient) arge	
	Yes/No    Retail   Hospital (# beds   Internet   Nuclear   Ambulatory Surgery	) Center	Yes/	No  ✓ Off-site Cognitive  ✓ Parenteral **  ✓ Parenteral (outpose)  ✓ Outpatient/Disch	e Services atient) arge	
	Yes/No    Retail   Hospital (# beds   Internet   Nuclear   Ambulatory Surgery	) Center	Yes/	No  Off-site Cognitive  Parenteral **  Parenteral (outpoint)  Outpatient/Disch  Mail Service  Long Term Care	e Services atient) earge	
	Yes/No    Retail   Hospital (# beds   Internet   Nuclear   Ambulatory Surgery	) Center	Yes/	No  Off-site Cognitive Parenteral **  Parenteral (outpose) Outpatient/Disch Mail Service Long Term Care Sterile Compour	e Services  atient) arge  ding ** pounding	
	Yes/No    Retail   Hospital (# beds   Internet   Nuclear   Ambulatory Surgery	) Center	Yes/	No  Off-site Cognitive Parenteral **  Parenteral (outpoint) Outpatient/Disch Mail Service Long Term Care Sterile Compour	e Services  atient) arge  ding ** pounding	
	Yes/No    Retail   Hospital (# beds   Internet   Nuclear   Ambulatory Surgery	) Center	Yes/	Off-site Cognitive Parenteral ** Parenteral (outpatient/Dische Mail Service Sterile Compour Mail Service Sterile Sterile Compour	e Services atient) earge ading ** pounding	
	Yes/No    Retail   Hospital (# beds   Internet   Nuclear   Ambulatory Surgery	) Center	Yes/	Off-site Cognitive Parenteral ** Parenteral (outpose) Outpatient/Disch Mail Service Long Term Care Sterile Compour Non Sterile Com Mail Service Ste Compounding **	e Services atient) earge ading ** pounding	

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431 W Plumb Lane - Reno, NV 89509

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₩Wew Pharmacy	y or <b>_Ownership Chang</b> e (Provide cui	rrent license number if making changes: PH
Cneck box below	r for type of ownership and complete all r ed Corporation – Pages 1 2 3 7	equired forms.  Partnership - Pages 1 2 5 7
Non Publicly 7	ed Corporation Pages 1,2,3,7 Fraded Corporation Pages 1,2,4,7	☐ Sole Owner – Pages 1,2,6,7
	ORMATION to be completed by all t	
Pharmacy Name	e: Access compound	ling Pharmacy
		ue, Suite 110 McLean, VA 22101
Mailing Address	: 1450 Emerson Avenu	e, suite 110
City: McLe	State: Vi	ginia Zip Code: 22101
Telephone: 57	71-488-6620 Fax: <u>571</u> -	488-6621
Toll Free Number	er: <u>855-741-8014</u> (Req	uired per NAC 639.708)
E-mail: phorn	racisto.amaphormay.com	ite: www.anapharmacy.com
•		License Number: 0202011204
TY	<u>PE OF PHARMACY</u> AND	SERVICES PROVIDED
Ye	s/No	Yes/No
	☐ Retail	□ □ Off-site Cognitive Services
	₽ Hospital (# beds)	□ □ Parenteral **
	<b>⊡</b> Internet	□ □ Parenteral (outpatient)
	Nuclear	□ □ Outpatient/Discharge
× 🗆	Ambulatory Surgery Center	☐ Mail Service
	<b>☑</b> Community	□ □ Long Term Care
	☐ Other:	☐ ☐ Sterile Compounding **
		Non Sterile Compounding
All	boxes must be checked	☐ ☐ Mail Service Sterile Compounding **
For	the application to be complete	☐ ☐ Other Services:

66006

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

431 W Plumb Lane - Reno, NV 89509

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New Pharmacy or <b>Ownership Change</b> (Provide current license number if making changes: PH Check box below for type of ownership and complete all required forms.	
Publicly Traded Corporation – Pages 1,2,3,7 Non Publicly Traded Corporation – Pages 1,2,4,7	T Partnership - Pages 1.2.5.7
Non Publicly Traded Corporation – Pages 1,2,4,7	_
GENERAL INFORMATION to be completed by all types of ownership	
Pharmacy Name: America's Compounding Center	
Physical Address: 153 (alifornia St Newton, MA 02458	
Mailing Address: 153 California St	
City: Newton State:	MA Zip Code: 02458
Telephone: <u>(a) 7-527-15(a3</u> Fax: <u>(</u>	017-527-1565
Toll Free Number: 866-222-7993 (Required per NAC 639.708)	
E-mail: arthure accrx.com Website: WWW. accrx.com	
Managing Pharmacist: Behrouz Rostamnezhad License Number: PH 23429	
TYPE OF PHARMACY AND	SERVICES PROVIDED
Yes/No	Yes/No
⊠ □ Retail	☐ 均 Off-site Cognitive Services
□	□ X Parenteral **
□ 対 Internet	□ 🔟 Parenteral (outpatient)
□ 卤 Nuclear	□ 岚 Outpatient/Discharge
☐ ☒ Ambulatory Surgery Center	🕱 🗆 Mail Service
☑ Community	□ 🗹 Long Term Care
□ Ø Other:	□ Ϫ Sterile Compounding **
-	XÍ 🗆 Non Sterile Compounding
All boxes must be checked	□ 🛱 Mail Service Sterile Compounding **
For the application to be complete	□ Ø Other Services:

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

65903

431 W Plumb Lane - Reno, NV 89509

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☑New Pharmacy or ☐Ownership Change (Provide cu Check box below for type of ownership and complete all i	required forms.
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☑ Non Publicly Traded Corporation – Pages 1,2,4,7	☐ Partnership - Pages 1,2,5,7 ☐ Sole Owner – Pages 1,2,6,7
GENERAL INFORMATION to be completed by all	types of ownership
Pharmacy Name: American Integrative Pharmacy	
Physical Address: 1852 Lomita Blvd., Suite 204	
Mailing Address: 1852 Lomita Blvd., Suite 204	
City: Lomita State:	Zip Code:90717
Telephone: 310-539-1750 Fax:	310-539-1734
Toll Free Number: <u>855-247-7948</u> (Req	uired per NAC 639.708)
E-mail: info@americanintegrative.com Webs	site:
Managing Pharmacist: Zahra Sarajha	License Number: 46822
TYPE OF PHARMACY AND	SERVICES PROVIDED
Yes/No	Yes/No
□ Retail	☐ ☎ Off-site Cognitive Services
□ □ Hospital (# beds)	□ 図 Parenteral **
□ □ Internet	□ ဩ Parenteral (outpatient)
□ □ Nuclear	□ 図 Outpatient/Discharge
☐ ☐ Ambulatory Surgery Center	幻 ☐ Mail Service
□ □ Community	□ 😡 Long Term Care
□ □ Other:	□ 😡 Sterile Compounding **
!	图 答 Non Sterile Compounding
All boxes must be checked	□ 😡 Mail Service Sterile Compounding **
For the application to be complete	□ □ Other Services:

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

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

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New Pharmacy (Please provide current license number i	☐ Ownership Change f making changes: PH)
□ Publicly Traded Corporation – Pages 1,2,3,7 □ Non Publicly Traded Corporation – Pages 1,2,4,7 □ Please check box for type of ownership and complete o	Sole Owner - Pages 1,2,0,1
GENERAL INFORMATION to be completed by all ty	
SENERAL INFORMATION to be completed by an cy	DUAD HACY
Pharmacy Name: <u>CENTURY</u>	PHARMACL
Physical Address: <u>937 GORHHM</u>	1 S7
Mailing Address: <u>937</u> GORHAM	<i>S</i> 7
City: LOWELL State: _ /	1A Zip Code: 0/852
Telephone: <u>978 4556554</u> Fax: <u>97</u>	8-455 9476
Toll Free Number: 18885075006 (Requ	ired per NAC 639.708)
E-mail: <u>CENTURY, PHARIMACY (a) Yalua la</u> Websit	te: WW. CENTURYPHARM
=-mail: CENTURY: THIF MICH WESSI	
Vanaging Pharmacist: CRISTINA TEP	URE License Number: PH 2337
Managing Pharmacist: <u>CRISTINA</u> TEP	UPÉ License Number: PH 233'+
Managing Pharmacist: <u>CRISTINA TEP</u> TYPE OF PHARMACY AND	UPE License Number: PH 2331
Managing Pharmacist: <u>CRISTINA TEP</u> TYPE OF PHARMACY AND  Yes/No	UPE License Number: PH 233'+  SERVICES PROVIDED  Yes/No
Managing Pharmacist: <u>CRISTINA TEP</u> TYPE OF PHARMACY AND  Yes/No  ☑ □ Retail	UPE License Number: PH 233 F  SERVICES PROVIDED  Yes/No □ ☑ Off-site Cognitive Services
Managing Pharmacist: <u>CRISTINA TEP</u> TYPE OF PHARMACY AND  Yes/No  ☑ □ Retail □ ☑ Hospital (# beds)	ULE License Number: PH 233 +  SERVICES PROVIDED  Yes/No □ ☑ Off-site Cognitive Services □ ☑ Parenteral **
Managing Pharmacist: <u>CRISTINA TEP</u> TYPE OF PHARMACY AND  Yes/No  □ Retail □ ☑ Hospital (# beds) □ ☑ Internet	UPE License Number: PH 233 +  SERVICES PROVIDED  Yes/No □ Ø Off-site Cognitive Services □ Ø Parenteral ** □ Ø Parenteral (outpatient)
Managing Pharmacist: CRISTINA TEP  TYPE OF PHARMACY AND  Yes/No  □ Retail □ □ Hospital (# beds) □ □ Internet □ □ Nuclear	UPE License Number: PH 233 +  SERVICES PROVIDED  Yes/No  □ Ø Off-site Cognitive Services □ Ø Parenteral ** □ Ø Parenteral (outpatient) □ Ø Outpatient/Discharge
Managing Pharmacist: CRISTINA TEP  TYPE OF PHARMACY AND  Yes/No  ☐ Retail ☐ ☐ Hospital (# beds) ☐ ☐ Internet ☐ ☐ Nuclear ☐ ☐ Ambulatory Surgery Center	UPE License Number: PH 233 +  SERVICES PROVIDED  Yes/No  □ Ø Off-site Cognitive Services □ Ø Parenteral ** □ Ø Parenteral (outpatient) □ Ø Outpatient/Discharge Ø □ Mail Service
Managing Pharmacist: CRISTINA TEP  TYPE OF PHARMACY AND  Yes/No  □ Retail □ □ Hospital (# beds) □ □ Internet □ □ Nuclear	SERVICES PROVIDED  Yes/No  ☐ Ø Off-site Cognitive Services ☐ Ø Parenteral ** ☐ Ø Parenteral (outpatient) ☐ Ø Outpatient/Discharge Ø ☐ Mail Service ☐ Ø Long Term Care
Managing Pharmacist: CRISTINA TEP  TYPE OF PHARMACY AND  Yes/No  ☐ Retail ☐ ☐ Hospital (# beds) ☐ ☐ Internet ☐ ☐ Nuclear ☐ ☐ Ambulatory Surgery Center	SERVICES PROVIDED  Yes/No  Off-site Cognitive Services  Parenteral **  Parenteral (outpatient)  Moltpatient/Discharge  Mail Service  Long Term Care  Sterile Compounding **
Managing Pharmacist: CRISTINA TEP  TYPE OF PHARMACY AND  Yes/No  ☐ Retail ☐ ☐ Hospital (# beds) ☐ ☐ Internet ☐ ☐ Nuclear ☐ ☐ Ambulatory Surgery Center	SERVICES PROVIDED  Yes/No  Configuration of the Con
Managing Pharmacist: CRISTINA TEP  TYPE OF PHARMACY AND  Yes/No  ☐ Retail ☐ ☐ Hospital (# beds) ☐ ☐ Internet ☐ ☐ Nuclear ☐ ☐ Ambulatory Surgery Center	SERVICES PROVIDED  Yes/No  Off-site Cognitive Services Parenteral **  Parenteral (outpatient)  Outpatient/Discharge Mail Service  Sterile Compounding **  Mail Service Sterile
Managing Pharmacist: CRISTINA TEP  TYPE OF PHARMACY AND  Yes/No  ☐ Retail ☐ ☐ Hospital (# beds) ☐ ☐ Internet ☐ ☐ Nuclear ☐ ☐ Ambulatory Surgery Center	SERVICES PROVIDED  Yes/No  Configuration of the Con

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

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New Pharmacy	se provide current license numb			Change	
•	•				
Non Publicly Traded Corporal	tion – Pages 1,2,3,7 rporation – Pages 1,2,4,7	☐ Sole (	Dwn(	er – Pages 1,2,6,7	
Please check box for ty	pe of ownership and comple	te correct p	art o	f the application.	
GENERAL INFORMATIO	ON to be completed by all	I types of	own	ership	
Pharmacy Name: COTTA	AGE PHARMACY & SURGIO	CAL, INC			
Physical Address: 8285	Jericho Turnpike	Woodbur	У,	NY 11797-1807	
Mailing Address: 8285	Jericho Turnpike				
City: Woodbury	State:	NY		_ Zip Code:1797	
Telephone: 800-599-9	963 <b>Fax</b> : 516	6-367-4443			
	-599-9963 (Re				
E-mail: admin@cottage	pharmacy.com Web	bsite: www	1.cc	ttagehomecareservices.	com
Managing Pharmacist: _K	Kenneth Villani		Lice	ense Number: 029406	
TYPE OF	F PHARMACY AND	SE	RV	ICES PROVIDED	
Yes/No		Yes	/No		. = .
1 <b>5</b> □ R	etail		M	Off-site Cognitive Services	
□ Ø He	ospital (# beds)		A	Parenteral **	
□ <b>- □</b> In	iternet		A	Parenteral (outpatient)	
□ KŽ Ni	uclear		മ	Outpatient/Discharge	
□ 🔀 Ai	mbulatory Surgery Center	*		Mail Service	5
	ther:		K	Long Term Care	
=57° = 35			K	Sterile Compounding **	
		K		Non Sterile Compounding	
			赵	Mail Service Sterile	
				Compounding **	
			Þ	Other Services:	

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

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

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New Pharmacy	/Diagon provide ourrent licence pum	☐ Ownership Change
- Dublish Traded	·	ber if making changes: PH)
☑ Publicly Traded \( \omega \) Non Publicly Tra	Corporation – Pages 1,2,3,7 ded Corporation – Pages 1,2,4,7	☐ Sole Owner – Pages 1,2,6,7
Please check b	ox for type of ownership and comple	ete correct part of the application.
GENERAL INFOR	RMATION to be completed by a	Il types of ownership
Pharmacy Name:	Darjen INC	
Physical Address:	8645 N Military Trail 405-406	
Mailing Address:	8645 N Military Trail 405-406	
		Zip Code: 33418
Telephone: 561-55	7-1645 Fax:Fax	557-1649
Toll Free Number:	855-346-0944 (Re	equired per NAC 639.708)
E-mail: Allmedrx@yaho	oo.com We	bsite: N/A
Managing Pharma	ncist: Daria Puentes	License Number: PS46428
	TYPE OF PHARMACY AND	SERVICES PROVIDED
	Yes/No	Yes/No
	⊠ □ Retall	☐ ☐ Off-site Cognitive Services
	☐ Ď Hospital (# beds)	□ Ø Parenteral **
	□ Ø Internet	Parenteral (outpatient)
	□ ⊠ Nuclear	Outpatient/Discharge
	口	Mail Service
	□ Other;	Long Term Care
		口 反 Sterile Compounding ** 近口 Non Sterile Compounding
		☐ Mail Service Sterile
		Compounding **
		Other Services:
		The state of the s

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

431 W Plumb Lane - Reno, NV 89509

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New Pharmacy or <b>Ownership Change</b> (Provide of Check box below for type of ownership and complete a Publicly Traded Corporation – Pages 1,2,3,7 Non Publicly Traded Corporation – Pages 1,2,4,7	Il required forms.
Pharmacy Name: Destrehan Disconnected by a 2001 Ormond	Il types of ownership Count Pharmacy Blvd. Ste. A
Mailing Address: 3001 Ovmorus  City: Destrehan State: Telephone: 985-764-0989 Fax: 9  Toll Free Number: 1-888-370-6411 (R. E-mail: destrehandrugs@attinet we Managing Pharmacist: Joseph Barrera  Type of Pharmacy AND	LA zip Code: 70047 885-764-0987 equired per NAC 639.708) epsite: www.destrchanpharmacy.com
Yes/No	Yes/No
☑ □ Retail	☐ ☑ Off-site Cognitive Services
☐ ☑ Hospital (# beds)	□ 🖫 Parenteral *
□	☐ ☑ Parenteral (outpatient)
□ ☑ Nuclear	□ ☑ Outpatient/Discharge
☐ M Ambulatory Surgery Center	☑ Mail Service
Community	□ Long Term Care
□ <b>対</b> Other:	□, ☑ Steple Compounding **
	☑ Non Sterile Compounding
All boxes must be checked	Mail Service Sterile Compoditains **
For the application to be complete	□ IV Other Services:

<sup>&</sup>quot;If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,

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☑New Pharmacy or ☐Ownership Change (Provide Chank have below for two of awareship and complete.)	
Check box below for type of ownership and complete	an required forms.  r¬ Partnership - Pages 1,2,5,7
<ul> <li>□ Publicly Traded Corporation – Pages 1,2,3,7</li> <li>☑ Non Publicly Traded Corporation – Pages 1,2,4,7</li> </ul>	☐ Sole Owner – Pages 1,2,6,7
GENERAL INFORMATION to be completed by	all types of ownership
Pharmacy Name: Entracell Pharmacy	
Physical Address: 10435 Santa Monica Blvd., 1st Fl.	
Mailing Address: 10435 Santa Monica Blvd., 1st Fl.	
City: Los Angeles State:	CA Zip Code: 90025
Telephone: (800) 299-9047 Fax: (80	00) 667-6079
Toll Free Number: (800) 299-9047 (Fig. 1)	Required per NAC 639.708)
E-mail: michellek@gppirx.com W	/ebsite: entracell.com
Managing Pharmacist: Michelle Kalay	License Number: CA - 51760
TYPE OF PHARMACY AND	SERVICES PROVIDED
Yes/No	Yes/No
☑ □ Retail	☐ ☑ Off-site Cognitive Services
☐ ☑ Hospital (# beds)	☐ ☑ Parenteral **
□ ☑ Internet	□ ☑ Parenteral (outpatient)
□ ☑ Nuclear	□ ☑ Outpatient/Discharge
□ ✓ Ambulatory Surgery Center	☑
☑ □ Community	□ ☑ Long Term Care
□ <b>☑</b> Other:	☐ ☑ Sterile Compounding **
	☑ □ Non Sterile Compounding
All boxes must be checked	☐ Mail Service Sterile Compounding **
For the application to be complete	☐ ☑ Other Services:
V	

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

- 10 w

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

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™ New Pharmacy	☐ Ownership Change
(Please provide current license number	
□ Publicly Traded Corporation – Pages 1,2,3,7 Non Publicly Traded Corporation – Pages 1,2,4,7	Partnership - Pages 1,2,5,7
Please check box for type of ownership and complete	correct part of the application
3,po a company and company	
GENERAL INFORMATION to be completed by all to	
Pharmacy Name: Frannii Pharmacy	4 d Surgical
Physical Address: 204-19 Hill Sicla Avar	ne Hulis, NY, 11423
Mailing Address: 204-19 HillSido Avo	nie
City: HOIIS State: N	Zip Code: 1 <u>1</u>
Telephone: 718-465-2121 Fax: 718	27-9794
Toll Free Number: 866-682-2739 (Requ	uired per NAC 639.708)
E-mail: RussellPTe gmail.com Websi	te: Mynucuro. COM
Managing Pharmacist: MICICH SHOWTSSNTOW	in in indiculation
Wallaging Filalinacist. Will 100 - 37 10 11 13 31 100	License Number: 109 16 57
TYPE OF PHARMACY AND	SERVICES PROVIDED
	A Control of the Cont
TYPE OF PHARMACY AND	SERVICES PROVIDED
TYPE OF PHARMACY AND Yes/No	SERVICES PROVIDED Yes/No
TYPE OF PHARMACY AND  Yes/No  ☑ □ Retail	SERVICES PROVIDED  Yes/No  Off-site Cognitive Services
TYPE OF PHARMACY AND  Yes/No  ☑ □ Retail □ ☑ Hospital (# beds)	SERVICES PROVIDED  Yes/No  Diff-site Cognitive Services Parenteral **
TYPE OF PHARMACY AND  Yes/No  ☑ □ Retail □ ☑ Hospital (# beds) □ ☑ Internet	SERVICES PROVIDED  Yes/No  □ Ø Off-site Cognitive Services □ Ø Parenteral ** □ Ø Parenteral (outpatient)
Yes/No Yes/No  Retail  Hospital (# beds)  Internet  Nuclear	Yes/No  Off-site Cognitive Services  Parenteral **  Parenteral (outpatient)  Outpatient/Discharge
TYPE OF PHARMACY AND  Yes/No  ☑ □ Retail □ ☑ Hospital (# beds) □ ☑ Internet □ ☑ Nuclear □ ☑ Ambulatory Surgery Center	SERVICES PROVIDED  Yes/No  □ Ø Off-site Cognitive Services □ Ø Parenteral ** □ Ø Parenteral (outpatient) □ Ø Outpatient/Discharge □ Ø Mail Service
TYPE OF PHARMACY AND  Yes/No  ☑ □ Retail □ ☑ Hospital (# beds) □ ☑ Internet □ ☑ Nuclear □ ☑ Ambulatory Surgery Center	Yes/No  ☐ Ø Off-site Cognitive Services ☐ Ø Parenteral ** ☐ Ø Parenteral (outpatient) ☐ Ø Outpatient/Discharge ☐ Ø Mail Service ☐ Ø Long Term Care
TYPE OF PHARMACY AND  Yes/No  ☑ □ Retail □ ☑ Hospital (# beds) □ ☑ Internet □ ☑ Nuclear □ ☑ Ambulatory Surgery Center	SERVICES PROVIDED  Yes/No  □ Ø Off-site Cognitive Services □ Ø Parenteral ** □ Ø Parenteral (outpatient) □ Ø Outpatient/Discharge □ Ø Mail Service □ Ø Sterile Compounding **
TYPE OF PHARMACY AND  Yes/No  ☑ □ Retail □ ☑ Hospital (# beds) □ ☑ Internet □ ☑ Nuclear □ ☑ Ambulatory Surgery Center	Yes/No  Colorsite Cognitive Services  Parenteral **  Parenteral (outpatient)  Outpatient/Discharge  Mail Service  Michigan Care  Sterile Compounding **  Non Sterile Compounding
TYPE OF PHARMACY AND  Yes/No  ☑ □ Retail □ ☑ Hospital (# beds) □ ☑ Internet □ ☑ Nuclear □ ☑ Ambulatory Surgery Center	SERVICES PROVIDED  Yes/No  □
TYPE OF PHARMACY AND  Yes/No  ☑ □ Retail □ ☑ Hospital (# beds) □ ☑ Internet □ ☑ Nuclear □ ☑ Ambulatory Surgery Center	Yes/No  Coff-site Cognitive Services  Parenteral **  Parenteral (outpatient)  Moutpatient/Discharge  Mail Service  Moutpatient Care  Sterile Compounding **  Mail Service Sterile  Compounding **

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

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

# APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

✓ New Pharmacy	(Please provide current license				rship Change changes: PH)
☐ Publicly Traded C ☑ Non Publicly Trac Please check bo	Corporation □ Pages 1,2,3,7  led Corporation □ Pages 1,2,4,  ix for type of ownership and co	7 [	] Pa	artne ole C	ership - Pages 1,2,5,7 Dwner □ Pages 1,2,6,7
	MATION to be completed b				
Pharmacy Name:	GenRx				
Physical Address:	8714 E. Vista Bonita Dr. Suite 101				
Mailing Address:	same				
City: Scottsdale	State	: AZ			Zip Code: 85255
	6-7928 Fax:				
	844-436-7928				
Managing Pharma	cist: Barb Petronzio				License Number: SO11528
A Prince of the					(Arizona)
	TYPE OF PHARMACY AN	וט	SE	HV	CES PROVIDED
	Yes/No			/No	
	☐ Retail			-	Off-site Cognitive Services
	☐ ဩ Hospital (# beds)			Ø	Parenteral **
į	□ □ Internet			Ø	Parenteral (outpatient)
L 1	□ Nuclear			Ø	Outpatient/Discharge
:	☐ ☐ Ambulatory Surgery Cen	ter	. Z		Mail Service
	☐ ☐ Other:			Ø	Long Term Care
1				2	Stadle Compounding **
			Z		Non Sterile Compounding
1				Ø	Mail Service Sterile
,					Compounding **
	*				Other Services:
		THE RESERVE OF THE PARTY OF THE			and he as included to
**If you ch	neck "yes" on any of these type	s or serv	VICE:	s, yc	on will be tedritien to

make an appearance at the board meeting,

(do074

431 W Plumb Lane - Reno, NV 89509

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☑New Pharmacy or ☐Ownership Chang Check box below for type of ownership and ☐ Publicly Traded Corporation – Pages 1,2, ☑ Non Publicly Traded Corporation – Pages	comple	te all requi	red i	forms.
GENERAL INFORMATION to be comp				
Pharmacy Name: Injured Workers Pharm	acy, LL	C		
Physical Address: 5029 E. Sunrise Drive, S	Suite 10	1, Phoenix,	ΑZ	85044
Mailing Address: P.O. Box 338				
City: Methuen	State	: MA		Zip Code:01844
Telephone: <u>888-321-7945</u>	Fax: _	800-497-42	276	
Toll Free Number: 888-321-7945		(Required	d pe	er NAC 639.708)
E-mail: Pharmacy@iwpharmacy.com				www.IWPharmacy.com
Managing Pharmacist: Richard Gutoski				License Number:S016907
TYPE OF PHARMACY	AND	SE	RVI	ICES PROVIDED
Yes/No		Yes		
□ Retail			X	Off-site Cognitive Services
□ 🗵 Hospital (# beds	)		X	Parenteral **
□ ☑ Internet			X	Parenteral (outpatient)
□ 🖾 Nuclear			X	Outpatient/Discharge
□ 🖾 Ambulatory Surgery C	Center	$\boxtimes$		Mail Service
☐ ☑ Community			X	Long Term Care
□ 🖾 Other:			X	Sterile Compounding **
		$\mathbf{x}$		Non Sterile Compounding
All boxes must be checked			X	Mail Service Sterile Compounding **
For the application to be comp	olete		X	Other Services:
**If you shook "yes" on any of these to				

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

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New Pharmacy	Ownership Change naking changes: PH)
<ul> <li>□ Publicly Traded Corporation – Pages 1,2,3,7</li> <li>□ Non Publicly Traded Corporation – Pages 1,2,4,7</li> <li>□ Please check box for type of ownership and complete corporation</li> </ul>	Partnership - Pages 1,2,5,7 Sole Owner – Pages 1,2,6,7 rect part of the application.
GENERAL INFORMATION to be completed by all type	es of ownership
Pharmacy Name:Lumicera Health Services, LLC	
Physical Address: 2601 West Beltline Hwy, Suite 302	
Mailing Address:same As Physical	
City: State:wı	Zip Code:
Telephone: 855-847-3553 Fax: 855-847-355	58
Toll Free Number: 855-847-3553 (Require	d per NAC 639.708)
E-mail:alan.vanamber@navitus.com Website:	www.lumicera.com
Managing Pharmacist:	License Number: WI 14193-040
TYPE OF PHARMACY AND	SERVICES PROVIDED
Yes/No	Yes/No
✓ □ Retail	☐ ☑ Off-site Cognitive Services
☐ , ☐ Hospital (# beds)	
	□ ☑ Parenteral **
□ □ Internet	□ ☑ Parenteral (outpatient)
□ ☑ Internet	□ ☑ Parenteral (outpatient)
□ ☑ Internet □ ☑ Nuclear	☐ ☑ Parenteral (outpatient) ☐ ☑ Outpatient/Discharge ☑ ☐ Mail Service ☐ ☑ Long Term Care
□ ☑ Internet □ ☑ Nuclear □ ☑ Ambulatory Surgery Center	☐ ☐ Parenteral (outpatient) ☐ ☐ Outpatient/Discharge ☐ ☐ Mail Service ☐ ☐ Long Term Care ☐ ☐ Sterile Compounding **
□ ☑ Internet □ ☑ Nuclear □ ☑ Ambulatory Surgery Center	☐ ☐ Parenteral (outpatient) ☐ ☐ Outpatient/Discharge ☐ ☐ Mail Service ☐ ☐ Long Term Care ☐ ☐ Sterile Compounding ** ☐ Non Sterile Compounding
□ ☑ Internet □ ☑ Nuclear □ ☑ Ambulatory Surgery Center	☐ ☐ Parenteral (outpatient) ☐ ☐ Outpatient/Discharge ☐ ☐ Mail Service ☐ ☐ Long Term Care ☐ ☐ Sterile Compounding ** ☐ ☐ Non Sterile Compounding ☐ ☐ Mail Service Sterile
□ ☑ Internet □ ☑ Nuclear □ ☑ Ambulatory Surgery Center	☐ ☐ Parenteral (outpatient) ☐ ☐ Outpatient/Discharge ☐ ☐ Mail Service ☐ ☐ Long Term Care ☐ ☐ Sterile Compounding ** ☐ Non Sterile Compounding
□ ☑ Internet □ ☑ Nuclear □ ☑ Ambulatory Surgery Center	☐ ☐ Parenteral (outpatient) ☐ ☐ Outpatient/Discharge ☐ ☐ Mail Service ☐ ☐ Long Term Care ☐ ☐ Sterile Compounding ** ☐ ☐ Non Sterile Compounding ☐ ☐ Mail Service Sterile

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(Please provide current license number i	☐ Ownership Change f making changes: PH )
The services	□ Paleship - Pages 1,2,5,7 □ Sole Owner – Pages 1,2,6,7
GENERAL INFORMATION to be completed by all ty	pes of ownership
Pharmacy Name: Med Fxpress Drug S	your INC. DBA MEDEXPRESS
Physical Address: 425 W Ridly & Su	
Mailing Address: 425 W Rider St. S.	uite B2
City: Perris State:	
Telephone: 95-943-6303 Fax: 95	
Toll Free Number: 1800 516 43 47 (Requi	ired per NAC 639.708)
E-mail: JTARCELO @ Medexpoessdrug. con Websit	
Makia Jocalyn Javelo License	Jumber: RPh 57552 (California)
Maria Joselyn Tavelo License >	Number: RPH 57553 (California)  SERVICES PROVIDED
TYPE OF PHARMACY AND	SERVICES PROVIDED  Yes/No  ☐ Off-site Cognitive Services
TYPE OF PHARMACY AND Yes/No Pi	SERVICES PROVIDED  Yes/No  ☐ Off-site Cognitive Services ☐ Parenteral **
TYPE OF PHARMACY AND  Yes/No  ☐ Retail ☐ M Hospital (# beds) ☐ ☑ Internet	Yes/No  Off-site Cognitive Services  Parenteral  Parenteral (outpatient)
TYPE OF PHARMACY AND  Yes/No  ☑ □ Retail □ ☑ Hospital (# beds) □ ☑ Internet □ ☑ Nuclear	Yes/No  ☐ Off-site Cognitive Services ☐ ☐ Parenteral ** ☐ ☐ Parenteral (outpatient) ☐ Outpatlent/Discharge
TYPE OF PHARMACY AND  Yes/No  ☑ □ Retail □ ☑ Hospital (# beds) □ ☑ Internet □ ☑ Nuclear □ ☑ Ambulatory Surgery Center	Yes/No  Yes/No  Parenteral  Parenteral  Outpatlent/Discharge  Mail Service
TYPE OF PHARMACY AND  Yes/No  ☑ □ Retail □ ☑ Hospital (# beds) □ ☑ Internet □ ☑ Nuclear	Yes/No  ☐ Off-site Cognitive Services ☐ ☐ Parenteral ** ☐ ☐ Parenteral (outpatient) ☐ Outpatlent/Discharge ☐ Mail Service ☐ Long Term Care
TYPE OF PHARMACY AND  Yes/No  ☑ □ Retail □ ☑ Hospital (# beds) □ ☑ Internet □ ☑ Nuclear □ ☑ Ambulatory Surgery Center	Yes/No  Yes/No  Parenteral  Parenteral  Outpatlent/Discharge  Mail Service
TYPE OF PHARMACY AND  Yes/No  ☑ □ Retail □ ☑ Hospital (# beds) □ ☑ Internet □ ☑ Nuclear □ ☑ Ambulatory Surgery Center	SERVICES PROVIDED  Yes/No  ☐ Off-site Cognitive Services ☐ Parenteral ** ☐ Parenteral (outpatient) ☐ Outpatient/Discharge ☐ Mail Service ☐ Long Term Care ☐ Sterile-Compounding ***
TYPE OF PHARMACY AND  Yes/No  ☑ □ Retail □ ☑ Hospital (# beds) □ ☑ Internet □ ☑ Nuclear □ ☑ Ambulatory Surgery Center	Yes/No  Yes/No  Parenteral  Parenteral  Parenteral (outpatient)  Outpatient/Discharge  Mail Service  Long Term Care  Non Sterile Compounding  Mail Service Sterile  Compounding  Mail Service
TYPE OF PHARMACY AND  Yes/No  ☑ □ Retail □ ☑ Hospital (# beds) □ ☑ Internet □ ☑ Nuclear □ ☑ Ambulatory Surgery Center	Yes/No  ☐ Off-site Cognitive Services ☐ ☐ Parenteral ** ☐ ☐ Parenteral (outpatient) ☐ Outpatient/Discharge ☐ Mail Service ☐ Long Term Care ☐ Sterile Compounding ☐ Mail Service Sterile
TYPE OF PHARMACY AND  Yes/No  ☑ □ Retail □ ☑ Hospital (# beds) □ ☑ Internet □ ☑ Nuclear □ ☑ Ambulatory Surgery Center	Yes/No  Yes/No  Parenteral  Parenteral  Parenteral (outpatient)  Outpatient/Discharge  Mail Service  Long Term Care  Non Sterile Compounding  Mail Service Sterile  Compounding  Mail Service

make an ennearance at the hoard meeting.

431 W Plumb Lane - Reno, NV 89509

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MNew Pharmacy or <b>Dwnership Change</b> (Provide cur. Check box below for type of ownership and complete all re	
☐ Publicly Traded Corporation – Pages 1,2,3,7  ☐ Non Publicly Traded Corporation – Pages 1,2,4,7	☐ Partnership - Pages 1,2,5,7
∇ Non Publicly Traded Corporation – Pages 1,2,4,7	☐ Sole Owner – Pages 1,2,6,7
GENERAL INFORMATION to be completed by all t	types of ownership
Pharmacy Name: NATIONAL WELLNESS SU	PPLY
Physical Address: 643 MERCHANT STREET	
Mailing Address: G43 MERCHANT STREET	
City: AMBRIOGE State: P	
Telephone: 724-266-4400 Fax: 72	4-266-4411
Toll Free Number: $1-888-885-2828$ (Req	
E-mail: WSTOMERSERVICE @ NWSLife, comWebs	site: <u>Www. NWSlife, com</u>
Managing Pharmacist: Heather Marie Zuzo	License Number: RP040088L
TYPE OF PHARMACY AND	SERVICES PROVIDED
Yes/No	Yes/No
☑ □ Retail	□ 図 Off-site Cognitive Services
□ ⊠ Hospital (# beds)	□ 🛮 Parenteral **
☐ ⊠ Hospital (# beds) ☐ ☑ Internet	<ul><li>□ ⊠ Parenteral **</li><li>□ ⊠ Parenteral (outpatient)</li></ul>
□ ☑ Internet	□ № Parenteral (outpatient)
□ ⊠ Internet □ ⊠ Nuclear	<ul><li>□ № Parenteral (outpatient)</li><li>□ ☒ Outpatient/Discharge</li></ul>
□ ☑ Internet □ ☑ Nuclear □ ☑ Ambulatory Surgery Center	□ ☑ Parenteral (outpatient) □ ☑ Outpatient/Discharge ☑ □ Mail Service
□ ☑ Internet □ ☑ Nuclear □ ☑ Ambulatory Surgery Center ☑ □ Community	□ ☑ Parenteral (outpatient) □ ☑ Outpatient/Discharge ☑ Mail Service □ ☑ Long Term Care
□ ☑ Internet □ ☑ Nuclear □ ☑ Ambulatory Surgery Center ☑ □ Community	□ □ Parenteral (outpatient) □ □ Outpatient/Discharge □ □ Mail Service □ □ Long Term Care □ □ Sterile Compounding **
□ ☑ Internet □ ☑ Nuclear □ ☑ Ambulatory Surgery Center ☑ □ Community ☑ □ Other: MALORDER	□ □ Parenteral (outpatient) □ □ Outpatient/Discharge □ □ Mail Service □ □ Long Term Care □ □ Sterile Compounding ** □ □ Non Sterile Compounding

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

431 W Plumb Lane - Reno, NV 89509

#### APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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New Pharmacy or <b>Ownership Change</b> (Provide c	
Check box below for type of ownership and complete all	required forms.
☐ Publicly Traded Corporation – Pages 1,2,3,7 Non Publicly Traded Corporation – Pages 1,2,4,7	☐ Sole Owner – Pages 1,2,6,7
GENERAL INFORMATION to be completed by all	types of ownership
Pharmacy Name: NBJ PHARMACY	Inc.
Physical Address: 7830 W. Grand	PKWY South, Ste. 160
Mailing Address: (Sause)	
City: Richmon 2 State: I	Zip Code: 77406
Telephone (832) 222 9450 Fax: (832	2) 222-9477
Toll Free Number: 1-800-575-3597 (Re	quired per NAC 639.708)
E-mail: NBJ. NBJ Pharmacy@gmail. ionWeb	osite:
Managing Pharmacist: HYACINTHE NDR	
TYPE OF PHARMACY AND	SERVICES PROVIDED
Yes/No	Yes/No
A □ Retail	□
☐ ဩ Hospital (# beds)	□ ☑ Parenteral **
□ □ Internet	□ ဩ Parenteral (outpatient)
□ □ Nuclear	□ ☑ Outpatient/Discharge
☐ Ambulatory Surgery Center	☑ Mail Service
☑ Community	□ 赵 Long Term Care
□ □ Other:	□ ☒ Sterile Compounding **
	☑ Non Sterile Compounding
All boxes must be checked	☐ Mail Service Sterile Compounding **
For the application to be complete	Other Services:
	•

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

431 W Plumb Lane - Reno, NV 89509

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☐ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH Check box below for type of ownership and complete all required forms. ☐ 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						
GENERAL INFORMATION to be completed by all types of ownership						
Pharmacy Name: _PHARMACEUTICAL SPECIALTIES EXPRESS						
Physical Address:	hysical Address: 150 CLEVELAND RD STE B					
Mailing Address:						
City:	BOGART	State	:G	A	Zip Code:	30622
	-369-9591					_
Toll Free Number:	800-818-6486		(Require	d per	NAC 639.708)	
	@PSIPHARMACY.COM				.PSIPHARMACY.COM	
	acist: WILLIAM DAVID					
TYPE OF PHARMACY AND SERVICES PROVIDED						
Yes/	No		Ye	s/No		
ХX	□ Retail			, kk	Off-site Cognitive Se	rvices
	K Hospital (# beds	_)		XX	Parenteral **	
	□ Internet			$\mathbf{H}$	Parenteral (outpatien	t)
	KK Nuclear			XX.	Outpatient/Discharge	
	KX Ambulatory Surgery (	Center	XX		Mail Service	
Дxx	☐ Community			KZK	Long Term Care	
	□ Other:			20	Sterile Compounding	**
			XX	اِ 🗆 َا	Non Sterile Compour	nding
All bo	oxes must be checked		本	X	Mail Service Sterile C	compounding **
For t	he application to be com	plete			Other Services:	
	9		·			

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

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

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New Pharmacy	Please provide current license number	☐ Ownership Change er if making changes: PH )		
☐ Publicly Traded Corp☐ Non Publicly Traded	Publicly Traded Corporation – Pages 1,2,3,7  Non Publicly Traded Corporation – Pages 1,2,4,7  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: Pinnacle Compounding LLLP				
Physical Address: 1	Physical Address: 1120 W Kensington Ave. Ste. E Missoula MT 59801			
Mailing Address: PO				
		Zip Code: 59806		
	L-6121 Fax: 406-5			
	855-446-1076 (Req			
	naclecompounds.com Webs			
Managing Pharmacist				
_				
Y	PS/No	Ves/No		
Y	es/No	Yes/No  □ ☑ Off-site Cognitive Services		
_	es/No	1 ·		
[3	es/No I □ Retail ☑ Hospital (# beds)	□ ☑ Off-site Cognitive Services		
	es/No I 口 Retail 凶 Hospital (# beds) 図 Internet	☐ ☑ Off-site Cognitive Services ☐ ☑ Parenteral **		
	es/No I □ Retail □ Hospital (# beds) □ Internet □ Nuclear	<ul> <li>□ ☑ Off-site Cognitive Services</li> <li>□ ☑ Parenteral **</li> <li>□ ☑ Parenteral (outpatient)</li> <li>□ ☑ Outpatient/Discharge</li> </ul>		
	es/No I □ Retail □ Hospital (# beds) □ Internet □ Nuclear □ Ambulatory Surgery Center	☐ ☑ Off-site Cognitive Services ☐ ☑ Parenteral ** ☐ ☑ Parenteral (outpatient) ☐ ☑ Outpatient/Discharge ☑ Mail Service		
	es/No I □ Retail □ Hospital (# beds) □ Internet □ Nuclear □ Ambulatory Surgery Center	□ ☑ Off-site Cognitive Services □ ☑ Parenteral ** □ ☑ Parenteral (outpatient) □ ☑ Outpatient/Discharge ☑ □ Mail Service □ ☑ Long Term Care		
	es/No I □ Retail □ Hospital (# beds) □ Internet □ Nuclear □ Ambulatory Surgery Center	☐ ☑ Off-site Cognitive Services ☐ ☑ Parenteral ** ☐ ☑ Parenteral (outpatient) ☐ ☑ Outpatient/Discharge ☑ Mail Service		
	es/No I □ Retail □ Hospital (# beds) □ Internet □ Nuclear □ Ambulatory Surgery Center	□ ☑ Off-site Cognitive Services □ ☑ Parenteral ** □ ☑ Parenteral (outpatient) □ ☑ Outpatient/Discharge ☑ □ Mail Service □ ☑ Long Term Care □ ☑ Sterile Compounding **		
	es/No I □ Retail □ Hospital (# beds) □ Internet □ Nuclear □ Ambulatory Surgery Center	□ ☑ Off-site Cognitive Services □ ☑ Parenteral ** □ ☑ Parenteral (outpatient) □ ☑ Outpatient/Discharge ☑ Mail Service □ ☑ Long Term Care □ ☑ Sterile Compounding ** ☑ □ Non Sterile Compounding □ ☑ Mail Service Sterile		
	es/No I □ Retail □ Hospital (# beds) □ Internet □ Nuclear □ Ambulatory Surgery Center	□ ☑ Off-site Cognitive Services □ ☑ Parenteral ** □ ☑ Parenteral (outpatient) □ ☑ Outpatient/Discharge ☑ Mail Service □ ☑ Long Term Care □ ☑ Sterile Compounding ** ☑ Non Sterile Compounding		
	es/No I □ Retail □ Hospital (# beds) □ Internet □ Nuclear □ Ambulatory Surgery Center	□ ☑ Off-site Cognitive Services □ ☑ Parenteral ** □ ☑ Parenteral (outpatient) □ ☑ Outpatient/Discharge ☑ Mail Service □ ☑ Long Term Care □ ☑ Sterile Compounding ** ☑ Non Sterile Compounding □ ☑ Mail Service Sterile Compounding **		

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☑New Pharmacy or ☐Ownership Chang Check box below for type of ownership and			
☐ Publicly Traded Corporation – Pages 1,2	,3,7		Partnership - Pages 1,2,5,7
Non Publicly Traded Corporation – Page	s 1,2,4,	/ 🗷	Sole Owner – Pages 1,2,6,7
GENERAL INFORMATION to be comp	leted b	y all type:	s of ownership
Pharmacy Name: Rx To Go Pharmacy, LLC			
Physical Address: 4371 Veronica S Shoemaker Blvd			
Mailing Address: 4371 Veronica S Shoema	ıker Blvd		
City: Fort Myers State: Florida Zip Code: 33916			
Telephone: 239-275-5357	_Fax:	239-278-46	91
Toll Free Number: 866-979-8646		_ (Required	d per NAC 639.708)
E-mail: khogan@flcancer.com	E-mail: khogan@flcancer.com Website: www.flcancer.com/rxtogoservice		
Managing Pharmacist: Katherine Hogan			License Number: FL PS21704
TYPE OF PHARMACY	AND	SE	RVICES PROVIDED
Yes/No		Yes	s/No
□ Retail			☑ Off-site Cognitive Services
□ □ Hospital (# beds	_)		☑ Parenteral **
□ 図 Internet			☑ Parenteral (outpatient)
□ 🖾 Nuclear			☑ Outpatient/Discharge
□ 图 Ambulatory Surgery	Center	X	☐ Mail Service
□			Ď Long Term Care
□ □ Other:			☑ Sterile Compounding **
		×	□ Non Sterile Compounding
All boxes must be checked □ 図 Mail Service Sterile Compounding **			
For the application to be con	nplete		☐ Other Services:
**IE		£	you will be required to make an

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

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.

X New Pharmacy  (Please provide current license number if making cl	ership Change
	-
<ul> <li>Publicly Traded Corporation − Pages 1,2,3,7</li> <li>X Non Publicly Traded Corporation − Pages 1,2,4,7</li> <li>Sole C</li> </ul>	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 over	wnership
Pharmacy Name: SAFE PHARMACY	
Physical Address: 2920 MOTLEY DRIVE, SUITE 300	
Mailing Address: 2920 MOTLEY DRIVE, SUITE 300	
City: MESQUITE State: TX Zip Code	: 75150
Telephone: <u>855-226-6567</u> Fax: <u>855-226-6587</u>	
Toll Free Number: 855-226-6567 (Required per N	IAC 639.708)
E-mail: INFO@SAFEPHARMACYUSA.COM Website: www	SAFEPHARMACYUSA
Managing Pharmacist: MUHAMMAD KHAN License Num	ber: <u>#45718</u>
TYPE OF PHARMACY AND	SERVICES PROVIDED
Yes/No	Yes/No
© □ Retail	☐ ☑ Off-site Cognitive Services
	☐ ☑ Parenteral **
□ ⊠ Internet	☐ ☑ Parenteral (outpatient)
□ ☑ Nuclear	☐ ☑ Outpatient/Discharge
☐ ☑ Ambulatory Surgery Center	
□ Ø Other:	□ ⊠ Long Term Care
	☐ ☑ Sterile Compounding **
	☑ Non Sterile Compounding
	☐ ☑ Mall Service Sterile
	Compounding **
	☐ Ø Other Services:
	( ) DAF
* **If you check "yes" on any of these types of serv	lèse you will be required to

make an appearance at the board meeting,

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.

	0 1: 01		
New Pharmacy (Please provide current license number if	□ Ownership Change 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			
	ood of ownoren.p		
Pharmacy Name: <u>QRIPIC CORPORCTION</u>	12 121 gials of al=0/1		
Physical Address: <u>9907</u> W. Empire A	12. BURBank, C/ 91504		
Mailing Address: P.O. BOX 951600			
	Zip Code: 01005		
Telephone: \$18)847-9103 Fax: (\$77)	451-777		
Toll Free Number (855) 858 - 6561 (Requi	red per NAC 639.708)		
E-mail: 109Uhi @ SCRIPTCTX . COM Website	e: <u>NA</u>		
Managing Pharmacist: NOVID DOOSTAN	License Number: RP168475		
TYPE OF PHARMACY AND	SERVICES PROVIDED		
Yes/No	Yes/No		
✓ □ Retail	□ ☑ Off-site Cognitive Services		
□ ✓ Hospital (# beds)	□ ✓ Parenteral **		
□ ☑ Internet	□		
□ ✓ Nuclear	☐ ☑ Outpatient/Discharge		
☐ ☑ Ambulatory Surgery Center	☑ ☐ Mail Service		
□ □ Other:	□ √ Long Term Care		
	□ ✓ Sterile Compounding **		
	✓ ☐ Non Sterile Compounding		
	☐ ☑ Mail Service Sterile		
	Compounding **		
	□ □ Other Services:		
~ (			

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

431 W Plumb Lane - Reno, NV 89509

# 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

★New Pharmacy or	l required forms. → Partnership - Pages 1,2,5,7
GENERAL INFORMATION to be completed by all	I types of ownership
Pharmacy Name: SmartPractice Allergen Bank	
Physical Address: 3400 E. McDowell Rd.	
Mailing Address: 3400 E. McDowell Rd.	·
City: Phoenix, State: Az	ZZip Code:85008
Telephone: (800) 344-5341 Fax: (80	0) 344-6709
Toll Free Number: (800) 344-5341 (Re	equired per NAC 639.708)
E-mail: info@smartpracticeallergenbank.com_Webs	site: www.smartpracticeallergenbank.com
Managing Pharmacist: Christine Coopman Lice	
TYPE OF PHARMACY AND	SERVICES PROVIDED
Yes/No	Yes/No
□ 🕱 Retail	☐     ☐ Off-site Cognitive Services
□ 🕱 Hospital (# beds)	□ 🕱 Parenteral **
□ 🕱 Internet	□ 🕱 Parenteral (outpatient)
□ 🕱 Nuclear	□ 🕱 Outpatient/Discharge
□ 🛚 Ambulatory Surgery Center	☑ ☐ Mail Service
□ 🕱 Community	☐ 🕱 Long Term Care
ズ □ Other: <u>Independent</u>	☐ 🗵 Sterile Compounding **
	☑ □ Non Sterile Compounding
All boxes must be checked	☐ 🗵 Mail Service Sterile Compounding **
For the application to be complete	☐ Other Services: Independent
. 4.	

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

431 W Plumb Lane - Reno, NV 89509

# APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

New Pharmacy or <b>Ownership Change</b> (Provide curre	ent license number if making changes: PH
Check box below for type of ownership and complete all re ☐ 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
GENERAL INFORMATION to be completed by all ty	
Pharmacy Name: BOCA RATON PHARMACY, 1	
Physical Address: 4802 NW 2 AVENUE	
Mailing Address: 4802 NW 2 AVENUE	
City: BOCA RATON State: F	Zip Code: 33 73/
Telephone: 561-241-7711 Fax:	161-241-7717
Toll Free Number:	uired per NAC 639.708)
E-mail: BUCARATON PHARMALY @ YAHOO. (4) Webs	te: UNDER CONSTRUCTION
Managing Pharmacist: AVIRAN COHEN	License Number: PS 35752 (FL)
	SERVICES PROVIDED
Yes/No	Yes/No
▶ □ Retail	☐ ➢ Off-site Cognitive Services
□ <b>□</b> Hospital (# beds)	☐ 为 Parenteral **
□ 🖼 Internet	☐ ≱ Parenteral (outpatient)
□ Ç <b>3</b> ∕Nuclear	□ ☑ Outpatient/Discharge
☐ ⚠ Ambulatory Surgery Center	Mail Service
□ Community	□ ► Long Term Care
□ □ Other:	☐ ☐ Sterile Compounding **
	Non Sterile Compounding
All boxes must be checked	☐ ☑ Mail Service Sterile Compounding **
For the application to be complete	□ Other Services:
**If you shook "you" on any of those types of some	

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

431 W Plumb Lane - Reno, NV 89509

#### APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

New Pharmacy or <b>Downership Chang</b> e (Provide of Check box below for type of ownership and complete all Deputible Dep	I required forms.		
GENERAL INFORMATION to be completed by all types of ownership			
Pharmacy Name: Women's Internation	nal Pharmacy, Inc.		
Physical Address: 2 Marsh Ct., Madison, WI 53718			
Mailing Address: 2 marsh Ct.			
City: madison State:	Zip Code: <u>53718</u>		
Telephone: 800-279-5708 Fax: 80	0-279-8011		
Toll Free Number: 860-279-5708 (Re			
E-mail: gina a vomens international Wel			
Managing Pharmacist: Gina Besteman			
TYPE OF PHARMACY AND	SERVICES PROVIDED		
Yes/No	Yes/No		
₩ □ Retail	□ 🕱 Off-site Cognitive Services		
☐	□ ☒ Parenteral **		
□ ≱ Internet	□       Parenteral (outpatient)		
□ 🕱 Nuclear	□ ՝ ☑ Outpatient/Discharge		
□ 🏿 Ambulatory Surgery Center	>≤ □ Mail Service		
□ ⊭Community	□ 幫 Long Term Care		
□ 塚 Other:	□ 🕱 Sterile Compounding **		
·	☑ Non Sterile Compounding		
All boxes must be checked			
For the application to be complete	□ 🖾 Other Services:		
** 6			

COr

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

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

<ul> <li>□ Publicly Traded Corporation – Pages 1,2,3,4</li> <li>□ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b</li> <li>□ Sole Owner – Pages 1,2,3,7</li> <li>Please check box for type of ownership and complete correct part of the application.</li> </ul>
GENERAL INFORMATION
Facility Name: Cardinal Health
Physical Address: 850 Airpark Drive
Mailing Address: 3540 East Pike
City: Zanesville State: Ohio Zip Code: 43701
Telephone: 740-455-2462 Fax: 740-452-5580
Toll Free Number: 800-299-2462
E-mail: Website:
Facility Manager:Jennifer Brunner
Professional qualifications and experience of facility manager:  Jennifer has worked in the pharmceutic distribution industry for 25 years in a variety of roles. Additional information can be provided if requested.
Types of licensed outlets or authorized persons firm will serve:
☐ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers ☒ Other: Long-term Care Facility Distribution Centers
Type of Products to be handled or wholesaled be firm:
<ul> <li>☑ Legend Pharmaceuticals, Supplies or Devices</li> <li>☐ Poisons or Chemicals</li> <li>☑ Controlled Substances (include copy of DEA)</li> <li>☐ Other:</li> </ul>

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

(Flease provide current ricense frumber in making changes. VVII			
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6 ☐ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b ☐ Sole Owner – Pages 1,2,3,7 Please check box for type of ownership and complete correct part of the application.			
GENERAL INFORMATION			
Facility Name: Chelsea Therapeutics, Inc.			
Physical Address: 3530 Toringdon Way, Suite 200			
Mailing Address: 3530 Toringdon Way, Suite 200			
City: Charlotte State: NC Zip Code: 28277			
Telephone: 704-341-1516 Fax: 704-752-1479			
Toll Free Number: N/A			
E-mail: bouchon@chelsearx.com Website: www.chelsearx.com			
Facility Manager: Joseph Oliveto			
Professional qualifications and experience of facility manager: See Attachment #1			
Types of licensed outlets or authorized persons firm will serve:			
☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers ☐ Other: See Attachment #2			
Type of Products to be handled or wholesaled be firm:			
<ul> <li>☑ Legend Pharmaceuticals, Supplies or Devices</li> <li>☐ Poisons or Chemicals</li> <li>☐ Controlled Substances (include copy of DEA)</li> <li>☐ Other:</li> </ul>			



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

⊠ New Wholesaler			
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6 ☐ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b ☐ Sole Owner – Pages 1,2,3,7 Please check box for type of ownership and complete correct part of the application.			
GENERAL INFORMATION			
Facility Name: DPT Laboratories, Ltd.			
Physical Address: 3300 Research Plaza, San Antonio, TX 78235			
Mailing Address: 318 McCullough			
City: San Antonio State: Texas Zip Code: 78215			
Telephone: 210-476-8100 Fax:			
Toll Free Number:			
E-mail: mark.fite@dptlabs.com Website: www.dptlabs.com			
Facility Manager: Daniel L. Donohue			
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:			
<ul> <li>□ Legend Pharmaceuticals, Supplies or Devices</li> <li>□ Poisons or Chemicals</li> <li>□ Controlled Substances (include copy of DEA)</li> <li>□ Other:</li> </ul>			



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

□ New Wholesaler □ Ownership Change (Please provide current license number if making changes: WH 01798 )
<ul> <li>□ Publicly Traded Corporation – Pages 1,2,3,4</li> <li>□ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b</li> <li>□ Sole Owner – Pages 1,2,3,7</li> <li>Please check box for type of ownership and complete correct part of the application.</li> </ul>
GENERAL INFORMATION
Facility Name: MWI Veterinary Supply Co, dba IVESCO
Physical Address: 124 Country Club Road
Mailing Address: PO Box 638
City: Iowa Falls State: IA Zip Code: 50126
Telephone: 641-648-7775 Fax: 641-648-5994
Toll Free Number: 800-392-5636
E-mail: rlewis@mwivet.com Website: mwivet.com
Facility Manager: Kim Ubben
Professional qualifications and experience of facility manager:
Types of licensed outlets or authorized persons firm will serve:
☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers ☐ Other: Veterinarians and Vet Clinics ☐ Hospitals ☐ Wholesalers
Type of Products to be handled or wholesaled be firm:
<ul> <li>□ Legend Pharmaceuticals, Supplies or Devices</li> <li>□ Poisons or Chemicals</li> <li>□ Controlled Substances (include copy of DEA)</li> <li>□ Other:</li> <li>□ Hypodermic Devices</li> <li>□ Veterinary Legend Drugs</li> </ul>

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

New Wholesaler		
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6 ☐ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b ☐ Sole Owner – Pages 1,2,3,7 Please check box for type of ownership and complete correct part of the application.		
GENERAL INFORMATION		
Facility Name: Wehne + Nagel Inc.		
Physical Address: 300 East Capote Central, Suit 100, Pharr TX 78577		
Mailing Address: Attn: Compliance, 10 Exchange Mace, 19th floor		
City: Hrsey city State: NJ Zip Code: 0730		
Telephone: 956-781-0040 Fax: 966-232-0264		
Toll Free Number:		
E-mail: Julio nn con @ Kuehne - nagu com Website: WWW. Kuehne - nagul. com		
Facility Manager: Mio lincon		
Professional qualifications and experience of facility manager: <u>Over 7 years experience as Branch manager and previous 6 years employed as Global Account manager for Cardinal Heulth.</u> 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 of Devices☐ Hypodermic Devices☐ Veterinary Legend Drugs☐ Veterinary Legend Drugs☐ Devices☐ Union Devices☐ Devices☐ Devices☐ Union Device Dev		
☐ Controlled Substances (include copy of DEA) ☐ Other: Rx and nan Rx medical Devices		

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

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

# APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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

Application must be printed legibly or typed

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

New Wholesaler
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6 ☐ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b ☐ Sole Owner – Pages 1,2,3,7 ☐ Please check box for type of ownership and complete correct part of the application.
GENERAL INFORMATION
Facility Name: McKesson Medical-Surgical Drc.
Physical Address: 1405 N. Chonteay Trafficway
Mailing Address: Attn: Regulatory Affairs; 8741 Landmark Rd., Richmond, VA 23:
City: Kansas City State: MO Zip Code: 64120
Telephone: 816 - 204 - 3300 Fax: 816 - 231 - 9445
Toll Free Number: 866-653-5242
E-mail: Regulatory Affairs - MMS @ mclesson.com Website: Www. McCesson.com
Professional qualifications and experience of facility manager: <u>JO+ years pharmuceutical</u> <u>distribution experience in various distribution center all office rules</u>
Types of licensed outlets or authorized persons firm will serve:
☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers
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:

Page 1

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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

☐ New Wholesaler ☐ Ownership Change
(Please provide current license number if making changes: WH_01006)
☐ 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.
Please check box for type of ownership and complete correct part of the application.
GENERAL INFORMATION
Facility Name: OraPharma, Inc.
Physical Address: 700 Route 202/206 N, Unit A, Bridgewater, NJ 08807
Mailing Address: Attn: Sharath Gadasally, 700 Route 202/206 N, Unit A
City: Bridgewater State: NJ Zip Code: 08807
Telephone: 908.927.1400 Fax: 909.927.1619
Toll Free Number: N/A
E-mail: licensing@valeant.com Website: http://www.orapharma.com/
Facility Manager: James Bonine
Professional qualifications and experience of facility manager: See attached resume
Types of licensed outlets or authorized persons firm will serve:
☐ Pharmacies ☐ Practitioners ☐ Hospitals ☑ Wholesalers
□ Other:
Type of Products to be handled or wholesaled be firm:
☐ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
<ul><li>☑ Legend Pharmaceuticals, Supplies or Devices</li><li>☐ Poisons or Chemicals</li><li>☐ Use The Proposition of the Prop</li></ul>
☐ Controlled Substances (include copy of DEA)
☑ Other: Dental

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

# APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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

Application must be printed legibly or typed

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

☑ New Wholesaler ☐ Ownership Change (Please provide current license number if making changes: WH)
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6 ☐ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b ☐ Sole Owner – Pages 1,2,3,7 ☐ Please check box for type of ownership and complete correct part of the application.
GENERAL INFORMATION
Facility Name: _Vetoquinol USA, Inc.
Physical Address: 4250 N. Sylvania Ave., Ft. Worth, TX 76137
Mailing Address: 4250 N. Sylvania Ave.
City:         Ft. Worth         State:         TX         Zip Code:         76137
Telephone: 817-632-9315 Fax: 817-529-7506
Toll Free Number:1-800-267-5707
E-mail: ealsup@vetoquinolusa.com Website: www.vetoquinolusa.com
Facility Manager: Eric M. Alsup
Professional qualifications and experience of facility manager:please see attached documents
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:
<ul> <li>□ Legend Pharmaceuticals, Supplies or Devices</li> <li>□ Poisons or Chemicals</li> <li>□ Controlled Substances (include copy of DEA)</li> <li>☑ Other: Veterinary Precription Drugs and Veterinary Over the Counter Drugs</li> </ul>

Page 1

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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

☑ New Pharmacy ☐ Ownership Change (Please provide current license	□ Name Change □ Location Change e number if making changes: PH)
<ul> <li>□ Publicly Traded Corporation – Pages 1,2,3,7,8a,8b</li> <li>□ Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,</li> <li>Please check box for type of ownership and components of the co</li></ul>	8a,8b
GENERAL INFORMATION to be completed by all t	types of ownership
Pharmacy Name: A to Z Specialty Pharmacy	
Physical Address: 8352 W. Warm Spring 5	Rd
Mailing Address:	
City: Las Vegas State: N	
Telephone: <u>763-250-4406</u> Fax:	
Toll Free Number:	
E-mail: Webs	ite:
Managing Pharmacist: Paul Luke	License Number:
Hours of Operation:	
Monday thru Friday 8:30 am 5:00 pm	Saturday <u>8:30</u> am <u>5:00</u> pm
Sunday <u>N/A</u> am <u>N/A</u> 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

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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	☐ Name Change ☐ Location Change cense number if making changes: PH)
(Flease provide current in	Cerise Humber if Hidking Gridinges. 1 11
□ Publicly Traded Corporation – Pages 1,2,3,7,8a,8 Non Publicly Traded Corporation – Pages 1,2,4a,4 Please check box for type of ownership a	
GENERAL INFORMATION to be completed by	all types of ownership
Pharmacy Name: Sunset Pha	rmacy LLC
Physical Address: 4011 W. Saha	cra Ave Unit8
Mailing Address: Same As Abo	ve
City: Las Vegas State:	NV Zip Code: 89102
Telephone: (70) 380 - 4160 F	Fax: (702) 380-8447
Toll Free Number: N/A	1
E-mail: Sunsetpharmacylle YV	Vebsite: NA
Managing Pharmacist: Tran. Bao	License Number: 16284
Hours of Operation:	
Monday thru Friday 10 am 6 pm	Saturday Closed ampm
Sunday Closed ampm	24 Hours No
TYPE OF PHARMACY	SERVICES PROVIDED
The 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

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

□ Ownership Change   Please provide current license number if making changes: MP or MW   Publicly Traded Corporation – Pages 1,2,3,4   Partnership - Pages 1,2,3,6   Non Publicly Traded Corporation – Pages 1,2,3,5   Sole Owner – Pages 1,2,3,7   Please check box for type of ownership and complete correct part of the application.    FACILITY INFORMATION		
Please check box for type of ownership and complete correct part of the application.  FACILITY INFORMATION  Facility Name: BAYER HEALTHCARE LLC  Physical Address: 1011 McCARTHY BOULEVARD, MILPITAS, CA 95035 (This must be a business address, we can not issue a license to a home address)  Mailing Address: C/O STATE LICENSSE SERVICING, 321 ROUTE 94 SOUTH  City: WARWICK State: NY Zip Code: 10990  Telephone: 650-962-4165 Fax: 650-962-5247  E-mail: BHL@SLSNY.COM Website: WWW.BAYERHEALTHCARE.COM  DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING  Mon:8;00amto 5:00pm Tue:8;00amto 5:00pm Wed: 8;00amto 5:00pm Thu:8;00amto 5:00pm  Fri:8;00amto 5:00pm Sat: CLOSED Sun: CLOSED Holidays: to  MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis  Name: WILLIAM E. GOETZ  TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)    Assistive Equipment   Respiratory Equipment**   Parenteral and Enteral Equipment**   Orthotics and Prosethics   Diabetic Supplies Other: RX MEDICAL DEVICES **If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: N/A Telephone: N/A		
Physical Address: 1011 McCARTHY BOULEVARD, MILPITAS, CA 95035 (This must be a business address, we can not issue a license to a home address)  Mailing Address: C/O STATE LICENSSE SERVICING, 321 ROUTE 94 SOUTH  City: WARWICK State: NY Zip Code: 10990  Telephone: 650-962-4165 Fax: 650-962-5247  E-mail: BHL@SLSNY.COM Website: WWW.BAYERHEALTHCARE.COM  DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING  Mon:8:00amto 5:00pm Tue:8:00amto 5:00pm Wed: 8:00amto 5:00pm Thu:8:00amto 5:00pm  Fri:8:00amto 5:00pm Sat: CLOSED Sun: CLOSED Holidays: to  MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis  Name: WILLIAM E. GOETZ  TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)    Medical Gases**		
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Telephone:650-962-4165	Mailing Address: C/O STATE LICENSSE SERVICING, 321 ROUTE 94 SOUTH	
E-mail: BHL@SLSNY.COM Website: WWW.BAYERHEALTHCARE.COM  DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING  Mon:8;00amto 5:00pm Tue:8;00amto 5:00pm Wed: 8;00amto 5:00pm Thu:8;00amto 5:00pm  Fri:8;00amto 5:00pm Sat: CLOSED Sun: CLOSED Holidays: to  MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis  Name: WILLIAM E. GOETZ  TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)  Medical Gases** Assistive Equipment Parenteral and Enteral Equipment*  Respiratory Equipment** Orthotics and Prosethics  Diabetic Supplies Other: RX MEDICAL DEVICES  **If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.  Name: N/A Telephone: N/A	City: WARWICK State: NY Zip Code: 10990	
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<ul> <li>☐ Medical Gases**</li> <li>☐ Respiratory Equipment**</li> <li>☐ Life-sustaining equipment**</li> <li>☐ Orthotics and Prosethics</li> <li>☐ Diabetic Supplies</li> <li>**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.</li> <li>Name: N/A</li> </ul>	Name:WILLIAM E. GOETZ	
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Page 1	Name: N/A Telephone: N/A Page 1	



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

#### APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

New MDEG	☐ Ownership Change Please provide current license number if making changes: MP or MW)		
□ Publicly Traded C	orporation – Pages 1,2,3,4		
FACILITY INFORM	ATION		
Facility Name: B	reg, Inc.		
Physical Address:	Physical Address: 1551 S. Perry Road, Suite 179 Plainfield, IN 46168  (This must be a business address, we can not issue a license to a home address)		
Mailing Address: _	Attn: Kristina Cocita 2885 Loker Avenue East (Phone 760-795-5905)		
0 11 1	State: CA Zip Code: 92010		
	Fax: 317-839-2016		
E-mail: kcocita@br	eg.com Website: www.breg.com		
	S THAT THE FACILITY WILL BE REGULARLY OPERATING		
Mon: $\frac{7:30 \text{ to}^{7:00}}{100}$	Tue: $\frac{7:30 \text{ to } 7:00}{1:30 \text{ to } 7:00}$ Wed: $\frac{7:30 \text{ to } 7:00}{1:30 \text{ to } 7:00}$ Thu: $\frac{7:30 \text{ to } 7:00}{1:30 \text{ to } 7:00}$		
Fri: 7:30 to 7:00	Sat: NA to Sun: NA to Holidays: to		
MDEG ADMINISTE	RATOR INFORMATION: Person in charge on a daily basis		
Name: Mike Neuk	am		
TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)			
☐ Medical Gases** ☐ Respiratory Equipment** ☐ Life-sustaining equipment** ☐ Diabetic 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.		d	
Name: N	A Telephone:Page 1		

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

#### APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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✓New MDEG ☐ Ownership Change  (Please provide current license number if making changes: MP or MW)	
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6 ☐ Non Publicly Traded Corporation – Pages 1,2,3,5 ☐ Sole Owner – Pages 1,2,3,7 ☐ Please check box for type of ownership and complete correct part of the application.	
FACILITY INFORMATION	
Facility Name: PROMED MEDITAL Supplies	
Facility Name: PROMED MEDICAL Supplies  Physical Address: 10200 Venice BND Ste 109 Culver, City A  (This must be a business address, we can not issue a license to a home address)  902	
Mailing Address: 10200 Venice Blvd Ste 109	
City: Culver (175 State: CH Zip Code: 90232	
Telephone: (310) 834-4040 Fax: (310) 834-9090	
E-mail: Shawn @ Promedonline com Website:	
DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING	
Mon: Manto 5pm Tue: Manto 5pm Wed: 9am to 5pm Thu: 9am to 5pm	
Fri: 9amto 5pm Sat: Closed Sun: Closed. Holidays: Clased.	
MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis	
Name: Shawn Uadidi	
TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)	
☐ Medical Gases** ☐ Assistive Equipment ☐ Respiratory Equipment** ☐ Parenteral and Enteral Equipment**	
☐ Respiratory Equipment** ☐ Life-sustaining equipment** ☐ Unit of the control of	
□ Diabetic Supplies Other: TRANSCHTANEOUS STANULATION Devidence	
**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: Shawn Madidi Telephone: B10) 508-8088	
Page 1	

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NEVADA STATE BOARD OF PHARMACY,	)
	) CASE NO. 13-022-RPH-A-S
Petitioner,	) CASE NO. 13-022-RPH-B-S
v.	) CASE NO. 13-022-PH-S
	)
ROSSITZA MIRTCHEVA, RPH	) NOTICE OF INTENDED ACTION
Certificate of Registration No. 15306,	) AND ACCUSATION
	)
BARRY COHEN, RPH	) NEVADA STATE BOARD
Certificate of Registration No. 16388,	) OF PHARMACY
SPECTRUM PHARMACY	) MAR 1 2 2014
Certificate of Registration No. PH01845	)   """ = 2011
_	
Respondents.	/ LILED

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

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the alleged conduct, Respondents Rossitza Mirtcheva, Certificate of Registration No. 15306 (Ms. Mirtcheva), and Barry Cohen, Certificate of Registration No. 16388 (Mr. Cohen), were each a registered pharmacist with the Board; and Respondent Spectrum Pharmacy, Certificate of Registration No. PH01845, located at 15 Cactus Garden Drive, Henderson, Nevada, was a pharmacy registered with the Board.

II.

Non-party BGS Pharmacy Partners owned and operated non-party Contract Pharmacy Services (CPS) located in Colorado Springs, Colorado. BGS Partners also owns Spectrum Pharmacy located in Henderson, Nevada. BGS Pharmacy Partners closed CPS in March 2013,

and transferred all of CPS' compounding equipment, compounding formulas, drug inventory and files to Spectrum Pharmacy.

III.

Prior to the events alleged herein, patient LS had been getting her prescription for liothyronine 45 mcg capsules, a compounded medication, from CPS.

IV.

On March 21, 2013, LS' physician, Dr. J, noted that LS' thyroid stimulating hormone (TSH) level was too low. He subsequently decreased LS's liothyronine dosage from 45 mcg to 25 mcg with instructions to take one capsule daily. Dr. J documented the dosage change on a refill authorization request form and faxed it to Spectrum Pharmacy.

V.

Ms. Mirtcheva was the pharmacist on duty who verified with Dr. J via telephone the dosage change on the faxed prescription. She entered the new prescription in the pharmacy's computer system, and performed the calculations for the liothyronine 25 mcg capsules. The pharmacy records show, however, that when Ms. Mirtcheva compounded LS's medication, she measured out 2.5 grams of liothyronine, rather than the actual amount of liothyronine needed to compound forty liothyronine 25 mcg. capsules.

VI.

Mr. Cohen verified Ms. Mirtcheva's calculations, but did not detect Ms. Mirtcheva's error.

VII.

Technician CR filled the capsules based on the calculations and weight as verified on the worksheet by Ms. Mirtcheva and Mr. Cohen. Mr. Cohen verified the final product of the compounded capsules.

VIII.

Spectrum shipped the compounded medication to LS. When interviewed by the Board

Investigator, Ms. Mirtcheva indicated that she did not know how to counsel out-of-state patients when mailing prescriptions. LS consequently did not receive counseling or counseling documents on her new prescription for the liothyronine 25 mcg capsules.

IX.

On or about March 25, 2013, LS began taking the liothyronine 25 mcg capsules compounded by Spectrum Pharmacy. Five days later, on March 30, 2013, LS was admitted to St. Francis Hospital in Colorado Springs with what was subsequently diagnosed as thyrotoxicosis. LS' blood levels of liothyronine were noted as 6,325, when normal levels are generally noted to be below 4.8. LS had ingested a total of six capsules (one capsule daily) of the liothyronine 25 mcg that she received from Spectrum Pharmacy prior to her hospitalization.

Χ.

Dr. J sent samples of the liothyronine 25 mcg capsules compounded by Spectrum Pharmacy to Front Range Labs and to Analytical Research Labs for analysis. Front Range Labs' final data indicated that each capsule contained 15,590 mcg of liothyronine. Analytical Research Labs' subsequently retested the capsules using a more precise methodology and determined that each capsule contained 19,005 mcg of liothyronine, which is approximately 760 times greater than the 25 mcg of liothyronine per capsule LS's physician prescribed.

XI.

During the Board's investigation, the Board Investigator discovered that information required by USP 795 standards is missing from Spectrum's Compounding Worksheet. Ms. Mirtcheva did not initial the "Checker Init" column of the worksheet verifying the ingredients and calculations for the liothyronine 25 mcg capsules. Similarly, Mr. Cohen did not initial the worksheet indicating that he performed a double check of the formulation.

XII.

Additionally, when the Board Investigator requested certain documents from Spectrum Pharmacy Manager, Steve Carlton, Mr. Carlton was unable to provide a copy of the:

- Original prescriptions for LS' liothyronine 25 mcg and 45 mcg capsules;
- Any counseling document(s) that accompanied the liothyronine 25 mcg capsules shipped to LS;
- Recipe used to compound the liothyronine 25 mcg capsules;
- Any compounding policies and procedures that were in effect at the time the liothyronine 25 mcg capsules were compounded.

In a letter dated August 26, 2013, Mr. Carlton stated that "Spectrum had no established policies and procedures for oral capsule compounding at the time of this incident."

#### XIII.

Liothyronine 25 mcg capsules are commercially available. When interviewed by the Board Investigator, Mr. Carlton and Mr. Cohen both acknowledged that they were aware that liothyronine 25 mcg tablets are a commercially available product.

## **FIRST CAUSE OF ACTION**

(All Respondents)

#### XIV.

In failing to strictly follow the instructions of LS' physician and creating a compound with approximately 19,005 mcg of liothyronine per capsule, rather than the 25 mcg of liothyronine per capsule that was prescribed, Respondents Rossitza Mirtcheva, Barry Cohen and Spectrum 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

(Rossitza Mirtcheva and Spectrum Pharmacy)

### XV.

In failing to provide LS or her caregiver written information regarding her new prescription for Liothyronine 25 mcg., and in failing to provide LS a toll-free telephone number

at which a pharmacist was available to answer questions, Respondents Rossitza Mirtcheva and Spectrum Pharmacy violated NAC 639.707, NAC 639.708, NRS 639.266(1), and or NAC 639.945(1)(i), which violations are grounds for action pursuant to NRS 639.210(4) and (12) and/or NRS 639.255.

## THIRD CAUSE OF ACTION

(All Respondents)

#### XVI.

In compounding and dispensing a drug that is commercially available, Respondents Rossitza Mirtcheva, Barry Cohen and Spectrum Pharmacy violated 21 C.F.R. 353(b)(1)(D), which violation is grounds for action pursuant to NRS 639.210(4), (11) and (12), and/or NRS 639.255.

### FOURTH CAUSE OF ACTION

(Spectrum Pharmacy Only)

### XVII.

In failing to establish and maintain policies and procedures for compounding drug products, Spectrum Pharmacy violated NAC 639.67015 and/or NAC 639.67035, which violations are grounds for action pursuant to NRS 639.210(4), (11), (12) and/or NRS 639.255.

## FIFTH CAUSE OF ACTION

(Spectrum Pharmacy Only)

#### XVIII.

As the owner of the pharmacy in which the foregoing violations, or any one of them, occurred, Respondent Spectrum Pharmacy is responsible and therefore subject to discipline pursuant to NAC 639.945(1)(i) and/or (2), which violations are grounds for action pursuant to NRS 639.210(4), (11) and/or (12) and/or NRS 639.255.

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

Signed this 22 day of March, 2014.

Lary L. Vinson, 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.

NEVADA STATE BOARD OF PHARMACY,	) ) CASE NO. 13-022-RPH-A-N
Petitioner,	)
v.  ROSSITZA MIRTCHEVA, RPH  Certificate of Registration No. 15306	<ul> <li>) STATEMENT TO THE RESPONDENT</li> <li>) NOTICE OF INTENDED ACTION</li> <li>) AND ACCUSATION</li> <li>) RIGHT TO HEARING</li> </ul>
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, April 16, 2014, as the date for a hearing on this matter at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

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 <u>12</u> day of March, 2014.

Larry L. Pinson, Pharm.D., Executive Secretary

Nevada State Board of Pharmacy

NEVADA STATE BOARD OF PHARMACY,	)
	) CASE NO. 13-022-RPH-A-S
Petitioner,	)
<b>v.</b>	)
	) ANSWER AND
ROSSITZA MIRTCHEVA, RPH	) NOTICE OF DEFENSE
Certificate of Registration No. 15306	)
	)
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").

None



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

I admit to First, Second and Third cause of Action

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 **25**day of March, 2014.

ROSSITZA MIRTCHEVA, RPH

NEVADA STATE BOARD OF PHARMACY,	) ) CASE NO. 13-022-RPH-B-N
Petitioner,	)
v.	)
	) STATEMENT TO THE RESPONDENT
BARRY COHEN, RPH	) NOTICE OF INTENDED ACTION
Certificate of Registration No. 16388	) AND ACCUSATION
<u> </u>	) RIGHT TO HEARING
Respondent.	,

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

T.

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, April 16, 2014, as the date for a hearing on this matter at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

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 12 day of March, 2014.

Larry L. Pinson, Pharm.D., Executive Secretary

Nevado State Board of Pharmacy

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 13-022-RPH-B-S
Petitioner,	)	
v.	)	ANICYMED AND
BARRY COHEN, RPH	)	ANSWER AND NOTICE OF DEFENSE
Certificate of Registration No. 16388	)	NOTICE OF DEFENSE
<b>0.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1</b>	)	
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").

none

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

I admit to the First + third course of action

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 25 day of March, 2014.

BARRY COHEN, RPH

NEVADA STATE BOARD OF PHARMACY,	) ) CASE NO. 13-022-RPH-B-N
Petitioner,	)
V.	)
	) STATEMENT TO THE RESPONDENT
BARRY COHEN, RPH	) NOTICE OF INTENDED ACTION
Certificate of Registration No. 16388	) 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, April 16, 2014, as the date for a hearing on this matter at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

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 *L* day of March, 2014.

Larry L. Pinson, Pharm.D., Executive Secretary

Nevade State Board of Pharmacy

NEVADA STATE BOARD OF PHARMACY,	)	
	)	CASE NO. 13-022-RPH-B-S
Petitioner,	)	
V.	)	
	)	ANSWER AND
BARRY COHEN, RPH	)	NOTICE OF DEFENSE
Certificate of Registration No. 16388	)	
	)	
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").

none

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

I admit to the First + third course of action

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 25 day of March, 2014.

BARRY COHEN, RPH

NEVADA STATE BOARD OF PHARMACY,	) ) CASE NO . 13-022-PH-N
Petitioner,	)
v.  SPECTRUM PHARMACY  Certificate of Registration No. PH01845	<ul> <li>) STATEMENT TO THE RESPONDENT</li> <li>) NOTICE OF INTENDED ACTION</li> <li>) AND ACCUSATION</li> <li>) RIGHT TO HEARING</li> </ul>
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, April 16, 2014, as the date for a hearing on this matter at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

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 12 day of March, 2014.

Larry L. Pinson, Pharm.D., Executive Secretary

Nevada State Board of Pharmacy

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 13-022-PH-N
Petitioner,	)	
V.	)	
	)	ANSWER AND
SPECTRUM PHARMACY	)	NOTICE OF DEFENSE
Certificate of Registration No. PH01845	)	
	)	
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").

None



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

I admit to all courses of action.

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 2574 day of March, 2014.

STEVE W. CARLTON
Print or Type name

Authorized Representative For Spectrum Pharmacy

NEVADA STATE BOARD OF PHARMACY,	) CASE NO. 13-077-PT-S
Petitioner,	) NOTICE OF INTENDED ACTION
v.	) AND ACCUSATION
ALBERT OGANESYAN, PT Certificate of Registration No. PT07119	NEVADA STATE BOARD OF PHARMACY  FEB 1 9 2014
Respondent.	FILED

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

I

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because Respondent Albert Oganesyan, PT, was a registered pharmaceutical technician with the Board at the time of the events alleged herein.

II.

On or about December 4, 2013, Board Staff received written notification from Paul Knerr, Vons Director of Pharmacy, that Vons had terminated Mr. Oganesyan from his employment as a pharmaceutical technician at Vons Pharmacy #2395, located at 1940 Village Center Circle, Las Vegas, Nevada. Mr. Oganesyan was terminated for diversion of controlled substances.

III.

On October 18, 2013, Burt Bates, Vons District #43 regional pharmacy manager, reported to Vons/Safeway Loss Prevention personnel that there were significant inventory discrepancies of hydrocodone/acetaminophen tablets at Vons Pharmacy #2395. Mr. Bates estimated an inventory shortage between January 2013, through October 2013, of 55,000 hydrocodone/acetaminophen tablets valued at approximately \$44,440.00. In the report, Mr. Oganesyan is named as the individual who ordered the hydrocodone/acetaminophen products "in excess [of] what the pharmacy required during the past several months."

Safeway Pharmacy staff conducted an internal audit. The audit identified suspicious ordering and inventory shortages of hydrocodone/acetaminophen tablets in the 10-300 mg., 10-325 mg. and 10-500 mg. strengths. The audit also revealed a discrepancy of purchased units versus dispensed units of hydrocodone/acetaminophen products.

V.

Vons/Safeway Loss Prevention personnel subsequently conducted an internal investigation. They installed surveillance cameras inside of the pharmacy. Surveillance video taken on October 22, 29 and 30, 2013, shows that Mr. Oganesyan entered the aisle several times where the hydrocodone/acetaminophen products are displayed. The video shows that during the three day period, Mr. Oganesyan:

- 1. Concealed one or two stock bottles of hydrocodone/acetaminophen in the front of his pants for a total of seven bottles;
- 2. Removed several tablets of hydrocodone/acetaminophen from a stock bottle and placed them in his pocket;
- 3. Consumed one or more tablets of hydrocodone/acetaminophen on two occasions.

VI.

Vons notified local law enforcement. On November 5, 2013, Mr. Oganesyan was arrested and charged with burglary, grand larceny and possession of a controlled substance.

## FIRST CAUSE OF ACTION

VII.

By diverting controlled substances, namely, hydrocodone/APAP tablets (multiple strengths), Albert Oganesyan violated Nevada Revised Statute (NRS) 453.331(1)(d) and/or NRS 453.336(1), and/or Nevada Administrative Code (NAC) 639.945(1)(g) and/or (h), which violations are grounds for action pursuant to NRS 639.210(1), (4), (11), and/or (12), as well as NRS 639.255.

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

Signed this <u>l8</u> day of February, 2014.

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.

NEVADA STATE BOARD OF PHARMACY,	) CASE NO. 13-077-PT-S
Petitioner, v.	) STATEMENT TO THE RESPONDENT ) NOTICE OF INTENDED ACTION ) AND ACCUSATION
ALBERT OGANESYAN, PT Certificate of Registration No. PT07119	) RIGHT TO HEARING
Respondent.	) /

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

Ι

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

II.

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

III.

The Board has reserved Wednesday, April 16, 2014, as the date for a hearing on this matter at the Hilton Garden Inn, 7830 South Las Vegas Boulevard, Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

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 <u>18</u> day of February, 2014.

Larry L. Pinson, Pharm.D., Executive Secretary

Nevada State Board of Pharmacy

BEFORE THE NEVADA STATI	E BOARD OF PHARMACY
NEVADA STATE BOARD OF PHARMACY,	) CASE NO. 13-077-PT-S
Petitioner, v.	) ) ANSWER AND NOTICE ) OF DEFENSE
ALBERT OGANESYAN, PT Certificate of Registration No. PT07119	)
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:
and aneges 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 2014
DATED this day of, 2014.
ALDEDT OCANESVAN DT
ALBERT OGANESYAN, PT

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NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 13-079-PTT-S
Petitioner,	)	NOTICE OF INTENDED ACTION AND ACCUSATION
AUTUMN HEATON, PTT	)	NEVADA STATE BOARD OF PHARMACY
Certificate of Registration No. PT15306	)	FEB 1 9 2014
Respondent.	) ) _/	FILED

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

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because Respondent Autumn Heaton, PTT, Certificate of Registration No. PT15306 was a registered pharmaceutical technician in training with the Board at the time of the events alleged herein.

II.

On or about December 18, 2013, Board Staff received notification from Mark Brunton, Kaplan College Pharmacy Technician Program Director, indicating that during a random drug screen on November 14, 2013, Respondent Heaton tested positive for marijuana. Mr. Brunton provided a copy of Ms. Heaton's test results.

## FIRST CAUSE OF ACTION

III.

By using and testing positive for marijuana during a random drug screen, Autumn Heaton violated Nevada Revised Statute (NRS) 453.336(1), which violation is grounds for action pursuant to NRS 639.210(1), (4), (11), and/or (12), as well as NRS 639.255.

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

Signed this \_\_\_\_\_day of February, 2014.

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

# NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 10 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

NEVADA STATE BOARD OF PHARMACY,	) CASE NO. 13-079-PTT-S
v.  AUTUMN HEATON, PTT  Certificate of Registration No. PT15306	) ) STATEMENT TO THE RESPONDENT ) NOTICE OF INTENDED ACTION ) AND ACCUSATION ) RIGHT TO HEARING ) )
Respondent.	) ) /

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

I.

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

II.

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

III.

The Board has reserved Wednesday, April 16, 2014, as the date for a hearing on this matter at the Hilton Garden Inn, 7830 South Las Vegas Boulevard, Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

IV.

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

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

NEVADA STATE BOARD OF PHA	ARMACY, )	CASE NO.	13-079-PTT-S
v.	Petitioner, )	ANSWER A	AND NOTICE SE
AUTUMN HEATON, PTT Certificate of Registration No. PT15	306 )		
F	() (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:
VI 1 1 1 1 Annual to of nations, that the foregoing Answer and Notice of
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, 2014.
AUTUMN HEATON, PTT

NEVADA STATE BOARD OF PHARMACY,	) CASE NO. 14-014-PT-S
Petitioner, v.	) ) NOTICE OF INTENDED ACTION ) AND ACCUSATION
SIOVONNE SIMS, PT Certificate of Registration No. PT12443,	) NEVADA STATE BOARD OF PHARMACY
Respondent	MAR - 4 2014
	- FILED

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

I

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because respondent Siovonne Sims, PT, Certificate of Registration No. PT12443, was a registered pharmaceutical technician with the Board at the time of the events alleged herein.

 $\Pi$ 

On or about January 27, 2014, Board Staff received notification from a Walgreens' Loss Prevention Manager, indicating that Walgreens terminated Ms. Sims from her employment as a pharmaceutical technician at Walgreens #05619 (Walgreens) located at 3030 Las Vegas Boulevard North, North Las Vegas, Nevada. Ms. Sims was terminated for diversion of controlled substances.

Ш.

During an interview conducted by the Walgreens' Loss Prevention Manager, and in a written statement, Ms. Sims admitted to diverting twenty-one (21) bottles of #100 alprazolam 2 mg. tablets between July 2013 and January 2014. Ms. Sims sold the bottles of alprazolam for personal financial gain.

# **FIRST CAUSE OF ACTION**

IV.

By diverting controlled substances, namely, alprazolam 2 mg. tablets, Siovonne Sims violated Nevada Revised Statute (NRS) 453.331(1)(d) and/or NRS 453.338(1), and/or Nevada Administrative Code (NAC) 639.945(1)(g) and/or (h), which violations are grounds for action pursuant to NRS 639.210(1), (4), (11), and/or (12), as well as NRS 639.255.

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

Signed this 4 day of March, 2014.

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.

NEVADA STATE BOARD OF PHARMACY,	) CASE NO. 14-014-PT-S
	)
Petitioner,	)
V.	)
	) STATEMENT TO THE RESPONDENT
SIOVONNE SIMS, PT	) NOTICE OF INTENDED ACTION
Certificate of Registration No. PT12443	) AND ACCUSATION
	) RIGHT TO HEARING
Respondent.	)
_	/

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

I

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

П.

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.

Ш.

The Board has reserved Wednesday, April 16, 2014, as the date for a hearing on this matter at the Hilton Garden Inn, 7830 South Las Vegas Boulevard, Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

## IV.

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

DATED this day of March, 2014.

Larry L/Pinson, Pharm.D., Executive Secretary

BEFORE THE NEVADA STATE	BOARD OF PHARMACY
NEVADA STATE BOARD OF PHARMACY,	) CASE NO. 14-014-PT-S
Petitioner,	)
v.	)
SIOVONNE SIMS, PT	) ANSWER AND NOTICE
Certificate of Registration No. PT12443	) 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:

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 2014
DATED this day of, 2014.
SIOVONNE SIMS, PT
-2-

NEVADA STATE BOARD OF PHARMACY,	) CASE NO. 14-015-PT-S
Petitioner, v.	) ) NOTICE OF INTENDED ACTION ) AND ACCUSATION
DAWN MARIE LEE, PT Certificate of Registration No. PT11983,	NEVADA STATE BOARD OF PHARMACY
Respondent.	MAR - 4 2014
	-/   FILED

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

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because respondent Dawn Marie Lee, PT, Certificate of Registration No. PT11983, was a registered pharmaceutical technician with the Board at the time of the events alleged herein.

II.

On or about January 27, 2014, Board Staff received written notification from a Walgreens' Loss Prevention Manager that Walgreens terminated Ms. Lee from her employment as a pharmaceutical technician at Walgreens #12646 (Walgreens) located at 329 North Sandhill Boulevard, Mesquite, Nevada.

III.

During an interview conducted by the Walgreens' Loss Prevention Manager, and in a written statement, Ms. Lee admitted to using random customer names and processing fraudulent transactions through Walgreens' Pharmacy's \$25 Prescription Transfer Bonus Promotion. Ms. Lee processed approximately thirty-six (36) fraudulent \$25 Walgreens' gift cards during the prior eighteen month period. She used the gift cards for personal purchases.

# FIRST CAUSE OF ACTION

IV.

By processing fraudulent gift cards from Walgreens #12646 for personal use, respondent Dawn Marie Lee violated Nevada Administrative Code (NAC) 639.945(1)(h), which is grounds for discipline pursuant to Nevada Revised Statute (NRS) 639.210(1) and/or (4), as well as NRS 639.255.

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

Signed this 4 day of March, 2014.

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.

NEVADA STATE BOARD OF PHARMACY,	) CASE NO. 14-015-PT-S
	)
Petitioner,	)
<b>V</b> •	)
	) STATEMENT TO THE RESPONDENT
DAWN MARIE LEE, PT	) NOTICE OF INTENDED ACTION
Certificate of Registration No. PT11983	) AND ACCUSATION
-	) RIGHT TO HEARING
Respondent.	)
-	,

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

I

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

II.

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

III.

The Board has reserved Wednesday, April 16, 2014, as the date for a hearing on this matter at the Hilton Garden Inn, 7830 South Las Vegas Boulevard, Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

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 day of March, 2014.

Larry L/Pinson, Pharm.D., Executive Secretary

BEFORE THE NEVADA STATE	BOARD OF PHARMACY
NEVADA STATE BOARD OF PHARMACY,	) CASE NO. 14-015-PT-S
	)
Petitioner,	)
V.	)
	)
DAWN MARIE LEE, PT	) ANSWER AND NOTICE
Certificate of Registration No. PT11983	) 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:

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, 2014.
DAWN MARIE LEE, PT
2

NEVADA STATE BOARD OF PHARMACY,	) CASE NOS. 14-019-RPH-S
	) 14-019-PH-S
Petitioner,	)
v.	) NOTICE OF INTENDED ACTION
	) AND ACCUSATION
WENDY KIJSRIOPA QUACH, R.PH.	)
Certificate of Registration No. 14793	NEVADA STATE BOARD OF PHARMACY
CORAM SPECIALTY INFUSION SERVICES	<u> </u>
Certificate of Registration No. PH00746	) MAR 1 2 2014
Respondents.	)   LETTED
•	/   FILED

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

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, Respondent Wendy Quach, Certificate of Registration No.14793, was a registered pharmacist with the Board, and Respondent Coram Specialty Infusion Services, Certificate of Registration No. PH00746 (Coram), was a pharmacy registered with the Board.

II.

Venus Vedadi is a pharmacy student at Roseman University. On or about January 16, 2014, the Board became aware that Ms. Vedadi had not renewed her intern pharmacist registration, which expired on October 31, 2012. Despite the expiration of her intern pharmacist registration, Ms. Vedadi continued to complete her pharmacy rotations, and worked at her assigned pharmacy practice sites without a valid intern pharmacist registration.

III.

Ms. Vedadi completed a rotation at Coram during the time period of November 11, 2013 through December 20, 2013.

IV.

At the Board's request, Roseman University and the managing pharmacist at Coram provided Ms. Vedadi's work records. From the records provided, Board Staff ascertained that Ms. Vedadi had worked approximately twenty-eight (28) days without a current intern pharmacist registration.

## FIRST CAUSE OF ACTION

V.

As managing pharmacist for the pharmacy in which Ms. Vedadi worked without a current intern pharmacist registration, Wendy Quach violated Nevada Revised Statute (NRS) 639.220(1) and Nevada Administrative Code (NAC) 639.945(1)(i) and/or (j), which violations are grounds for discipline pursuant to NRS 639.210(4), (11), (12) and/or (15), or alternatively, under NRS 639.255, as well as NAC 639.955.

## **SECOND CAUSE OF ACTION**

VI.

In owning and operating the pharmacy in which Ms. Vedadi worked without a current intern pharmacist registration, Coram Specialty Infusion Services violated NRS 639.220(1) and NAC 639.945(1)(i), (j) and/or (2), which violations are grounds for discipline pursuant to NRS 639.210(4), (11) and/or (12), or alternatively, under NRS 639.255, as well as NAC 639.955.

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 /2 day of March, 2014.

Larry L inson, Pharm.D., Executive Secretary

# 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.

NEVADA STATE BOARD OF PHARMACY,	) ) CASE NO . 14-019-RPH-S
Petitioner,	, )
v. WENDY KIJSRIOPA QUACH, R.PH. Certificate of Registration No. 14793	<ul> <li>) STATEMENT TO THE RESPONDENT</li> <li>) NOTICE OF INTENDED ACTION</li> <li>) AND ACCUSATION</li> <li>) RIGHT TO HEARING</li> </ul>
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, April 16, 2014, as the date for a hearing on this matter at the Hilton Garden Inn, 7830 South Las Vegas Boulevard, Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

IV.

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

DATED this 12 day of March, 2014.

Larry L Pinson, Pharm.D., Executive Secretary

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 14-019-RPH-S
Petitioner,	)	
V.	)	ANSWER AND
	)	NOTICE OF DEFENSE
WENDY KIJSRIOPA QUACH, R.PH.	)	
Certificate of Registration No. 14793	)	
-	)	
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:

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, 2014.
WIENDA MITODA OTTA OTTA DATA
WENDY KIJSRIOPA QUACH, R.PH.
-2-

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NEVADA STATE BOARD OF PHARMACY,	) CASE NO . 14-019-PH-S
Petitioner,	)
v.	) STATEMENT TO THE RESPONDENT
	) NOTICE OF INTENDED ACTION
CORAM SPECIALTY INFUSION SERVICES	) AND ACCUSATION
Certificate of Registration No. PH00746	) RIGHT TO HEARING
	)
Respondent	1

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, April 16, 2014, as the date for a hearing on this matter at the Hilton Garden Inn, 7830 South Las Vegas Boulevard, Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

IV.

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

DATED this 12th day of March, 2014.

Larry L. Pinson, Pharm.D., Executive Secretary

NEVADA STATE BOARD OF PHARMACY,	) CASE NO. 14-019-PH-S
Petitioner,	)
V.	) ANSWER AND
	) NOTICE OF DEFENSE
CORAM SPECIALTY INFUSION SERVICES	)
Certificate of Registration No. PH00746	)
	)
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:

2. That, in answer to the	he Notice of Intended Action and Accusation, he admits, denies
and alleges as follows:	
I hereby declare, under	r penalty of perjury, that the foregoing Answer and Notice of
Defense, and all facts therein s	stated, are true and correct to the best of my knowledge.
DATED this _	day of
	Print or Type name
	For CORAM SPECIALTY INFUSION SERVICES

NEVADA STATE BOARD OF PHARMACY,	) CASE NOS. 14-016-RPH-S ) 14-016-PH-S
Petitioner,	)
v.	) NOTICE OF INTENDED ACTION
	) AND ACCUSATION
TAMARA ESTHER MASTERSON, R.PH.	
Certificate of Registration No. 15383	) NEVADA STATE BOARD OF PHARMACY
CVS PHARMACY #7251	)
Certificate of Registration No. PH02145	) MAR 1 2 2014
Respondents.	
respondents.	/ L FILED

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

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, Respondent Tamara Masterson, Certificate of Registration No. 15383, was a registered pharmacist with the Board, and Respondent CVS Pharmacy #7251, Certificate of Registration No. PH02145 (CVS #7251), was a pharmacy registered with the Board.

II.

Venus Vedadi is a pharmacy student at Roseman University. On or about January 16, 2014, the Board became aware that Ms. Vedadi had not renewed her intern pharmacist registration, which expired on October 31, 2012. Despite the expiration of her intern pharmacist registration, Ms. Vedadi continued to complete her pharmacy rotations, and worked at her assigned pharmacy practice sites without a valid intern pharmacist registration.

III.

Ms. Vedadi completed a rotation at CVS #7251 during the time period of September 4, 2012 through May 24, 2013.

IV.

At the Board's request, Roseman University and the managing pharmacist at CVS #7251 provided Ms. Vedadi's work records. From the records provided, Board Staff ascertained that Ms. Vedadi had worked approximately five (5) days during the period of December 12, 2012, through May 5, 2013, without a current intern pharmacist registration.

# FIRST CAUSE OF ACTION

V.

As managing pharmacist for the pharmacy in which Ms. Vedadi worked without a current intern pharmacist registration, Tamara Masterson violated Nevada Revised Statute (NRS) 639.220(1) and Nevada Administrative Code (NAC) 639.945(1)(i) and/or (j), which violations are grounds for discipline pursuant to NRS 639.210(4), (11), (12) and/or (15), or alternatively, under NRS 639.255, as well as NAC 639.955.

## SECOND CAUSE OF ACTION

VI.

In owning and operating the pharmacy in which Ms. Vedadi worked without a current intern pharmacist registration, CVS Pharmacy #7251 violated NRS 639.220(1) and NAC 639.945(1)(i), (j) and/or (2), which violations are grounds for discipline pursuant to NRS 639.210(4), (11) and/or (12), or alternatively, under NRS 639.255, as well as NAC 639.955.

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 12 day of March, 2014.

Larry L. Pinson, Pharm.D., Executive Secretary

# **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.

NEVADA STATE BOARD OF PHARMACY,	) CASE NO . 14-016-RPH-S
Petitioner,	)
v.  TAMARA ESTHER MASTERSON, R.PH.  Certificate of Registration No. 15383	<ul> <li>) STATEMENT TO THE RESPONDENT</li> <li>) NOTICE OF INTENDED ACTION</li> <li>) AND ACCUSATION</li> <li>) RIGHT TO HEARING</li> </ul>
Pasnandent	/

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, April 16, 2014, as the date for a hearing on this matter at the Hilton Garden Inn, 7830 South Las Vegas Boulevard, Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

IV.

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

DATED this \_/ \_ day of March, 2014.

Larry L. Pinson, Pharm.D., Executive Secretary

NEVADA STATE BOARD OF PHARMACY,	) ) CASE NO. 14-016-RPH-S
Petitioner,	)
v. TAMARA ESTHER MASTERSON, R.PH.	) ) ANSWER AND ) NOTICE OF DEFENSE
Certificate of Registration No. 15383	)
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:

2. That, in answer to	the Notice of Intend	led Action and Accus	ation, he admits, denies
and alleges as follows:			
I hereby declare, under	r penalty of perjury,	, that the foregoing A	nswer and Notice of
Defense, and all facts therein	stated, are true and	correct to the best of r	ny knowledge.
DATED this	day of		2014.
	TAMARA ESTHE	R MASTERSON, R.F	PH.
	2		

Blank

NEVADA STATE BOARD OF PHARMACY,	)
	) CASE NO . 14-016-PH-S
Petitioner,	)
v.	)
	) STATEMENT TO THE RESPONDENT
CVS PHARMACY #7251	) NOTICE OF INTENDED ACTION
Certificate of Registration No. PH02145	) AND ACCUSATION
G	) 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, April 16, 2014, as the date for a hearing on this matter at the Hilton Garden Inn, 7830 South Las Vegas Boulevard, Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

IV.

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

DATED this 12 day of March, 2014.

Larry L. Pinson, Pharm.D., Executive Secretary

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 14-016-PH-S
Petitioner,	)	
V.	)	ANSWER AND
	)	NOTICE OF DEFENSE
CVS PHARMACY #7251	)	
Certificate of Registration No. PH02145	)	
	)	
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:

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:
It is the foregoing Answer and Notice of
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, 2014.
Print or Type name
For CVS PHARMACY #7251

#### **NEVADA STATE BOARD OF PHARMACY**

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

#### APPLICATION FOR NEVADA PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

New Pharmacy ☐ Ownership Change ☐ Name Change ☐ Location Change (Please provide current license number if making changes: PH)				
□ Publicly Traded Corporation – Pages 1,2,3,7,8a,8b □ Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b □ Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b □ Partnership - Pages 1,2,5,7,8a,8b □ 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	oy all types of ownership			
Pharmacy Name: EZYFAST Phar	macy L.L.C.			
	10 Dr. Laughtin NV 89029			
Mailing Address: 1810 E. Chestni	ut BLVD			
City: Lake HAVASU City State	: <u>AZ</u> zip Code: <u>86404</u>			
Telephone: 928-219-5912	Fax: 928-219-6915			
Toll Free Number:	-			
E-mail: ezyfastpharmacy @yahozcom	Website: WWW. EZY FAST Dharmacy. Com.			
, , , _	Vo License Number: 18 661			
Hours of Operation:				
Monday thru Friday 9_ampm	Saturday <u>10</u> am <u>4</u> pm			
Sunday <u>to</u> am <u>4</u> pm	24 Hours			
TYPE OF PHARMACY	SERVICES PROVIDED			
K 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			

#### APPLICATION FOR NEVADA PHARMACY LICENSE

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

Owner's Name: <u>Ezeriel</u> <u>Keereng</u> <u>Kesifilwe</u>
Business Name: EZYFAST Pharmacy L.L. C.
Current Business Address: 2580 HWY 95 Suite 106
City: Bullhead City State: AZ Zip Code: 86442
Telephone: 928-219-5912 Fax: 928-219-5915
List any physician shareholders and percentage of ownership.
Name:%:
Name:%:
Are you a registered pharmacist in Nevada? Yes □ No 🕸 License #:

#### **SOLE OWNER**

#### Include with the application for a sole owner

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

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

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

#### APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Withii	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 烒
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 烒
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 囟
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 ⊠
attach	answer to questions 1 through 5 is "yes", a signed statement of explanation ed. Copies of any documents that identify the circumstance or contain an over disposition may be required.	must be order, agreement
l under	y certify that the answers given in this application and attached documentation are stand that any infraction of the laws of the State of Nevada regulating the operation of the parmacy may be grounds for the revocation of this permit.	e true and correct on of an
penalty hereby any inv reputat	read all questions, answers and statements and know the contents thereof. I here of perjury, that the information furnished on this application are true, accurate an authorize the Nevada State Board of Pharmacy, its agents, servants and employ estigation(s) of the business, professional, social and moral background, qualifica- ion, as it may deem necessary, proper or desirable.	d correct. I ees, to conduct ition and
Origina	al Signature of Person Authorized to Submit Application, no copies or stamp	os
Eze Print N	Fiel Keereng Kestilwe 03/06/14  ame of Authorized Person Date	
Board	Use Only Received: 3/19/14 Amount: \$500,00	

#### Statement of Responsibility

# Managing Pharmacist Pharmacist Name: Thu Thi Phung Vo License #: 1866

Pharmacy Name: EZY FAST Pharmacy

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

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

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

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your lice	nse? □	M
<ol> <li>been charged, arrested or convicted of a felony or misdemeanor in any state?</li> </ol>		
2. been the subject of an administrative action whether completed or pending in any state?		<b>S</b>
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?		図
If you marked YES to any of the numbered questions above, please include the following info	ormation	
Board Administrative Action: State: Date: Case #:		.
And/or Criminal Action: State: Date: Case #: County Court:		•

#### **NEVADA STATE BOARD OF PHARMACY**

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

#### APPLICATION FOR NEVADA PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

New Pharmacy				
<ul> <li>□ Publicly Traded Corporation • Pages 1,2,3,7,8a,8b</li> <li>□ Non Publicly Traded Corporation • Pages 1,2,4a,4b,7</li> <li>Please check box for type of ownership and contents</li> </ul>				
GENERAL INFORMATION to be completed by all	<del></del>			
Pharmacy Name: LV PHARRUACY @ The	CUNIC			
Physical Address: 1950 PINTO LANC	•			
Mailing Address:				
City: LAS VEGING State: N	Zip Code: <u>\$9106</u>			
Telephone: 45-960-2010 Fax:	702 385 0982			
Toll Free Number: W	702 438 2229			
E-mail: Webs	site:			
Managing Pharmacist: THOWK STREW	License Number: 16239			
Hours of Operation:				
Monday thru Friday 10 am 5 pm	Saturday <u> </u>			
Sunday <u>—</u> am <u>—</u> 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 65394			

#### APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within	the	last	five	(5)	years:
--------	-----	------	------	-----	--------

1)	Has the corporation, any owner(s), shareholder(s) or partner(s) with
-	any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?

Yes □ NoX

Has the corporation, any owner(s), shareholder(s) or partner(s) with 2) any interest, ever been denied a license, permit or certificate of registration?

Has the corporation, any owner(s), shareholder(s) or partner(s) with any 3) interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry?

Yes No

Has the corporation, any owner(s), shareholder(s) or partner(s) with any 4) 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 I

Has the corporation, any owner(s), shareholder(s) or partner(s) with any 5) interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?

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

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

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

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

**Board Use Only** 

Received:

\_\_ Amount: \$500,00

#### APPLICATION FOR NEVADA PHARMACY LICENSE

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

Owner's Name: THOINAS & STREE	e e
Business Name: LV PHARMACY QT	HCCUNIC
Current Business Address: 1950 Pinto	LANC
City: <u>UAS VEGRY</u> State Telephone: <u>102 438 - 2229</u>	e: Zip Code:
Telephone: 102 438 - 2229	Fax: 701-385-0982
List any physician shareholders and percenta	ge of ownership.
Name:	%:
Name:	<u>%:</u>
Are you a registered pharmacist in Nevada?	Yes No □ License #: 18239

#### SOLE OWNER

#### Include with the application for a sole owner

<u>Designated representative form</u>. Download the form from the website under the ♠ew Applications ◄ab. The forms are available under the *documents for all types of businesses*.

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

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

#### Statement of Responsibility

#### **Managing Pharmacist**

Pharmacist Name: THOWAS E STOckel License #: 18239
Pharmacy Name: W ATARIMACY & THE CLINIC
As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.
I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.
I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.
Yes No Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?
1 been charged, arrested or convicted of a felony or misdemeanor in any state? ☐ ☐
2. been the subject of an administrative action whether completed or pending in any state?
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?
If you marked YES to any of the numbered questions above, please include the following information
Board Administrative Action: State: Ut Date: 12/26/2006 Case #: 7005-560

1

KARL G PERRY (#2570)
Assistant Attorney General
MARK L SHURTLEFF (#4666)
Utah Attorney General
COMMERCIAL ENFORCEMENT DIVISION
160 East 300 South, 5<sup>th</sup> Floor
PO Box 140872
Salt Lake City, Utah 84114-0872
Telephone (801) 366-0310

# OF THE STATE OF UTAH

IN THE MATTER OF THE LICENSES OF THOMAS EVAN STREBEL, RPH TO PRACTICE PHARMACY AND TO DISPENSE CONTROLLED SUBSTANCES IN THE STATE OF UTAH

**EMERGENCY ORDER** 

CASE NO DOPL- 2005-260

The Division of Occupational and Professional Licensing of the Department of Commerce of the State of Utah (the "Division") initiated an Emergency Adjudicative Proceeding pursuant to <a href="Utah Code Annotated">Utah Code Annotated</a> § 63-46b-20, the Utah Administrative Procedures Act, <a href="Utah Code Annotated">Utah Code Annotated</a> § 58-1-108(2), the Division of Occupational and Professional Licensing Act, and, <a href="Utah Administrative Code">Utah Administrative Code</a> R151-46b-16, the Department of Commerce Administrative Procedures Act Rules The Division initiated the Emergency Administrative Proceeding based upon evidence that the continued practice of Thomas Evan Strebel, RPH, represented an immediate and significant danger to the public health, safety or welfare, and that the threat required immediate action by the agency

Before taking this action, the Chair of the Pharmacy Board appointed a three

member committee to review with the Division the proposed action in this matter, pursuant to <u>Utah Code Annotated</u> § 58-1-108(2)

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Pursuant to the Open and Public Meetings Act, <u>Utah Code Annotated</u> § 52-4-1, the Division provided notice of the meeting of the committee for 1 00 pm on October 31, 2005, at the Heber M. Wells Building located at 160 East 300 South, Salt Lake City, Utah Notice of the meeting was also published in the morning edition of *The Salt Lake Tribune* on Thursday, October 27, 2005. Notice was also placed in the lobby of the Heber Wells building. Said meeting of the committee convened at said appointed date and time, reviewed the Division's proposed action, and, made a recommendation consistent with the following findings of fact, conclusions of law and emergency order

The committee met at the appointed time and place. The committee went into closed session pursuant to Utah Code Annotated § 52-4-5(1)(a)(I), in order to discuss the professional competency of an individual. The presiding committee member affirmed under oath that the meeting was closed for that purpose. The committee reviewed the Division's proposed, and considered information in the form of exhibits and reports, as well as information from the Division investigator. Having been fully provided with information supporting the proposed action, the committee made a recommendation fully consistent with the following Findings of Fact, Conclusions of Law and Order.

#### FINDINGS OF FACT

1 Thomas Evan Strebel, RPH (Strebel) is currently licensed to practice as a

pharmacist, in the State of Utah

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- 2 At all times material to the allegations contained herein, Strebel was employed as an pharmacist at Park City Pharmacy @ The Clinic Strebel is also the pharmacist in charge and owner of the pharmacy
- 3 On or about October 21, 2005 a search warrant was served upon Park City Pharmacy As a result of this search warrant and previous investigation with Intermountain Heath Care (IHC) and Dr. Kim Scott, it was learned that Strebel through Park City Pharmacy billed IHC approximately \$26,729.80 for the drugs Advair Diskus, Albuterol, Flovent, Flonase, Tramadol (Ultram), and Wellbutrin. The drugs were billed to IHC as being filled for Joan Beynon and prescribed by Dr. Kim Scott. In reviewing the insurance records with Dr. Scott it was learned that Dr. Scott did not prescribe any of these drugs for Joan Beynon.
- 4 On or about October 21, 2005 an interview was conducted with Joan Beynon where Ms Beynon stated that she had never been prescribed the above described medications from Dr Scott or Dr Joseph Ferriter Further, that she had not received these medications except for one Advair Diskus, one Flovent 22mcg, and one Albuterol inhaler which Strebel and recently given her
- 5 On or about October 26, 2005 a subsequent interview was conducted with Beynon where she stated that she met with Strebel the previous day and Strebel instructed her to change the story she originally gave to investigators. Beynon also stated that during her meeting with Strebel he gave her one thousand dollars (\$1,000 00) in cash with the understanding he was gong to give her an additional Twenty-two hundred seventy dollars (\$2,270 00) to cover the co-pays on the drugs he

billed to her insurance Strebel further told Beynon that if she did not state she received the medications that he could lose his pharmacist license. Strebel had at least one other meeting with Beynon after this date where he tried to convince her to tell the investigators a different story. Beynon also stated that Strebel had, on an earlier occasion, her write a letter to IHC stating that she had taken the asthma medications prescribed to her and there was not a problem. Beynon stated the letter was false and she thought Strebel had given it to IHC.

6 On or about October 28, 2005 Kevin Wyatt, an investigator with the Division was contacted by Dr. Kim Scott who stated that Elouise Strebel, spouse of Thomas Strebel had come into her office with a list of prescriptions she needed to have authorized. This list of prescriptions contained many which were supposed to have been prescribed in the last two years. Dr. Scott emphasized to Wyatt that she had not prescribed to Elouise Strebel in over two years and that any prescriptions filled after. March 2004 from Dr. Scott had been forged.

7 The Division has determined that Strebel's alleged current behavior and past history posed an immediate and significant danger to the public welfare and require immediate action by the Division

#### **CONCLUSIONS OF LAW**

- 1 The Division has jurisdiction and authority to act in this matter, and has followed appropriate statutory procedures regarding the initiation of emergency adjudicative actions
- 2 Section 63-46b-20 of the <u>Utah Administrative Procedures Act</u> ("UAPA") provides

- (1) An agency may issue an order on an emergency

  basis without complying with the requirements of this chapter if
  - (a) the facts known by the agency or presented to the agency show that an immediate and significant danger to the public health, safety, or welfare exists, and
  - (b) the threat requires immediate action by the agency
- (2) In issuing its emergency order, the agency shall
  - (a) limit its order to require only the action necessary to prevent or avoid the danger to the public health, safety, or welfare,
  - (b) Issue promptly a written order, effective immediately, that includes a brief statement of findings of fact, conclusions of law, and reasons for the agency's utilization of emergency adjudicative proceedings, and
  - (c) give immediate notice to the persons who are required to comply with the order
- (3) If the emergency order issued under this section will result in the continued infringement or impairment of any legal right or interest of any party, the agency shall commence a formal adjudicative proceeding in accordance with the other provisions of this chapter
- 3 Based on the recommendation of the committee and the evidence in support of this action, the Division has shown that the alleged actions of Thomas E

- Strebel, RPH, during January through October, 2005, constitute an immediate and significant danger to the public welfare and requires immediate action to protect the public welfare
- 4 This Order is necessary to prevent potential harm to the public, pending a formal adjudication of the matters addressed in this proceeding
- 5 Thomas E Strebel, RPH, may challenge the following order pursuant to Utah Administrative Code R151-46b-16 as follows

Unless otherwise provided by statute or rule

- (1) When a division commences an emergency adjudicative proceeding and issues an order in accordance with Section 63-46b-20 which results in a continued impairment of the affected party's rights or legal interests, the division that issued the emergency order shall schedule a hearing upon written request of the affected party to determine whether the emergency order should be affirmed, set aside, or modified based on the standards set forth in Section 63-46b-20. The hearing will be conducted in conformity with Section 63-46b-8.
- (2) Upon request for a hearing pursuant to this rule, the Division will conduct a hearing as soon as reasonably practical but not later than 20 days from the receipt of a written request unless the Division and the party requesting the hearing agree to conduct the hearing at a later date. The Division shall have the burden of proof to establish, by a preponderance of the evidence, that the requirements of Section 63-46b-20 have been met
- (3) Except as otherwise provided by statute, the division director or his designee shall select an individual or body of individuals to act as the presiding officer

at the hearing. The presiding officer shall not include any individual who directly participated in issuing the emergency order.

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(4) Within a reasonable time after the hearing, the presiding officer shall issue an order in accordance with the requirements of Section 63-46b-10. The order of the presiding officer shall be considered final agency action with respect to the emergency adjudicative proceeding and shall be subject to agency review in accordance with Section R151-46b-12.

#### ORDER

Based upon the recommendations of the committee, it is hereby ordered that

- 1 The licence of Thomas E Strebel, RPH, to practice pharmacy and his license to dispense controlled substances in the State of Utah are immediately suspended until a hearing pursuant to <a href="Utah Code Annotated">Utah Code Annotated</a> 63-46b-20 and <a href="Utah Administrative Code">Utah Administrative Code</a> R151-46b-16 is convened and a contravening order is issued, or a regular formal adjudicative hearing pursuant to <a href="Utah Code Annotated">Utah Code Annotated</a> 63-46b is convened and a contravening order issued
- 2 Thomas E Strebel, RPH, shall immediately cease and desist from the practice of pharmacy until a hearing can be held pursuant to <u>Utah Code Annotated</u> 63-46b-20 and <u>Utah Administrative Code</u> R151-46b-16 is convened and a contravening order is issued, or a regular formal adjudicative hearing pursuant to <u>Utah Code</u>

  <u>Annotated</u> 63-46b is convened and a contravening order issued
- 3 The license of Park City Pharmacy @ the Clinic is supended, until further approval by the Division Which shall be given upon presentation of a Utah pharmicist

in good standing to be the pharmacist in charge of said pharmacy

4 The Division shall commence a formal adjudicative proceeding against Thomas E Strebel, RPH, in accordance with the Division's statutes and rules

#### **RIGHT TO REVIEW**

- 1 In accordance with <u>Utah Administrative Code</u> R151-46b-16, the Division will schedule a hearing upon receipt of a written request from Thomas E. Strebel. At the hearing, it will be determined whether the Emergency Order should be affirmed, set aside, or modified, based on the standards set forth in <u>Utah Code Annotated</u> § 63-46b-8.

  The hearing will be conducted in conformity with <u>Utah Code Annotated</u> § 63-46b-8.
- 2 Upon request for a hearing pursuant to <u>Utah Administrative Code</u> R151-46b-16, the Division will conduct a hearing as soon as reasonably practical, but not later than twenty (20) days from the receipt of a written request, unless the Division and the party requesting the

hearing agree to conduct the hearing at a later date

Dated this 3 12 day of October, 2005

Dan T Jones

Acting Director, Division of Occupational and Professional

Licensing

KARL G PERRY (USB 2570)
Assistant Attorney General
MARK L SHURTI EFF (USB 4666)
Attorney General
Commercial Enforcement Division
Heber M Wells Building
Box 146741
Salt Lake City, Utah 84114-6741
Telephone (801) 366-0310

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# BEFORE THE DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING OF THE DEPARTMENT OF COMMERCE

#### OF THE STATE OF UTAH

IN THE MATTER OF THE LICENSES OF	)		
THOMAS EVAN STREBEL	)	STIPULATION AND	ORDER
TO PRACTICE PHARMACY AND TO	)		
DISPENSE CONTROLLED SUBSTANCE	)	CASE NO DOPL	
IN THE STATE OF UTAH	)		2005-260

THOMAS EVAN STREBEL ("Respondent") and the Division of Occupational and Professional Licensing of the Department of Commerce of the State of Utah ("Division") stipulate and agree as follows

- Respondent admits the jurisdiction of the Division over Respondent and over the subject matter of this action
- 2 Respondent acknowledges that Respondent enters into this Stipulation knowingly and voluntarily

- The Respondent understands that he has the right to be represented by counsel in this matter and Respondent's signature below signifies that Respondent has either consulted with an attorney or Respondent waives Respondent's right to counsel in this matter
- Respondent understands that he is entitled to a hearing before the Utah State

  Board of Pharmacy ("the Board"), or other Division Presiding Officer, at which time Respondent may present evidence on Respondent's own behalf call witnesses, and confront adverse witnesses. Respondent acknowledges that by executing this document Respondent waives the right to a hearing and any other rights to which Respondent may be entitled in connection with said hearing.
- Respondent acknowledges that this Stipulation and Order, if adopted by the Director of the Division, will be classified as a public document and may be released to other persons and entities
  - 6 Respondent admits
    - On or about Γebruary 28, 2006, Respondent executed a plea agreement wherein he pled guilty to and was convicted of one count of filing a false/fraudulent insurance claim, a Class A misdemeanor, in connection with charges filed in the Third Judicial District Court, Summit County, State of Utah (the "Misdemeanor Conviction")
    - Respondent's aforementioned guilty plea and the Misdemeanor Conviction were part of an agreement with the prosecutor which is contained in a Statement of Defendant In Support of Guilty Plea and Certificate of Counsel (the 'Agreement'') In the Agreement, Respondent agreed to not practice pharmacy, own a pharmacy or work in a pharmacy Although not included in the language of the Sentence, Judgment and Commitment issued by the Court in accordance with the Agreement, the ban from working, owning or practicing pharmacy is understood by the parties to be limited to the successful completion of the term of

Respondent's probation (two years beginning on February 28, 2006) The court accepted the Agreement and Respondent's guilty plea

Respondent which resulted in the Misdemeanor Conviction, is unprofessional conduct as defined in Utah Code Ann § 58-1-501 (2), and said conduct justifies disciplinary action against Respondent's license pursuant to Utah Code Ann § 58-1-401(2)(a). The Division intends to pursue disciplinary action in the absence of this Stipulation. Respondent denies engaging in unprofessional conduct. Nevertheless, and in an effort to avoid further protracted litigation, Respondent agrees to surrender his licenses to practice Pharmacy and to dispense controlled substances. Respondent may not reapply for licensure to practice pharmacy or to dispense controlled substances until the successful completion and expiration of his two-year probation, which probation should expire on or about February 28, 2008). Upon the completion of his probation, Respondent is eligible for and may reapply for licensure. Respondent understands that Respondent will not receive any refund of license or renewal fees previously paid to the Division.

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- This Stipulation and Order, upon approval by the Director of the Division, shall be the final compromise and settlement of this matter. Respondent acknowledges that the Director is not required to accept the terms of this Stipulation and Order and that if the Director does not do so this Stipulation and the representations contained therein shall be null and void, except that the Division and the Respondent waive any claim of bias or prejudgment Respondent might have with regard to the Director by virtue of his having reviewed this Stipulation, and this waiver shall survive such nullification.
  - This document constitutes the entire agreement between the parties and

supersedes and cancels any and all prior negotiations representations, understandings or agreements between the parties regarding the subject of this Stipulation and Order. There are no verbal agreements that modify, interpret, construe or affect this Stipulation.

If Respondent violates any term or condition of this Stipulation and Order, the Division may take action against Respondent. including imposing appropriate sanction, in the manner provided by law

Respondent has read each and every paragraph contained in this Stipulation and Order Respondent understands each and every paragraph contained in this Stipulation and Order Respondent has no questions about any paragraph or provision contained in this Stipulation and Order

DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING

RESPONDENT

BY MARA BAKER, RN, MSN
Bureau Manager

DATE 1207

DATE 12/26 2006

diane Fluin

MARK L SHURTLEFF ATTORNEY GENERAL

KARL G. PERRY

Counsel for the Division

DATE 1/2/07

#### ORDER

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The above Stipulation, in the matter of THOMAS EVAN STREBEL, is hereby approved by the Division of Occupational and Professional Licensing and constitutes my Findings of Fact and Conclusions of Law in this matter. The terms and conditions of the Stipulation are incorporated herein and constitute my final Order in this case.

Dated this  $\frac{4/1}{1}$  day of  $\frac{1}{2}$  day of  $\frac{1}{2}$  day of  $\frac{1}{2}$  day of  $\frac{1}{2}$ 

F David Stanley

Director

Division of Occupational

and Professional

Licensing

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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.

/			
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: Bromed CAlifornia Inc			
Physical Address: 121 S. Glagow Ave Suite C. Anglewood CA 90301			
Mailing Address: 950 CA/CON HOOK Pd, Suite 15	<del></del>		
City: Sharon Hell State: PA Zip Code: 19079			
Telephone: 310-665-1121 Fax: 310-665-1141			
Toll Free Number: 866-665-1121 (Required per NAC 639.708)			
E-mail: <u>PShannow@biomed-rx.com</u> Website: <u>Www.biomed-rx.com</u> Managing Pharmacist: <u>Syson Woodman</u> License Number: <u>RPH99</u>			
Managing Pharmacist: Susan Woodman License Number: RPH99	178		
Hours of Operation:			
Monday thru Friday 9:00 am 5:30 pm Saturday On am C	<u>M</u> pm		
Sunday am Call pm 24 Hours an eall			
TYPE OF PHARMACY SERVICES PROVIDED			
☐ Retail ☐ Off-site Cognitive Services			
☐ Hospital (# beds) I ` Parenteral			
☐ Internet ☐ Parenteral (outpatient)			
☐ Nuclear ☐ Outpatient/Discharge			
Out of State			
☐ Ambulatory Surgery Center ☐ Long Term Care			

#### APPLICATION FOR OUT-OFSTATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Withir	n the last five (5) years:		
1)	Has the corporation, any owner(s), shareholder(s) or partner any interest, ever been charged, or convicted of a felony or misdemeanor (including by way of a guilty plea or no contest.	Yes □ No Æ	
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?		
3)	Has the corporation, any owner(s), shareholder(s) or partner interest, ever been the subject of an administrative action or relating to the pharmaceutical industry?		Yes □ No 🗹
4)	Has the corporation, any owner(s), shareholder(s) or partner interest, ever been found guilty, pled guilty or entered a plea contendere to any offense federal or state, related to controsubstances?	a of nolo	Yes □ No 🗷
5)	Has the corporation, any owner(s), shareholder(s) or partner interest, ever surrendered a license, permit or certificate of voluntarily or otherwise (other than upon voluntary close of	registration	Yes □ No 🕅
Copie	answer to question 1 through 5 is "yes", a signed statement or so of any documents that identify the circumstance or contain sition may be required.	of explanation an order, agre	must be attached ement, or other
Lunde	by certify that the answers given in this application and attached destand that any infraction of the laws of the State of Nevada regularized pharmacy may be grounds for the revocation of this permit.	ocumentation a ating the operat	re true and correct ion of an
penalt hereby any in	read all questions, answers and statements and know the content by of perjury, that the information furnished on this application are by authorize the Nevada State Board of Pharmacy, its agents, serv yestigation(s) of the business, professional, social and moral back fion, as it may deem necessary, proper or desirable.	true, accurate a ants and emplo	nd correct. I yees, to conduct
Ørigir	nal Signature of Person Authorized to Submit Application, no	copies or stan	nps
Print	Name of Authorized Person Date		
Board	AUse Only Received: 20414 Amou	int: \$500 C	o

#### APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

#### OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: KANSAS				
Parent Company if any: Bioined Healthcare, Inc				
Corporation Name: Biomed CAlifornia, TNC				
Mailing Address: 950 CA lean Hook Road, Suite 15				
City: Sharon Hill State: PA Zip: 19019  Telephone: 610-586-2311 Fax: 610-586-3320				
Telephone: 6/0-586-2311 Fax: 6/0-586-3320				
Contact Person: PAHi Sharror				
For any corporation non publicly traded, disclose the following:				
1) List top 4 persons to whom the shares were issued by the corporation?				
a) Bruned HeAlthcarce Tw 950CA/con Hook Rd, Ste 15 Shareswith				
1010				
Name Address				
C)				
Name Address				
d)				
Name Address				
2) Provide the number of shares issued by the corporation. <u>/oo</u>				
3) What was the price paid per share? 🚽 . 0 /				
4) What date did the corporation actually receive the cash assets? ARil 412, 2008				
5) Provide a copy of the corporation's stock register evidencing the above information A Hacked				
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 Due Attached Page 4				

## CORPORATE STATEMENT OF RESPONSIBILITY FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

1. MARK Strollo
Responsible Person of Biomed CAlifornia INC d.b.a. Blomed Pharmaceuticals
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.
Priginal Signature of Person Authorized to Submit Application, no copies or stamps  MARK Strolo
Print Name of Authorized Person Date

#### **NEVADA STATE BOARD OF PHARMACY**

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

#### APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

New Pharmacy	☐ Ownership Change
(Please provide current license	□ Partnership - Pages 1,2,5,7
Publicly Traded Corporation – Pages 1,2,3,7  Non Publicly Traded Corporation – Pages 1,2,4,	
Please check box for type of ownership and co	
GENERAL INFORMATION to be completed by	y all types of ownership
Pharmacy Name: Cardinal Heath	414, LLC
Physical Address: 7920 GeorgetoW	n Rd. Ste 100 Indianapolis, IN 4626
Mailing Address: 1000 Cardinal Pl	09 R Dept. NPS
city: DUDIN State	VIT , 113VIJ
Telephone: 317 - 872 - 3301 Fax:	317-872-3371
Toll Free Number: \$(1)-783-8399	(Required per NAC 639.708)
. / 7   1/ 1   1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/	Website: WWW. Cardinal health. Com
1/ 11	License Number: <u>a6015362A</u>
Managing Pharmacist: KUHN KOUNTZ	License Number: Old 010 50 041
Hours of Operation:	
Monday thru Friday 12 am 5 pm	Saturday 2 am 5 am
Sunday 2 am 5 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

#### 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 X 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

any investigation(s) of the b	a State Board of Pharmacy, its ago usiness, professional, social and n necessary, proper or desirable.	ents, servants and employees, to conduct noral background, qualification and
W. Satt O	7	
Original Signature of Pers	son Authorized to Submit Applica	ation, no copies or stamps
W. Scott Claunch		2/17/14
Print Name of Authorized	Person	Date
Board Use Only	Received: 2/24/14	Amount: \$500.00
	Page 2	

#### APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PUBLICY TRADED CORPORATION

State of Incorporation: Delaware	
Parent Company if any: Cardinal Health Inc.	
Corporation Name: <u>Carding/ Health 414, LLC</u>	
Mailing Address: 7000 Cardinal Place	
ity: <u>Dublia</u> State: <u>OH</u> Zip: <u>430/7</u>	
elephone: (6/4) 151-1510 Fax: (6/4) 652-4203	
contact Person: <u>Dawn Harman</u>	
the corporation that holds an ownership interest in the applicant is a publicly traded corporation applicant shall identify the officers of that corporation, the date the corporation received its egistration with the SEC, the registration number issued and the exchange at which the stock is eing traded. You can provide a copy of the SEC report or copy of Form 10-K.  ate of Incorporation:	
egistration number issued: 2007093108722	
tock Exchange: New York (CAH)	

#### Include with the application for a publicly traded corporation

<u>Certificate of Corporate Status</u> (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, W. Scott Claunch
Responsible Person of <u>Cardinal Health 414, LLC</u>
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.
W. Satt O
Original Signature of Person Authorized to Submit Application, no copies or stamps
W. Scott Clounch  Print Name of Authorized Person  Date

William Scott Claunch - VP Quality; Regulatory
This summary is provided in response to our affirmative answer to the disciplinary history question on our Application. Please note that, based on the broadness of the application question; we are disclosing all discipline that has occurred at other Cardinal Health Nuclear Pharmacy sites. None of the below citations involved the Cardinal Health Nuclear Pharmacy located in Indianapolis, IN the site to which this application pertains. The safety of the nation's pharmaceutical supply chain is among our highest priorities. We take this responsibility very seriously, and work diligently to comply with all applicable laws and regulations governing pharmacy. If you have any questions specific to these matters, please contact Dawn Harmon at (614) 757-7570.

#### 2013-Virginia Board of Pharmacy

#### Summary:

On October 21, 2013, the Cardinal Health Radiopharmacy located in Charlottesville, Virginia signed a consent agreement from the Virginia Board of Pharmacy regarding 2 deficiencies noted in the inspection from February 5, 2013. The pharmacy was cited for improperly storing saline and not performing low risk media fills at intervals not to exceed one year and fined \$1,000.00. Corrective actions were put into place by the pharmacy to prevent any future occurrences.

#### 2013-Colorado Board of Pharmacy

#### Summary:

On May 16, 2013, the Cardinal Health Radiopharmacy located in Albuquerque, New Mexico was issued a letter of admonishment for distributing radiopharmaceuticals into Colorado without patient-specific prescription orders during the time March 1, 2011 -March 1, 2013. Some of the transactions occurred prior to the pharmacy obtaining its registration with the board on March 14, 2011.

#### 2013-New Hampshire Board of Pharmacy

#### Summary:

On April 26, 2013, the Cardinal Health Radiopharmacy located in Woburn, Massachusetts was fined \$2500.00 from the New Hampshire Board of Pharmacy for failing to disclose a disciplinary action within the 5 day duty to report requirement for New Hampshire. The board instead received notification during the renewal process.

#### 2013-Texas Board of Pharmacy

#### Summary:

On April 15, 1013, the Cardinal Health Radiopharmacy located in Denver, Colorado was issued a reprimand, no fine, by the Texas Board of Pharmacy. In applying for a nonresident pharmacy permit, a previous disciplinary action for the Denver Radiopharmacy was disclosed from 2009. The previous action was for allowing a pharmacy intern to practice at the facility for one month who was not registered as an intern in Colorado and a fine of \$550.00 was imposed and paid at that time.

#### 2013-Maryland Department of the Environment

#### Summary:

On April 10, 2013, Cardinal Health paid an administrative penalty in the amount of \$5,000 to the Maryland Department of the Environment ("MDE") for distributions our Beltsville, Maryland nuclear pharmacy made to a customer whose radioactive materials license had recently expired. To prevent reoccurrence of such activities, Cardinal Health has implemented a more diligent program for tracking customer licenses and will now require customer's to provide an updated radioactive materials license when/if that customer's license is within 30 days of expiration.

#### 2012-Colorado Board of Pharmacy

#### Summary:

On April 19, 2012, the Cardinal Health Radiopharmacy located in Denver, Colorado was fined \$5,500 for receiving a prescription drug from a manufacturer that was not registered with the Colorado Board of Pharmacy. Colorado requires all manufacturers that are shipping into the state to obtain a Colorado wholesale license.

#### 2012 Kansas Department of Health and Environment

#### Summary:

On February 21, 2012, Cardinal Health's Denver, CO nuclear pharmacy finalized a Consent Agreement with the Kansas Department of Health and Environment ("KDHE") regarding radiopharmaceuticals that were dispensed to a Kansas physician that was no longer named on a customer's Kansas radioactive materials license. All entities that handle radiopharmaceuticals maintain radioactive materials licenses with a state's radioactive materials regulatory agency. Those licenses specifically name one or more individuals as "authorized users"; these are practitioners at a customer's site that the state has identified to oversee the use of the radiopharmaceuticals at the licensed location. In this instance, one of the named authorized users had recently retired from the surgical center. The surgical center amended their radioactive materials license to remove the physician and add three additional individuals as authorized users. Cardinal Health's Denver nuclear pharmacy added the three additional authorized users but failed to remove the one physician. The pharmacy paid a fine of \$4,000 to the KDHE to resolve the issue and corrected the file regarding this customer

#### 2011-Maine Board of Pharmacy

#### Summary:

On September 2, 2011, a consent agreement was received from the Maine Board of pharmacy dated August 26, 2011 regarding a renewal that had been submitted in December 2009 for the Woburn, MA Radiopharmacy. One of the disciplinary actions, Alabama-see below, was not disclosed at the time of renewal-Cardinal Health was fined \$100.00

#### 2011-Louisiana Board of Pharmacy

#### Summary:

On March 29, 2011 the Louisiana Board of Pharmacy notified us that one of our Radiopharmacy locations, Flowood, MS., was operating with an expired license. A consent agreement was issued by the board and Cardinal Health was fined \$5000.00

#### 2009-Colorado Board of Pharmacy

#### Summary:

On May 14, 2009 the Colorado Board of Pharmacy notified us of allegations of possible violations of the Colorado Pharmacy Act relating to the practice of a pharmacy intern without a Colorado pharmacy intern license. The matter went before the Board on December 21, 2009. Cardinal Health was ordered to pay to the Board an administrative fine of \$550

#### 2008-Alabama Board of Pharmacy

#### Summary:

On November 20, 2008 the Alabama Board of Pharmacy notified Cardinal of a violation of the Alabama Pharmacy Act relating to a pharmacy technician's registration that was not timely renewed. The technician was further charged for continuing to work with the expired license and submitting an affidavit to the board stating he had not worked during that time. The pharmacist in charge also signed off on the affidavit. The matter went before the Board on March 11, 2009. Cardinal Health was ordered to pay to the Board an administrative fine of \$5,000. In addition to the board's disciplinary actions, the technician as well as the pharmacist in charge was formally disciplined by Cardinal Health.

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.

✓ New Pharmacy □ Ownership Change						
(Please provide current license number						
☐ Fublicly Traded Corporation – Pages 1,2,3,7 ☐ Partnership - Pages 1,2,5,7 ☐ Sole Owner – Pages 1,2,6,7						
Please check box for type of ownership and complete						
GENERAL INFORMATION to be completed by all types of ownership						
Pharmacy Name: FOCUS RX						
Physical Address: 1361 Lincoln AVE	· unit 9					
Mailing Address: 1361 Lincoln AVE	Unit9					
City: HOllorock State: NP	WYOK Zip Code: 1174					
Telephone: (631) 319-1920 Fax: (63	31) 319-1931					
Toll Free Number: (Reg) 464-8987 (Reg						
E-mail: <u>Richard Emyfacusts.</u> com Webs						
Managing Pharmacist: Richard F. COlla						
TYPE OF PHARMACY AND	SERVICES PROVIDED					
Yes/No	Yes/No					
□ 🖎 Retail	☐					
☐ ☒ Hospital (# beds)	☐ ☑ Parenteral **					
□ Ø Internet	☐ 渚 Parenteral (outpatient)					
□ 🗷 Nuclear	□ ☑ Outpatient/Discharge					
☐ ☑ Ambulatory Surgery Center	☑ ☐ Mail Service					
D Other: Specialty /	☐ ☑ Long Term Care					
Infusion	☐ ☑ Sterile Compounding **					
	☐ ☑ Non Sterile Compounding					
	☑ Mail Service Sterile					
	Compounding **					
	☐ Other Services:					

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

#### APPLICATION FOR OUT-OFSTATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within	the	last	five	(5)	years:
--------	-----	------	------	-----	--------

1)	Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	Yes □ No 🖫	
2)	Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?	Yes □ No 🗹	
3)	Has the corporation, any owner(s), shareholder(s) or partner(s) with a interest, ever been the subject of an administrative action or proceedirelating to the pharmaceutical industry?		
4)	Has the corporation, any owner(s), shareholder(s) or partner(s) with a interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	any Yes □ No ☑	
5)	Has the corporation, any owner(s), shareholder(s) or partner(s) with a interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	on	
Copie	answer to question 1 through 5 is "yes", a signed statement of explana s of any documents that identify the circumstance or contain an order, sition may be required.		
Lunde	by certify that the answers given in this application and attached documentat rstand that any infraction of the laws of the State of Nevada regulating the o ized 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.			
Origin	al Signature of Person Authorized to Submit Application, no copies or	stamps	
D	schard E. Collins 1/30/14		
Print N	Name of Authorized Person Date		
Board	Use Only Received: 2244 Amount: 550	0.00	

#### APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

#### **OWNERSHIP IS A NON PUBLICY TRADED CORPORATION**

State of Incorporation: NEW YORK
Parent Company if any:
Corporation Name: FOCUS Rx Pranmary Services Inc.
Mailing Address: 1861 Lincoln Ave. Unit 9
City: HOLDOCCK State: NEWLYZIP: 11741
Telephone: $(631)319-1920$ Fax: $(1031)319-1921$
Contact Person: Richard E. Collins
For any corporation non publicly traded, disclose the following:
1) List top 4 persons to whom the shares were issued by the corporation?
a) Richard F. Collins TANDECT. Blue Point W11715  Name Address
b) Chric Var var o 383 cando Ave, Sayville NY 11792  Name Address
o) Eighe Basini 171 Cedar lane Babylon W 11702
d) Laus Ruteo 22 Marin Rd Centereach N 11720 Name Address
2) Provide the number of shares issued by the corporation. 200
3) What was the price paid per share? No par volve
4) What date did the corporation actually receive the cash assets?
5) Provide a copy of the corporation's stock register evidencing the above information
List any physician shareholders and percentage of ownership.
Name: %:
Name: %:

# Include with the application for a non publicly traded corporation

<u>Certificate of Corporate Status</u> (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

1, Richard E. Wilhs
Responsible Person of FOCUS PX Pharmacy Services 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.
UEC
Original Signature of Person Authorized to Submit Application, no copies or stamps
Print Name of Authorized Person  Date
Print Name of Authorized Person Date

#### **NEVADA STATE BOARD OF PHARMACY**

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

#### APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

	図 New Pharmacy	(Please provide current licens		nership Change ng changes: PH)	
	Non Publicly Tra	Corporation – Pages 1,2,3,7 aded Corporation – Pages 1,2, pox for type of ownership and o	4,7 □ Sol		
*	Pharmacy Name: Physical Address: Mailing Address: City:	1700 Park 19 Jose Sta 8) 292-6772 Fax: (800) 292-6772	mpound aks Bl tw. Ste te: Cf (408) 29 Required p	ing Vd. San Jose, CA 951 30 Zip Code: 95126 88-8252 er NAC 639.708) WWW. Leiterrx. Com License Number: 37852 - C	1 °
	Hours of Operat	ion: PE OF PHARMACY AN	ID SE	08540- NV	
		s/No		s/No	
	M	□ Retail		Off-site Cognitive Services	
		🕱 Hospital (# beds)		ሺ Parenteral **	l
		™ Internet		🔀 Parenteral (outpatient)	
- 1		Nuclear		✗ Outpatient/Discharge	
		Ambulatory Surgery Cen	iter 🕱	☐ Mail Service	
		Other:	🗆	🔀 Long Term Care	
		•	×	☐ Sterile Compounding **	
			X	□ Non Sterile Compounding	
			×	☐ Mail Service Sterile	
				Compounding **	
		··		Other Services:	
1.0	**! 6     6	voe" on any of these type	os of sarvice	s you will be required to	

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

# APPLICATION FOR OUT-OFSTATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Withir	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 包
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 ᡚ
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 ᡚ
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 ☒
Copie	answer to question 1 through 5 is "yes", a signed statement of explanation as of any documents that identify the circumstance or contain an order, agrestition may be required.	must be attached ement, or other
Lunde	by certify that the answers given in this application and attached documentation a rstand that any infraction of the laws of the State of Nevada regulating the operat ized pharmacy may be grounds for the revocation of this permit.	re true and correct ion of an
penalty hereby any inv	read all questions, answers and statements and know the contents thereof. I here y of perjury, that the information furnished on this application are true, accurate at authorize the Nevada State Board of Pharmacy, its agents, servants and employ vestigation(s) of the business, professional, social and moral background, qualification, as it may deem begessary, proper or desirable.	nd correct. I yees, to conduct
Origin	al Signature of Person Authorized to Submit Application, no copies or stam	ps
(	charles Leiter 12/5/13	
	Name of Authorized Person Date	
Board	Use Only Received: 12714 Amount: \$500.0	$\infty$

# APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

# OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation:
Parent Company if any None
Corporation Name: Leiter's Enterprises, Inc.
Mailing Address: 1700 park Ave. Ste 30
City: San Jose State: CA Zip: 95126
Telephone: $(408)292-6772$ Fax: $(408)288-8252$
Contact Person: Robyn Shelinsky
For any corporation non publicly traded, disclose the following:
1) List top 4 persons to whom the shares were issued by the corporation?
a) Charles Leiter 1700 park Ave, Ste 30 San Jos Name Address CA 95126 (100% of t
Name Address CA 95126 (100% of +
b)shares)
Name Address
c) Name Address
d)
Name Address
2) Provide the number of shares issued by the corporation
3) What was the price paid per share? Par Value per share of stock: B
4) What date did the corporation actually receive the cash assets? 12 2012
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  Charles Leiter - President Page 4  Morton Leiter - VP  Sue Leiter - Secretary

20

# CORPORATE STATEMENT OF RESPONSIBILITY FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

Responsible Person of Leiter's Compounding
Responsible Person of Leiter's Compounding
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  Charles Letter  1215/13
Print Name of Authorized Person Date

а



California State Board of Pharmacy 1625 N. Market Blvd, N219, Sacramento, CA 95834 Phone: (916) 574-7900

Fax: (916) 574-8618 www.pharmacy.ca.gov BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY DEPARTMENT OF CONSUMER AFFAIRS GOVERNOR EDMUND G. BROWN JR.

January 15, 2014

**ROBYN SHALINSKY** LEITER'S COMPOUNDING 17 GREAT OAKS DRIVE SAN JOSE CA 95129

#### 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:

LEITER'S COMPOUNDING

**License Type:** 

**PHARMACY** 

License Number: PHY 51461

Status:

ACTIVE

Issue Date:

01/07/14

**Expiration Date:** 

01/01/15

Address of Record: 17 GREAT OAKS DRIVE SAN JOSE CA 95119

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

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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

New Pharmacy (Please provide current license num	☐ Ownership Change nber if making changes: PH)			
Publicly Traded Corporation – Pages 1,2,3,7 Non Publicly Traded Corporation – Pages 1,2,4,7 Please check box for type of ownership and complete.	☐ Sole Owner – Pages 1,2,6,7			
GENERAL INFORMATION to be completed by all types of ownership  Pharmacy Name: Suncoast RadioPharmacy Services				
Physical Address: 3102 Cherry Palm Mailing Address: Same as Physical	Dr. Suite 120 Tampa, FL 33619			
	Zip Code:			
Telephone: 813-662-0693 Fax: 8 Toll Free Number: 866-662-0693 (R E-mail: +joiner 2 pharmacyrx solutions com We	Required per NAC 639.708) ebsite: <u>Www.phamacyrxsolutions.com</u>			
Managing Pharmacist: Adria Jackson	License Number: PS16548			
Hours of Operation: TYPE OF PHARMASY AND SERVICES PROVIDED				
Yes/No  P Retail Hospital (# beds) P Internet P Nuclear P Ambulatory Surgery Center P Other:	Yes/No  ☐ ☑ Off-site Cognitive Services ☐ ☑ Parenteral ** ☐ ☑ Parenteral (outpatient) ☐ ☑ Outpatient/Discharge ☐ ☑ Mail Service ☐ ☑ Long Term Care ☑ Sterile Compounding ** ☑ Non Sterile Compounding ☑ Mail Service Sterile Compounding ** ☐ Other Services:			

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

# APPLICATION FOR OUT-OFSTATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within	the	last	five	(5)	years:
--------	-----	------	------	-----	--------

1)	Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	Yes 🗆 No 🗹
2)	Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?	Yes □ No
3)	Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry?	Yes □ No
4)	Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	Yes □ No Ⅳ
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
Copies	answer to question 1 through 5 is "yes", a signed statement of explanation ness of any documents that identify the circumstance or contain an order, agreention may be required.	
l under	y certify that the answers given in this application and attached documentation ar stand that any infraction of the laws of the State of Nevada regulating the operatized pharmacy may be grounds for the revocation of this permit.	
penalty hereby any inv	read all questions, answers and statements and know the contents thereof. I here of perjury, that the information furnished on this application are true, accurate an authorize the Nevada State Board of Pharmacy, its agents, servants and employ restigation(s) of the business, professional, social and moral background, qualifica- tion, as it may deem necessary proper or desirable.	id correct. I ees, to conduct
Origin	al Signature of Person Authorized to Submit Application, no copies or stam	os .
元		
704	Ar Gangemi 11/25/13	<u> </u>
Print N	lame of Authorized Person Date	
Board	Use Only Received: 12314 Amount: \$500.0	00_

#### APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

# OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation:				
Parent Company if any: Suncoast RadioPharmacy Services, Inc.				
Corporation Name: Suncoast Radio Pharmacy Services, Inc.				
Mailing Address: 3102 Cherry Palm Dr., Svite 120				
City: Tampa State: FL Zip: 33619				
Telephone: $813-662-0693$ Fax: $813-662-2814$				
Contact Person: Tammy Joiner				
For any corporation non publicly traded, disclose the following:				
1) List top 4 persons to whom the shares were issued by the corporation?				
a) John Gangemi 3147 Highland Lake View Circle Lakeland, FL 33619  Name Address				
b) Name Address				
c)Name Address				
d)				
Name Address				
2) Provide the number of shares issued by the corporation. 500 \0,000				
3) What was the price paid per share?				
4) What date did the corporation actually receive the cash assets? $3 3 2003$				
5) Provide a copy of the corporation's stock register evidencing the above information				
List any physician shareholders and percentage of ownership.				
Name: Name: %:				
Name: %:				

# Include with the application for a non publicly traded corporation

<u>Certificate of Corporate Status</u> (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

1, John Gangeni
Responsible Person of Suncoast Radio Pharmacy Services, 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.
Shelf H
Original Signature of Person Authorized to Submit Application, no copies or stamps
John Gangemi 12/23/13
Print Name of Authorized Person Date

а

#### Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Vision: To be the Healthiest State in the Nation

Rick Sectt Gover or

John H. Armstrong, MD, FACS
State Surgeon General & Secretary

December 11, 2013

Pharmacy RX Solutions Tammy Joiner 3102 Cherry Palm Drive Suite 120 Tampa, FL 33619

RE: License Certification for Pharmacy Rx Solutions Holding Llc

To Whom It May Concern:

This is to certify the following information, maintained in the records of the Department of Health, for the above referenced Health Care Practitioner:

PROFESSION:
LICENSE NUMBER:
ORIGINAL CERTIFICATION:
EXPIRATION DATE:
CURRENT STATUS OF LICENSE:
AGENCY ACTION:

Pharmacy PH23133 12/19/2007 02/28/2015 CLEAR,

No

To expedite the verification process, the above format is the standard format for all healthcare practitioners. If you have questions regarding the status of this license, please call the Customer Contact Center at (850) 488-0595, option 5.

Sincerely

Willie Gaines

Licensure Support Services



Division of Medical Quality Assurance• Bureau of Operations 4052 Bald Cypress Way, Bin C-10 • Tallahassee, FL 32399-3260 PHONE: (850) 245-4444 • FAX: (850) 245-4791

www.FloridasHealth.com TWITTER:Health/FLA

FACEBOOK:FLDepartmenteffleeth
YOUTUBE: fk oh
Created on 12/11/2016 > 50 FM

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#### **NEVADA STATE BOARD OF PHARMACY**

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

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

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

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

Application must be printed legibly or typed

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

New MDEG		
☐ 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: KSM Corporate Holdings LCC D.S.A. Nevada Mobility  Physical Address: 9430 W Lake Mend Blud Svite 3 Las Vegas NV 89134		
Physical Address: 9430 W Lake Mend Blud Svite 3 Las Vegas NV 89134  (This must be a business address, we can not issue a license to a home address)		
Mailing Address:		
City: State: Zip Code:		
Telephone: 702-998-2118 Fax: 702.998-2218		
E-mail: Kevin Ma Nevada mobility.com Website: nevadamobility.com		
DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING		
Mon: $9 \text{ to } 5$ Tue: $9 \text{ to } 5$ Wed: $9 \text{ to } 5$ Thu: $9 \text{ to } 5$ Fri: $9 \text{ to } 5$ Sat: $9 \text{ to } 5$ Sun: $9 \text{ to } 5$ Holidays: $9 \text{ to } 5$		
Fri: 9 to 5 Sat: 10 Sun: 10 Holidays: 10		
MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)		
Name: Keur M ML Manus		
TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)		
<ul> <li>☐ Medical Gases**</li> <li>☐ Respiratory Equipment**</li> <li>☐ Life-sustaining equipment**</li> <li>☐ Diabetic Supplies</li> <li>→ Orthotics and Prosethics</li> <li>Other:</li> <li>**If providing these types of services you are required to have in place a mechanism to ensure</li> </ul>		
continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: Telephone:		
Page 1		

66069

### APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

List	all Medicare and Medicaid provider numl	bers registered to the business or it	s owner:	
/	VA			
_/	VA			
1)	Do any shareholders hold an interest of any type of business or facility which a or another political jurisdiction?	ownership or have management in	20	
2)	Are you or have you in the last year be business or health care entity in which dispensed or distributed?		Yes □ No	, X
3)	Are any of the owners health profession //t/NO Practitioner Advanced Practitioner of Nursing Physician's Assistant Physical Therapist Occupational Therapist Registered Nurse Respiratory Therapist	Name:		

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

# APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

Within	the la	ast five	(5) ye	ars:	

1)	Has the corporation, any owner, shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	Yes □ No Ĉ
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 D
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 및
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 Ŋor
attache	inswer to questions 1 through 5 is "yes", a signed statement of explanationed. Copies of any documents that identify the circumstance or contain an oer disposition may be required.	
l under	y certify that the answers given in this application and attached documentation are stand that any infraction of the laws of the State of Nevada regulating the operation zed MDEG provider or wholesaler may be grounds for the revocation of this permi	on of an
penalty hereby any invo	read all questions, answers and statements and know the contents thereof. I here of perjury, that the information furnished on this application are true, accurate an authorize the Nevada State Board of Pharmacy, its agents, servants and employeestigation(s) of the business, professional, social and moral background, qualification, as jt may deem necessary, proper or desirable.	d correct. I ees, to conduct
-	Ten MMa	
Origina	I Signature of Person Authorized to Submit Application, no copies or stamp	os .
Print N	ame of Authorized Person  Authorized Person  Date	
Board l	Jse Only Received: 2 19 14 Amount: \$500.α	0

#### APPLICATION FOR NEVADA MDEG LICENSE

#### **OWNERSHIP IS A PARTNERSHIP**

List names of 4 largest partners and percentage of ownership:	
Name: Kevin McManus	_%: <u>49</u>
	_%: <u> </u> /
Name:	_%:
Name:	_%:
Partnership Name: KSM Corporate Holdings LLC  Mailing Address: PO BOX 751316	
Mailing Address: PO BOX 751316	
	ode: <u>89136</u>
City: Las Vegas State: NV Zip Control Telephone Number: 702-998-2118 Fax Number: 702-998	8-2218
Contact Person: Kevin MC Manur	

#### **PARTNERSHIP**

# Include with the application for a partnership

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

#### APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date

3/12/14

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

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

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

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

#### **GENERAL INSTRUCTIONS**

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

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

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

Application for KSM Corporate Holdings LLC D.B.A. Neuada Mobility
9430 W Lake Mend Blud Ste 3 Las Vegas NV 89134
Name and Address of Business for Which MDEG Administrator Is Requested Nevada Mosility
If applicable, Name Under Whick It Is Now Operated

1. PERSONA	L INFORMATION:				
McManus	K+	eur		Mic	hael
Last Name	F	irst Name		Middle N	lame
Alias(es, Nickn	ames, Maiden Name, Other	Name Changes,	Legal or Other	wise)	
7628 Cor	ncerd Heighter St. Ince Address-Street or RFD	Las Vegas		NV	89149
Present Reside	nce Address-Street or RFD	U	City	St	ate/Zip
9430 W	Lake Mead Bhates ss Address	10/12 present	Las Vegus	NV	89134
Present Busine	ss Address	City	U	St	ate/Zip
Owner Present Position	Dates n with the MDEG				
Phone: _ 702	-998-2118	Fax:	2-998-22.	13	
Email address:	_		1	- 6.	
Date of Birth  46 Age		Birth (City, County		N Sex	
		7 7 7			
Color of Eyes	<b>BR </b> Color of Hair	<i>145</i> Weight	-	<mark>کے' ٔک</mark> Height	
•	r distinguishing marks and/o				
0	n of the United States? Ye	s <b>Ņ</b> No □			
f alien, registrat	ion No		. <u> </u>		= = =
f naturalized, ce	ertificate No	Date	1 1 1 1 1		- P II II
Place		(If nat	uralized docu	ment mus	st he verit

#### **EMPLOYMENT:**

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

June 2006 - October:	2010 Reliable Medical Supply 9401 M	Vinnetka Aven, MUS. MN-93) 1
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Service Manager	Manage the Service   delivery department Description of Duties	- Debbie Kalk
Title	Description of Duties	Name of Supervisor
, Ž-		
June 2004 - March 20	Name/ Address of Employer/Business	No of Employed Hours
World and real	Name Address of Employer/Dusiness	No of Employed Flours
Title	Description of Duties	Name of Supervisor
1103	Description of Daties	realite of oupervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
<u> </u>		
Title .	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Month and Fodi	Trainer / radioss of Employer/Edelinoss	140 of Employed Flodis
Title	Description of Duties	Name of Supervisor
1100	Beschiption of Butles	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor

	ed or treated in the last five years for a mental illness ability to perform any of the essential functions of my
1. I have □ I have not Д been charged	d, arrested or convicted of a felony or misdemeanor.
<ol> <li>I have □ I have not 人 been the subject pending.</li> </ol>	ject of an administrative action whether completed or
	suspended, revoked, surrendered or otherwise a professional license that was not made public.
If you checked "I have" to questions 1, 2 and/o provide a written explanation and/or document	or 3, please include the following information <u>and</u> ats.
a) Board Administrative Action:	State:
b)	Date:
	Case Number:
c) Criminal Action:	State:
	Date:
	Case Number:
	County:
	Court:
4. Will you be actively involved in and avoperation of the MDEG?	vare of the daily Yes 肾 No □
5 .Will you be employed fulltime with the	MDEG? Yes ☒ No □
6 .Will you be present at the site of the Moduring its normal operating hours?	1DEG Yes X No □
If you answer No to questions 4, 5 or 6 please	provio ion.
	RAPH
	LAST
	Date of photograph 2/14/14

Page 4 – MDEG Administrator

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

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

Ofiginal Signature of Applicant

### PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

9 Date 3/12/14

#### GENERAL INSTRUCTIONS

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

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

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

Nature of License

Nature of License

Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which II Is No. Co. 1. PERSONAL INFORMATION: Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise) Occupation Phone: Residence Scars, tattoos or distinguishing marks and/or characteristics Dive Flag totoo on Right 41mm Are you a citizen of the United States? Ye3√2 No □ If alien, registration No If naturalized, certificate No \_\_\_\_\_\_ Date\_\_\_\_\_ Place (If naturalized, document must be verified.) 2. MARITAL INFORMATION:

Separated ☐ Divorced ♥ Widowed ☐

Married □

Single

Engaged

Applicant's initial KM

MARITAL INFOR	RMATION-	Continuou				
A. Current	Marriage	NA				
Spouse's	s full name	Date (Maiden)	e 	City S.S	, County and State S. No	
Date of E	Birth		Place of B	irth		
Resident	address_					****
			В			
			00			
Address	of employe	er Street	•••••	City	State Zip	
			parated, divorced, or ar			
		te of Order	Date of Place	Nature of	City	
Name of Spouse		or Decree	of Marriage	Action	11	
arolyn /11/	Vlanus	8/19/10	12/28/96	Divorce	Wright Con	inty MN
N	ame	Street	elephone numbers of p City N.CliFf Ave Si	State	Zip Telepho	one
Carolyn /  3. FAMILY INFO	DRMATIO	Street  235  N: endents:	N.Cliff Ave Si	State	Zip Telepho	
3. FAMILY INFO	DRMATIO	Street  235  N: endents:	City	State Soux Falls SD	Zip Telepho	
3. FAMILY INFO	DRMATIO	Street  7 vs 235  N: endents:	City  N. C/;Ff Ave Si	State Soux Falls SD	Zip Telepho	
3. FAMILY INFO	DRMATIO	Street  7 vs 235  N: endents:	City  N. C/;Ff Ave Si	State Soux Falls SD	Zip Telepho	
3. FAMILY INFO	DRMATIO	Street  7 vs 235  N: endents:	City  N. C/;Ff Ave Si	State Soux Falls SD	Zip Telepho	
B. Child Sup	DRMATIO and Depe	N: endents: including step-c Birth Date	City  N. C/;Ff Ave Si  children and adopted ch  Birth Place	State Soux Falls SD	Zip Telepho	· 50
B. Child Sup	DRMATIO and Depe all children me  port Inforease mark	N: endents: including step-c Birth Date	City  N. C/;Ff Ave Si  children and adopted ch  Birth Place	State  Soux Falls So  ildren and give the Resid	Zip Telepho	
B. Child Sup	DRMATIO and Depe all children me  port Inforease mark I am not s I am subj plan appr	N: endents: including step-c Birth Date  rmation: k the appropriate subject to a court roved by the distr	City  N. Cliff Ave Si  children and adopted ch  Birth Place  response:	State  You'r Faults SD  ildren and give the Resid	zip Telepho	ance with a
B. Child Sup	port Inforease mark I am subj plan appr of the am I am subj the order	N: ndents: nicluding step-o Birth Date  rmation: the appropriate subject to a court ord roved by the distribution owed pursuicet to a court ord or a plan approvi	children and adopted chemilitary Birth Place  response: torder for the support of on ict attorney or other put	state  dux Falls So  ildren and give the Resid  f child.  e or more children colic agency enforce e or more children ey or other public e order.	e following information and am in complicing the order for the pand NOT in complication and NOT in complications.	ance with a

FAMI	District attorney or public ag		ble for enfor	cing the child supp	oort order:	
	Name	77.				
	Address					E
	Contact person					
C.	Parents: List names, residence addre				tions of parent	s, step-parents,
parent	s- <u>in-law or legal guardian. If r</u>	etired or deces	esed list last	address and occ	unation	
	Name (Maiden)	Birth Date	Addres		<u> </u>	Occupation
Father						Retired
M:	chael M. McManus		3501	Hichlands K	d Brooklyn	Pork MN 55443
Mother <u>Deal</u> Father-in		4	3501	Highlands Rd	Brooklyn Pa	Pork MN 55443 Retired ork MN 55443
Mother-i	n-Law					
D.	Brothers and Sisters: List names, residence addre their respective spouses.	esses, dates of	birth and mo	ost recent occupa	tions of brothe	rs and sisters and of
	Name (Maiden)	Birth Date	Address	S		Occupation
Mac	-K McManus		913	Brisbin Street	+ Anoka MN	55303 - Printing
Spouse	ly Gardner-McMa	wil f	9/3/	Sv.35. 4 Street A	noke Mr. SS	303-NA
	H McManus			moder Ranch Ave		Malantina
Spouse 5ha	aron Topps-McMano	8	9214 Am	edor homes Aul	es Veges NV 89	199-MA
Chris Spouse				Seely #2 Ch		rolect
Lyh Spouse	Wythels- ne McManus		3509	12nd Ave N B	rooklyn Perka	55443 Property MW - Managemen
	Wyffels	, ,	3509 91	Land Are N Brown	Klyn Park M	998 Carpenter
4. EC	DUCATION:					
	Name of School	Lo	cation	Dates Attended		Graduate
Gramma School	Zane Wood B	rooklyn for	K MN	1975-	1980	Yes 🗗 No □
High School						Yes 🗭 No 🗆
College Jniversit	O Gorman S y Minnenpolis Commo	roots and J.	ech , Min	renola MN	1994-1986	Yes <b>☑</b> No □
	Sr. High Brooklyn.					Yes 🗗 No 🗆
Туре о	f degree obtained, if any	Associate	of Arts	Degrap		<u> </u>
	e or university where obtained				ical Colle	9L
				Λ	plicant's initial	M
				Ар	piicants initial	Page
						•

# 5 MILITARY INFORMATION:

Α.	Have you ever served	d in any armed for	ces? Ye	s □ No 😘	
	Branch		Date of ent	ry-active service	
	Date of separation		Type of dis	charge	
	Rating at separation.		Se	rial number	
		urt martial?	Yes □ No □ If y		summary action, a trial or ge 10. (List all incidents
В.	Have you registered f	or the draft?	Yes 🗹 No □		
	County Minnehal	State _	South Dakota	Date registered	1/29/1986
6. A		S, LITIGATIONS A	AND ARBITRATION	S: (Include those arre	sts in which you were
Α.	violation for any reaso	on whatsoever, reg	ardless of the dispos		or any criminal offense or ept minor traffic citations.) ception.
	Arrest Age	Charge	Location-City and State	Deposition/Date	e Arresting Agency
. 9/2	-/1988 20	Vandalism	Sioux Falls.	50 10/28/19	188 Sioux Falls Poli
B. C. D. E. F. G.	arrested or in which you page 10. Have you ever been or committee? Yes I have you ever been so commission? Yes Have you ever been so Yes No Market you ever had a lifyes, when? Have you ever received yes when? Has any member of you	ou were named as puestioned or depositioned or depositioned or deposition for the state of the s	s an unindicted co-pa esed by a city, state, eear or testify before ify for any civil, crimi ord expunged or sea city, county erred prosecution for city, county ur spouse's family ev	rty? Yes □ No 🕱 If y	ent agency, commission y grand jury, board or ceeding or hearing? es  No  No
Name		Relationship	Cha	rge L	ocation Date
				1 10 To	
			The state of the s		
	e, — V faski e, — e věstově	Maria de la compansión de		701 S.71 S.71 S.71 S.71 S.71 S.71 S.71 S.7	
	12 1	1027 100 STE 1		Applicant's init	ial <u>kn</u> Page 4

#### ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent? Yes \( \subseteq \text{No M} \) (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Court and Case Date Filed Number	City, County and State	Disposition/Date
J. Has any gene	eral partnership, business venture, s th it as an owner, officer, director o	sole proprietorship or closely held or partner) been a partner a lawcuit	corporation (while you were
	If yes, complete the following:	Approximate	
Name of Entity	Type of Entity		itration/Bankruptcy
	<u> </u>	-	
	o har beter no as	H	
7. RESIDENCES: List all residences you	ı have had for the last 25 years:		
Month and Year (From-To)	Street and Number	City St	ate or County
11/13-current	7628 Concord Heigh	ht St Las Vegas N	V
6/10 - 11/13	7628 Concord Heig 8424 Segusia Grove	Ave Las Vegas NV	
11/9-6/12	9814 Amador Ranch		<u> </u>
1/05 11/9	9710 42nd St. NE	St. Michael M	N
11/98 1/05	1713 S 9th Ave	Sioux Falls SA	)
19/99 11/98	622 E 13th St. Ap	+ 108 Sioux Falls SL	)
10/96 11/99	5450 Douglas Dr Ap	+ III Minneapolis Mi	V same
10/95 10/96		IE Minneapolis MI	
3/93 10/95		Brooklyn Park MI	
3/92 3/93		Apt 9 Minneapolis M.	
4/9/ 3/92	2801 NRainbow Alex	d Ant 134 Las Verne A	IV
9/90 4/91	6661 Silver Stream Au	d Apt 134 Las Vegas A 12 Apt 104 Las vegas N	'V
10/89 5/90	158 Mathews Hall	Applicant's in	itial Kr
4/85 10/89	3616 Spencer Blud	Brookings Sioux Fails -	

Page 5

#### 8. EMPLOYMENT:

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

fonth and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
8/2012 to	Precent Unemalowed	
itle	Present Unemployed  Description of Duties	Name of Supervisor
onth and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
2 /		00/01
1/10 - 8/12 le	Description of Duties	Name of Supervisor
	nager Shring form Aquaculture	Shere Anderson - CGO
nth and Year	Name/Mailing Address of Employer/Business	Reason for Leaving moved to
5/06-10/10	Reliable Medical Supply 940/ Winn	Name of Supervisor
. 13	· · · · · · · · · · · · · · · · · · ·	
ervice Manga	or Supervice Service & Delivery 1	
nth and Year	Name/Mailing Address of Employer/Business	Reason for Leaving  - Exeter / A - La, d off Base 4. h M.
104-3/06	Description of Duties 182 Susquehence Ave	-ExeterPA - Laid oft
		realite of Supervisor
iles Rep	Call on Venders & supplies to sell,	mobility Equipment Dean Jones
nth and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1/08 10/10	Corporate Products & Solutions 106:	Name of Supervisor  Name of Supervisor
3	Description of Duties	Name of Supervisor
lener	Sold Small business morter-ting Spy	olies NA
nth and Year	Name/Mailing Address of Employer/Business (formerly	Mc(%a) Reason for Leaving
100-5/04	Avera Home Medical 4200 S Minne Description of Duties	esota Ave SD fook Jobat Prida
е	Description of Duties	Name of Supervisor
Rehab Tech	Sold + Repaired Powered mot	Sility Ron Hejna
nth and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
197 8100	Osed medical Equipment & Supply 7 Description of Duties	En SD - Sold Share to work for A
	Description of Duties	Name of Supervisor
wher	Retibish Medical Equipment	-NA-
th and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
9/ 8/9	7 Absort Northwestern Hospital 28+ Description of Duties	Name of Supervisor
urchasing Mat	erials Management Stock torder O.R.S	Supplies John
1014771		
uuliioriai space is	needed, continue on page 10 or provide attachmen	

Applicant's initial

Page 6

# 9. CHARACTER REFERENCES:

	Dean Jones		413 White Oaks Trail	, ,	1000/6	10y
Employe	er Pride Mobili	/	Sells Mobility Eq.			
	Gary Sargen		10768 Wallflower Ave La	U		20y1
Employe	er Self Employe	Business	Expert Internet Mar	rketing - We	b Marketing + Des	
	Gloria Biel		8549 Timber Pine Ave La.	5 Vages NV 891	143	2.3
	er Terra Consu		Consulting firm			
	JO EVANS			is Veg as NV	29131	23 y
	er Hamrick, Evans d		Trial banyers			
	Tim lotteral		7385 Lambert Ave NE C	υ,/	3301	940
Employe	Reliable Medi	Business	Selling Medical Equip	iment/DMC		
10.			t box or other such depository	y, access to any	depository or do you	use any ot
		sitory? Yes 🛭 ete the followir				
Day My	nber or Type of Dep		Location City and Sta		Authorized Users	
BOX MUII	iber or Type or Dep	OSILOTY	Location City and Sta	ate		
11.	Have you ever the following:	held a privilege	ed, occupational or profession	nal license in an	y state, including but	not limited
11.	the following: Liquor	Lawyer	Race horse/race dog own	er S	Securities dealer	Insuranc
11.	the following: Liquor Doctor Accountant	Lawyer Contractor Pilot		er S esman E		Insuranc Gaming
11.	the following: Liquor Doctor Accountant Yes  No	Lawyer Contractor Pilot	Race horse/race dog owner Real estate broker or sale Sports promoter	er S esman E	Securities dealer Barber/Cosmetologist	Insurance Gaming
11.	the following: Liquor Doctor Accountant Yes  No	Lawyer Contractor Pilot	Race horse/race dog owner Real estate broker or sale Sports promoter	er S esman E	Securities dealer Barber/Cosmetologist	Insurance Gaming
11.	the following: Liquor Doctor Accountant Yes  No	Lawyer Contractor Pilot	Race horse/race dog owner Real estate broker or sale Sports promoter	er S esman E	Securities dealer Barber/Cosmetologist	Insurance Gaming
11.	the following: Liquor Doctor Accountant Yes  No	Lawyer Contractor Pilot	Race horse/race dog owner Real estate broker or sale Sports promoter	er S esman E	Securities dealer Barber/Cosmetologist	Insurance Gaming
	the following: Liquor Doctor Accountant Yes  No  If yes, state typ	Lawyer Contractor Pilot Coe, where and y	Race horse/race dog own Real estate broker or sale Sports promoter /ears held	er Sesman E	Securities dealer Barber/Cosmetologist rainer or manager	Insurance Gaming Educator
	the following: Liquor Doctor Accountant Yes  No If yes, state types	Lawyer Contractor Pilot ce, where and y	Race horse/race dog owned Real estate broker or sale Sports promoter /ears held	er Sesman E	Securities dealer Barber/Cosmetologist rainer or manager  try license or held a fi	Insuranc Gaming Educator
	the following: Liquor Doctor Accountant Yes  No If yes, state type Have you ever interest in a lice If yes, state type	Lawyer Contractor Pilot Coe, where and y applied for a ciensed business oe, when and wi	Race horse/race dog owner Real estate broker or sale Sports promoter vears held state business, very county of state business.	er Sesman E	Securities dealer Barber/Cosmetologist rainer or manager  try license or held a fi Yes 🎽 No 🏻 sinesses in which you	Insuranc Gaming Educator
	the following: Liquor Doctor Accountant Yes  No If yes, state type Have you ever interest in a lice If yes, state type involved, the ne	Lawyer Contractor Pilot Coe, where and y applied for a ci ensed business oe, when and wl ames and addre	Race horse/race dog owner Real estate broker or sale. Sports promoter /ears held ity, county of state business, version industry OUTSIDE the State	er Sesman E	Securities dealer Barber/Cosmetologist rainer or manager  try license or held a fi Yes 🎽 No 🏻 sinesses in which you	Insuranc Gaming Educator
12.	the following: Liquor Doctor Accountant Yes  No If yes, state types Have you ever interest in a lice If yes, state type involved, the new	Lawyer Contractor Pilot ce, where and y applied for a ci ensed business e, when and whames and addressry.	Race horse/race dog owner Real estate broker or sale. Sports promoter years held state business, was or industry OUTSIDE the State and give names and the agrees of all partners and the agrees.	er Sesman E To venture or industrate of Nevada? Seations of the bustency responsible	Securities dealer Barber/Cosmetologist rainer or manager  try license or held a fi Yes ☒ No ☐ sinesses in which you e for licensing said bu	Insuranc Gaming Educator inancial were usiness,
12.	the following: Liquor Doctor Accountant Yes  No If yes, state types Have you ever interest in a lice If yes, state type involved, the new	Lawyer Contractor Pilot Coe, where and y applied for a ci ensed business be, when and whames and addressry.	Race horse/race dog owner Real estate broker or sale. Sports promoter years held state business, was or industry OUTSIDE the State and give names and the agrees of all partners and the agrees.	er Sesman E To venture or industrate of Nevada? Seations of the bustency responsible	Securities dealer Barber/Cosmetologist rainer or manager  try license or held a fi Yes ☒ No ☐ sinesses in which you e for licensing said bu	Insuranc Gaming Educator inancial were usiness,
12.	the following: Liquor Doctor Accountant Yes  No If yes, state types Have you ever interest in a lice If yes, state type involved, the new	Lawyer Contractor Pilot Coe, where and y applied for a ci ensed business be, when and whames and addressry.	Race horse/race dog owner Real estate broker or sale Sports promoter vears held state business, vears not sor industry OUTSIDE the State and give names and locess of all partners and the agreement of the state business of all partners and the agreement of the state business of all partners and the agreement of the state business of all partners and the agreement of the state business of all partners and the agreement of the state business of all partners and the agreement of the state business of the	er Sesman E To venture or industrate of Nevada? Seations of the bustency responsible	Securities dealer Barber/Cosmetologist rainer or manager  try license or held a fi Yes ☒ No ☐ sinesses in which you e for licensing said bu	Insuranc Gaming Educator inancial were usiness,

	Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No 🌣				
14.	Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupation or professional activity? Yes   No   No				
If yes	to the above, state where, when and for what reason:				
15.	Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability?  Yes  No St				
16.	Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No 万人				
17.	Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs an controlled substances?  Yes □ No ▷				
18.	Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer  Yes  No Definition				
19.	Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry?  Yes □ No ▷				
	Date of photograph 2/14/14				
	Applicant's initial Kn				

STATE OF NEVA da
SS.
COUNTY OF CLARK
I, Kevin Memos , being duly sworn, depose and say I have read the
foregoing application and know the contents thereof; that the statements contained herein are true and correct and
contain a full and true account of the information requested; that I executed this statement with the knowledge that
misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of
a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised
Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license,
registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing
of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and
further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the
Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as
promulgated thereunder and agree, if licensed, to abide thereby,
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their
agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors
can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying
for a manufacturer license in the State of Nevada.
Visal Meals
Original Signature of Applicant
Subscribed and Sworn to before me this 12th day of March 2014
Subscribed and Sworn to before me this 12th day of March 2014  Subscribed Bul  GLORIA BIEL
Notary Public State of Nevada
My App. Expires December 15, 2014
(Seal)

Applicant's initial Page 9

story		ADDITIONAL INFORMATION
6/91	11/11	Temporary Assets Rogers NN Supervisor Martice Sattertoo  - Temp work  7-11 Torrey Pines & Charlesto Las Vegas NV Supervisor Scott MYMA  - essistant Manager  - Student
5/90	6/91	7-11 Torrey Pines & Charlesto Las Vegas NV Separusor Scott MYMA
8/89	5/10	- St. Jast
2/88	8/89	American Wester Plastis Stour Falls SD Symmisor BOB  (now Carlisle Plastics) - Machine Operator  - Student
- 1 - 4		(now Carliste Plastics) - Machine Operator
8/86	1/88 -	- Student
9/39	\$186	The Market Sieux falls SD Superisor -owners - Iron-on Tee shirts
	••••••	
		2 62 201 0 201 0 1 1 1
	•••••	
	*****	
		<u> </u>
		The state of the s

# PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 3/12/14

#### **GENERAL INSTRUCTIONS**

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

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

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

Withdrawn without the permission of th	ic neerising agency.	, /	,	
Application for MDEG	- Home Med.	ical Equ	pment	
Application for MDEG KSM Corporate Holdings UC Name a	Nature of Lic P.La. Worda Mo Ind Address of Establishment f	or Which License Is R	WLake Men	d, sto3 LVM39
	If applicable, Name Under Wh			
1. PERSONAL INFORMATION: MCManus	Sharon		Yvonne	
Last Name Shavan Topos	First Name		Middle Name	
Alias(es, Nicknames, Maiden Name, Other Nam	ne Changes, Legal or Otherwis	e)	111	2
9814 amador 6	Ranch Avenue	Las Vegi	as , NV &	39149
Present Residence Address-Street or RFD 9430 W. Lake N	nead BlVd#31_	, 1	NV 8914	19
Present Business Address  OWNER	Dates [0-20-20]	2 0 '	State/Z	Zip
Occupation	Dates 10 20 Z0		Phone:	
•	V North-		Residence	000 0114
(	OKinawa Jak	an	Business /02	2-998-2118
Date of Birth	Place of Birth (City, County	, State)		
46				F
Age		1 - 1:	-N	Sex
Hazel Brown	Light Brown	124	Small	5'5"
Color of Eyes Color of Hair	Complexion	Weight	Build	Height
	., , , £	ant laulein	buck tatto	ne male/
Scars, tattoos or distinguishing marks on right Slue of tace	and/or characteristics 1	- eve)	19110	171010
		1		
Are you a citizen of the United States?	' Yes No □ If alie	n, registration No		
If naturalized, certificate No		Date	••••	
Place	•••••	(If naturalized,	document mus	st be verified.)
2. MARITAL INFORMATION:				
Single ☐ Married X Separate	ed Divorced D	Widowed □	Engaged □	
Single in Marined by Separate	a nivologa h			1
		A	pplicant's initial	Page 1

)
Las Vegas, Clark, Nevada
Manus'
of Birth Brookings, South Dakota
of Birth Brookings, South Dakota nue Las Vegas, NV 89149 city State Zip
Busines:
Modernation Executive
1. Suite 131-200 Las Vegas, NV 89147
or annulled, indicate below:
Nature of City Action County and State
of previous spouses:
State Zip Telephone
d children and give the following information:  Residence Address
ort of child.
of one or more children and am in compliance with a proper public agency enforcing the order for the repayment
of one or more children and NOT in compliance with ttorney or other public agency enforcing the order for to the order.
Applicant's initial Page 2

Name	FAMILY INFORMATION-Continued  District attorney or public agency responsible for enforcing the child support order:
Contact person. N/A  C. Parents: List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents- Instruction of legal quardian. If refired or deceased. Its Last address and occupation.  Name (Maiden)  Name (Maiden)	
C. Parents: List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, in-law or legal guardian. If retired or deceased. list last address and occupation.  Name (Maiden)  Mother Patricia Topps.  Millie Topps.  Mother Patricia Topps.  Mother Deanna McManus I  Mother Mothe	Address
List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, in-law or legal quardian. If retired or deceased. list last address and occupation.  Name (Madden)  Sinh Date  Address  Occupation.  Sinh Date  Address  Occupation.  Sinh Date  Address  Occupation.  Patricia Topps  H450 Laurel Drive, Ugden Utah retired  Patricia Topps  H450 Laurel Drive, Ugden Utah retired  Meither  Patricia Topps  Menterin-Law  Michgel McManus   3501 Highlands Road, Brooklyn Park, MN retired  Deanna McManus   3501 Highlands Road, Brooklyn Park, MN retired  Deanna McManus   3501 Highlands Road, Brooklyn Park, MN retired  Deanna McManus   3501 Highlands Road, Brooklyn Park, MN retired  Deanna McManus   3501 Highlands Road, Brooklyn Park, MN retired  Deanna McManus   3501 Highlands Road, Brooklyn Park, MN retired  Deanna McManus   3501 Highlands Road, Brooklyn Park, MN retired  Deanna McManus   3501 Highlands Road, Brooklyn Park, MN retired  Deanna McManus   3501 Highlands Road, Brooklyn Park, MN retired  Deanna McManus   3501 Highlands Road, Brooklyn Park, MN retired  Deanna McManus   3501 Highlands Road, Brooklyn Park, MN retired  Deanna McManus   3501 Highlands Road, Brooklyn Park, MN retired  Deanna McManus   3501 Highlands Road, Brooklyn Park, MN retired  Deanna McManus   3501 Highlands Road, Brooklyn Park, MN retired  Deanna McManus   3501 Highlands Road, Brooklyn Park, MN retired  Deanna McManus   3501 Highlands Road, Brooklyn Park, MN retired  Deanna McManus   3501 Highlands Road, Brooklyn Park, MN retired  Deanna McManus   3501 Highlands Road, Brooklyn Park, MN retired  Deanna McManus   3501 Highlands Road, Brooklyn Park, MN retired  Deanna McManus   3501 Highlands Road, Brooklyn Park, MN retired  Deanna McManus   3501 Highlands Road, Brooklyn Park, MN retired  Deanna McManus   3501 Highlands Road, Brooklyn Park, MN retired  Deanna McManus   3501 Highlands Road, Brooklyn Park, MN retired  Deanna McManus   3501 Highlands Road, Brooklyn Park, MN retired  Deanna McManus   3501 Highlands Roa	Contact person / V//+
Dearnta   Dear	
Name (Maden)  Birth Date  Address  Occupation  Father-Low Willie Topps  1450 Laurel Drive, Ugden Utah refired  Macharth-Low Mechael McManus   3501 Highlands Road, Brooklyn Park, MN refired  Machael McManus   3501 Highlands Road, Brooklyn Park, MN refired  Deanna McManus   3501 Highlands Road, Brooklyn Park, MN refired  Deanna McManus   3501 Highlands Road, Brooklyn Park, MN refired  Deanna McManus   3501 Highlands Road, Brooklyn Park, MN refired  Deanna McManus   3501 Highlands Road, Brooklyn Park, MN refired  Deanna McManus   3501 Highlands Road, Brooklyn Park, MN refired  Deanna McManus   3501 Highlands Road, Brooklyn Park, MN refired  Deanna McManus   3501 Highlands Road, Brooklyn Park, MN refired  Deanna Manus of Steet   3501 Highlands Road, Brooklyn Park, MN refired  Deanna Manus of Steet   3501 Highlands Road, Brooklyn Park, MN refired  Deanna Manus of Steet   3501 Highlands Road, Brooklyn Park, MN refired  Deanna Manus of School   3501 Highlands Road, Brooklyn Park, MN refired  Deanna Manus of School   3501 Highlands Road, Brooklyn Park, MN refired  Deanna Manus of School   3501 Highlands Road, Brooklyn Park, MN refired  Deanna Manus of School   3501 Highlands Road, Brooklyn Park, MN refired  Deanna Manus of School   3501 Highlands Road, Brooklyn Park, MN refired  Deanna Manus of School   3501 Highlands Road, Brooklyn Park, MN refired  Deanna Manus of School   3501 Highlands Road, Brooklyn Park, MN refired  Deanna Manus of School   3501 Highlands Road, Brooklyn Park, MN refired  Deanna Manus of School   3501 Highlands Road, Brooklyn Park, MN refired  Deanna Manus of School   3501 Highlands Road, Brooklyn Park, MN refired  Deanna Manus of School   3501 Highlands Road, Brooklyn Park, MN refired  Deanna Manus of School   3501 Highlands Road, Brooklyn Park, MN refired  Deanna Manus of School   3501 Highlands Road, Brooklyn Park, MN refired  Deanna Manus of School   3501 Highlands Road, Brooklyn Park, MN refired  Deanna Manus of School   3501 Highlands Road, Brooklyn Park, MN refired  Deanna Manus of School	parents-
Willie Topps	
Patricia Topps   1450 Layrel Drive, Oden Utah refired Michael McManus   3501 Highlands Road, Brooklyn Park, MN refirmed Mother-in-Law Mother-in-Law 3501 Highlands Road, Brooklyn Park, MN refirmed Roading States:  List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.  Name (Madden) Address Occupation Manager Ma	Willie Topps 332 S. Sieng Street, Chula Vista, CA retired
Michael McManus 3501 Highlands Road, Brooklyn Park, MN refirmental McManus 3501 Highlands Road, Bro	Patricia Topps, 1450 Laurel Drive, Ogden Utah retired
D. Brothers and Sisters:  List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.  Name (Maiden)  Birth Date  Address  Occupation  Parrish Topps  Ab 43 Iswa Street Oyden UT Manager  Specifies Topps  Ab 43 Iswa Street Oyden UT Tax Examiner  Michael Topps  Ab 43 Iswa Street Oyden UT Tax Examiner  Michael Topps  Birth Date  Ab 43 Iswa Street Oyden UT Tax Examiner  Michael Topps  Ab 44 Iswa Street Oyden UT Tax Examiner  Michael Topps  Birth Date  Ab 43 Iswa Street Oyden UT Tax Examiner  Michael Topps  Ab 5526 SW 1915 F. Street, Alsha, OR Caunseling Office  Spouse  A Lourelle (Topps) McClish C  5317 E. Terra Buena Lane, Scottsdale AZ Classouse  Patrick McClish  Spouse  A EDUCATION:  School  School  A Education  Dates Altended  Graduate  Yes St. No  Halp  Washing Ton High  Oyden, Utah  Yes St. No  Other  Type of degree obtained, if any  College or university where obtained  N/A  Applicant's initial.  Applicant's initial.	Michael McManus 1: 3501 Highlands Road, Brooklyn Park, MN retir
List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.    Name (Maiden)   Birth Date   Address   Occupation	Deanna McManus! 3501 Highlands Road, Brooklyn Park, MN retu
Rannish Topps 2643 lowa Street Oyden UT Manager  Theresa Topps 2643 lowa Street Oyden UT Manager  Michael Topps 2643 lowa Street Oyden UT Tax Examiner  Michael Topps 2643 low	List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of
Spouse NA  Timothy Topps '	Name (Maiden) Birth Date Address Occupation
Michael Topps	Seigne a Till
Timothy Tupps 5526 SW 191st Street, Aloha, OR Counseling Office Spouse A Lourcle (Topps) McClish (** 5317 E. Terra Buena Lane, Scottsdale AZ classes Spouse - Patrick McClish 5317 E. Terra Buena Lane, Scottsdale AZ classes School School Dates Attended Graduate School Lynn Elementary Oden, Wah Yes & No High School Washing ton High Oden, Wash Yes No Olego University CCSW Las Vegas, Newada Yes No Olego University where obtained NAA  College or university where obtained NAA  Applicant's initial A	Teresa lopas 2643 lowa Street Naden UT Tax Examiner
Lourelle (Topps) McClish (* 5317 E. Terra Buena Lane, Scottsdale AZ classouse - 5317 E. Terra Buena Lane, Scottsdale AZ classouse - 5317 E. Terra Buena Lane, Scottsdale, AZ employed - 4. EDUCATION:    Name of School   Location   Dates Atlended   Graduate   School   Lynn Elementary   Oden, Utah   Yes & No   High   Oden, Utah   Yes   No   No   No   No   No   No   No   N	
Lourelle (Topps) McClish (* 5317 E. Terra Buena Lane, Scottsdale AZ classouse - 5317 E. Terra Buena Lane, Scottsdale AZ classouse - 5317 E. Terra Buena Lane, Scottsdale AZ compleyed - 4. EDUCATION:    Name of School   Location   Dates Atlended   Graduate   School   Lynn Elementary   Oden, Utah   Yes (No   High   School   Washing ton High   Odden, Utah   Yes   No   No   No   No   Other   Yes   No   No   No   No   No   No   No   N	Timothy Topps 3520 SW 191st Street, Along, OR Counseling office
A. EDUCATION:    Name of School   Location   Dates Attended   Graduate   School   Lynn Elementary   Orden, Utah   Yes   No   High   Orden, Utah   Yes   No   No   High   Orden, Utah   Yes   No   No   No   No   No   No   No   N	Special MA
A. EDUCATION:    Name of School   Location   Dates Attended   Graduate   School   Lynn Elementary   Orden, Utah   Yes   No   High   Orden, Utah   Yes   No   No   High   Orden, Utah   Yes   No   No   No   No   No   No   No   N	Lourelle (Topps) McClish C 5317 E. Terra Buena Lane, Scottsdale AZ Cla
Name of School  Grammar Lynn Elementary Ogden, Wah  High School Washing on High Ogden, Wah  College University CCSW Las Vegas, Newada Yes No  Type of degree obtained, if any  College or university where obtained  Applicant's initial	Spouse -
Grammar School Lynn Elmentam Orden, Mah  High School Washington High Orden, Wash  College University CCSA Las Vegas, Nevada  Other  Type of degree obtained, if any  College or university where obtained  Applicant's initial	4. EDUCATION:
School Lyhn Flementany (oden, Mah Yes No Thigh School Washington High Oden, Mah Yes No M Applicant's initial Applicant's initial	
School WUNNING IN HIGH OGIEN, UTAN  College University CCSW Las Vegas   Newada Yes   No M  Other  Type of degree obtained, if any  College or university where obtained  Applicant's initial	School Lyhn Elementary Ogich, Itah
Other  Type of degree obtained, if any  College or university where obtained  Applicant's initial	School WUNNINGION HAR OGIEN, UTAN YES I NO M
Type of degree obtained, if any  College or university where obtained  Applicant's initial	$\mathcal{L}_{\mathcal{A}} = \mathcal{L}_{\mathcal{A}} = $
College or university where obtained Applicant's initial	Other Yes No No
Applicant's initial	Type of degree obtained, if any
,	College or university where obtained N/A
,	

## 5 MILITARY INFORMATION:

A.	Have you ever se	erved in any	armed forces	?	Yes □ No	$\bowtie$			
	Branch			Date	of entry-active	service		•••••	
	Date of separation	n		Туре	of discharge			****	
	Rating at separationSerial number								
	While in the milital special or general regardless of who	I court martia	al? Ye	es 🗆 No 🗆	If yes, furnis	ich resulted in su h details on page	ımmary ac e 10. (List	tion, a trial or all incidents	
B.	Have you registe	red for the dr	raft? Ye	es 🗆 No 🏋					
	County	•••••	State	/	Date	e registered			
6. <b>A</b>	RRESTS, DETENT not convicted.) Have you ever be violation for any r Yes X No ☐ If	iONS, LITIGen arrested, eason whats	ATIONS AND detained, cha oever, regard	O ARBITRATARE	rions: (Inclued or summon isposition of the	de those arrest ed to answer for ne event? (Excep	s in which any crimin at minor tra	n you were	
Date of	Arrest A	ge Char	ge Loc	ation-City and	State	Deposition/Date	Arresting	Agency	
21	bo/ 3	3 ass	ault La	is Vegas, 1	Devada	200/	LV	^	
C. D. E. F. G.	arrested or in whi page 10. Have you ever be or committee? Ye have you ever be commission? Yes Have you ever be Yes \( \scale \) No \( \scale \) Have you ever ha If yes, when? Have you ever red If yes when? Has any member If you answer to a	en questione es	ed or deposed and to appear and to testify f iminal record ion or deferre	by a city, stort testify be or any civil, or expunged or city, cod prosecutio city, concuse's fami	ate, federal or fore a federal, criminal or adressed by a cunty and state on for any crimicunty and state by ever been c	law enforcemen state or county on ninistrative proce court order? Yes inal offense? Yes	t agency, or grand jury, eeding or h	board or earing?	
Name		Re	elationship		Charge	Loca	ation	Date	
Mid	nael Topps	bro	other	drug	Passessio	n Uta	h á	009	
					,	Applicant's initial			

#### ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

1.

Plaintiff/Defendant or		Court and Case		
Claimant/Respondent	Date Filed	Number	City, County and State	Disposition/Date
associated v		er, officer, director or		neld corporation (while you www.wsuit, arbitration or bankrupto
Name of Entity		Type of Entity		ximate Date(s) of it/Arbitration/Bankruptcy
			140	
7. RESIDENCES:				
7. RESIDENCES:	ou have had for th	an last 25 years		
st all residences yo	ou have had for th	ne last 25 years:		
st all residences yo onth and Year (From-To)	Street	ne last 25 years:	City	State or County
st all residences you onth and Year (From-To)	· · · · · · · · · · · · · · · · · · ·		gden Utah	State or County Weber
st all residences you onth and Year (From-To)	street 276 8th St	and Number	Igden Utah Las Vegas NV	State or County Weber Clark
st all residences you onth and Year (From-To)	street 276 8th St K.? Pennwa	and Number reet (	lgden Utah Las Vegas NV	State or County Weber Clark Oark
st all residences you onth and Year (From-To) 188-Aug 89 289 - Muy 90 un 90 - Jan 9	street 276 8th St K.? Pennwe I M. Cha	and Number reet ( nod Avenue Inteston BUd	lgden Utah Las Vegas NV Las Vegas NV	Weber Clark Clark
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ist all residences you onth and Year (From-To) 10 88 - Aug 89 10 89 - May 90 y 10 90 - Jan 9 10 91 - Aug 9 201 91 - Mar	Street 276 8th St K.? Pennwa I M. W. Cha II N. W. Sa 92 N. Sm	reef ( Pod Avenue Inteston BUd hara Avenue IKE, Ranch	Igden Utah Las Vegas NV Las Vegas NV Las Vegas NV Las Vegas NV	Weber Clark Clark Clark Clark
st all residences your onth and Year (From-To)  188-Aug 89  289-May 90 y  199-Jan 9  199-Aug 9  25+91-Mar	Street 276 8th St K.? Pennwa I M. W. Cha II N. W. Sa 92 N. Sm	reef ( Pod Avenue Inteston BUd hara Avenue IKE, Ranch	Igden Utah Las Vegas NV Las Vegas NV Las Vegas NV Las Vegas NV	Weber Clark Clark Clark Clark
st all residences you onth and Year (From-To) 188-Aug 89 289-Muy 90 un 90-Jan 9 10 91- Aug 9 upt 91-Mar y 93-to 95 195-Jun 97	Street 276 8th Str K.? Pennwa I.N.P. W. Cha II.N.P. W. Sa. 92 N.F. Sm N.Y.P. Tena 3200 S	reet ( Prod Averue  Priteston Bud  hara Averue  We Ranch  aya Road  Arville St.)	Igaen Utah Las Vegas NV	Weber Clark Clark Clark Clark Clark NV Clark
st all residences you onth and Year (From-To) 188-Aug 89 289-May 90 y un 90-Jan 9 un 90-Jan 9 un 91-Aug 9 up 191-Mar up 191-Mar up 193-Teb 95 up 195-Jun 97 up 197-Dec 9	Street 276 8th Str K.? Pennwa INP W. Cha INP W. Sa 92 NF Sm NY Tena 3200 S 8 5835 U	reet ( Prod Averue  Priteston Bud  hara Averue  ele Ranch  aya Road  Arville St.)  Rochelle Averue	Igaen Utah Las Vegas NV #311 Las Vegas	Weber Clark Clark Clark Clark Clark NV Clark
st all residences you  onth and Year  (From-To)  188-Aug 89  289-May 90,  199-Jan 9  199-Jun 97  199-Jun 97  199-Jun 97  199-Jun 97  199-Sept 99	Street 276 8th Str 8.? Pennwa 1 N.P. W. Cha 1 N.P. W. Sa, 92 N.F. Sm N.P. Tena 3200 S 8 5835 U 9 6801 Sp	reef ( Prod Averue  Priteston Bud  hara Averue  ele Ranch  aya Road  Arville St.,  Rochelle Averue  earfish Aver	Igaen Utah Las Vegas NV #311 Las Vegas Las Vegas NV	Weber Clark
st all residences you onth and Year (From-To) 188-Aug 89 289-May 90, un 90-Jan 9 un 91-Aug 9 un 91-Aug 9 un 93-te 95 r95-Jun 97 197-Dec 9 198-Sept 99	Street 276 8th Str 1 N. Pennwa 1 N. W. Cha 1 N. W. Sa. 92 N. Sm N. Tena 3200 S 8 5835 U 9 6801 Sp 100 8400 U	reef ( pod Averue  Irteston Bud hara Averue IKE Ranch aya Road Arville St., ). Rochelle Averue  Rarfish Aver	Jach Utah Las Vegas NV # 311 Las Vegas Las Vegas NV # 311 Las Vegas Las Vegas, NV Las Vegas, NV	Weber Clark Clark Clark Clark Clark Clark Clark Clark Clark NV Clark Clark Clark
ist all residences you onth and Year (From-To) 10,88-Aug 89 10,89-May 90,9 10,90-Jan 9 10,91-Aug 9 10,91-Aug 9 10,91-Mar 10,93-Feb 95 11,97-Dec 9 11,97-Dec 9 11,98-Sept 9 11,99-Mar 20	Street 276 8th Str 1 N. Pennwa 1 N. W. Cha 1 N. W. Sa. 92 N. Sm N. Tena 3200 S 8 5835 U 9 6801 Sp 100 8400 U	reef ( pod Averue  Irteston Bud hara Averue IKE Ranch aya Road Arville St., ). Rochelle Averue  Rarfish Aver	Igaen Utah Las Vegas NV #311 Las Vegas	Weber Clark Clark Clark Clark Clark Clark Clark Clark Clark NV Clark Clark Clark

Applicant's initial...

Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a

#### 8. EMPLOYMENT:

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

Aug 1986	Name/Mailing Address of Employer/ N. 1-C.E. Telcmark		Reason for Leaving  Out	
in bound dent (	Description of Duties		Name of Supervisor	
•			10//	
Month and Year	SIZZIEr Steak Hous	Business Wah	Reason for Leaving MWLd OUT of	town
Salal Bar alter	Description of Duties dart Prep Salad bar &-	fruit bowls	Name of Supervisor	
Month and Year	Name/Mailing Address of Employer/l		Reason for Leaving	
Title -	Description of Duties		Medical Name of Supervisor	
Cashler	input customer orders	· ·	NUKe	
Month and Year April 1990	Name/Mailing Address of Employer/I	Hing Rd WN	Reason for Leaving Defen lab opw.	 rtunity
Store Clerk	Description of Duties WORD tragister & Stock		Name of Supervisor Pam	
Month and Year May 1991	Name/Mailing Address of Employer/E E.S.T. Engineers &	Business Surveyers Inc	Reason for Leaving better opportun	ity
<u>receptionist</u>	answer phone, type letter	ers order office	Name of Supervisor Supplies James (	Thang
Month and Year Mar 1991-93	Name/Mailing Address of Employer/E	Business	Reason for Leaving  DCHC Opportu	unity
Secretary/Rece	Description of Duties  HIMIST ANSWER PHONES A	issist offc. mg	r. Christae Reeu	res
Month and Year Apr 1993-200			Reason for Leaving DEHER OPPORTUNI	ty
Receptionist/Offc.	Mgr. ASSIS. 6-M., PR/A	P/AR/Costing	John Crampton	
Month and Year JUN 2007-200	Name/Mailing Address of Employer/E	lentanial	Reason for Leaving DEHER Opportunit	y
Contract Sales	Description of Duties Inhting Consultant /Su	ipplier to	Name of Supervisor  MMES FINKEL	
If additional space i	s needed, continue on page 10 or p	provide attachment.	lders 1	

Applicant's initial\_

Page 6

#### 9. CHARACTER REFERENCES:

employer or employees.  Name of Where Employed Street City State Zip Telephone Years Known  Name Lonette Nagy Home 980b Cherokee Avenue UNV 89147. 24 988  Employer Innacle Home 9405 Canyon Shadaw Cane, LV NV 89117. 3898  Employer Summer Ling Hospif Business Town Center, LV NV  Name arusin Thomason Home 8440 West Cliff De #1057 LVNV 89145
Employer Prinnacle Home Business 9225 W. Plamingo RA, #190 LUW 89/47  Name Christing Marting Home 9405 Canyon Shadaw Lane, LV NV 89/17. 38 gra  Employer Summerly Hospit Business Town Center, LV NV
NameChristine Martinez Home 9405 Canyon Shadow Lane, LV NV 89117
Employer Summerly Hospit Business Town Center WW
CHUIS I I INO X at 1 mm 1 1 All OOLING 1 AMON II
Named Mill Mill Mill Mill Home 1910 Mill Will Will Will Will Will Will Will
Employer Trimbody M.D. Business 10300 W Charleston Blud. LVNV
HODAL FIRE SIZE AND
Terra Consultante 9912 11 Cheurano Ano # 210 /1/1/11)
Name Jim Finkel Home 2720 Brockington, Drue LV NV 89120 13
Employer 2020 In Sight Business UHNU
10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other
person's depository? Yes 🗆 No 🕱
If yes, complete the following:
Box Number or Type of Depository Location City and State Authorized Users
11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to
the following:
Liquor Lawyer Race horse/race dog owner Securities dealer Insurance Doctor Contractor Real estate broker or salesman Barber/Cosmetologist Gaming
Accountant Pilot Sports promoter Trainer or manager Educator
Yes □ No 🕅 If yes, state lype, where and years held
12. Have you ever applied for a city, county of state business, venture or industry license or held a financial
interest in a licensed business or industry OUTSIDE the State of Nevada? Yes 🛛 No 🤘
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business,
venture or industry.
Applicant's initial

	Have you ever appeared before any licensing age any reason whatsoever? Yes □ No □	ency or similar authority ir	or outside the State of Nevada t
	Have you ever been denied a personal license, per or professional activity? Yes □ No □		
yes t	o the above, state where, when and for what reasor	n:	
15.	participant in any group which has been denied a suitability?		nse or related finding of  Yes  No X
	Have you or any person with whom you have been administrative action or proceeding relating to the	pharmaceutical industry?	Yes □ No 🌠
	Have you or any person with whom you have beer guilty or entered a plea of nolo contendere to any controlled substances?	n a participant in any grou	up ever been found guilty, plead
18.	Have you or any person with whom you have beer permit or certificate of registration relating to the plupon voluntary close of a manufacturer	n a participant in any grou	ip ever surrendered a license, lluntarily or otherwise (other than Yes ☐ No
19.	Do you have any relatives within the fourth degree pharmaceutical or drug related industry?	of consanguinity associa	Yes □ No 🔯
			2
			Mr. A
		) / a	
			19 10
			TAKE.
pri		Date of photograph	2/14/14
			in the second
		Applic	ant's initial Page

STATE OF Nevada
COUNTY OF CLARK
I, Sharon McManus , being duly sworn, depose and say I have read the
foregoing application and know the contents thereof; that the statements contained herein are true and correct and
contain a full and true account of the information requested; that I executed this statement with the knowledge that
misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of
a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised
Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license,
registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing
of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and
further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the
Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as
promulgated thereunder and agree, if licensed, to abide thereby,
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their
agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors
can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying
for a manufacturer license in the State of Nevada.
Abara Mc Manus Original Signature of Applicant
Subscribed and Sworn to before me this 13th day of March 2014  Llona Bil
Notary Public GLORIA BIEL Notary Public State of Nevada APPT. NO. 03833201 My App. Expires December 15, 2014

Applicant's initial

Page 9

Cilling Inf. ADDIT	IONAL INFORMATION
Siding Milb: Chery) Sneddon	ional information 469 N Quingy Avenue Oden, Utah Tax Examine
Employment Info:	
	Supply Lighting Consultant / Contract Sales lers in Las Vegos and some parts any went out of business due to the ket
Residences:	
April 2003 5915 Cardunal May 2003-Dec 2003 555 E. Silvera Dec 2003- Nov 2006 9143 Badby Av Nov 2006- Nov 2007 9513 Cedar He Nov 2007- present 9814 Amador	Rose lane Lus Vegas, NV Clark- do Ranch Blud, Las Vegas, NV Clark- cnue, Las Vegas, NV Clark- cights Avenue, Las Vegas, Clark- Ranch Autnue, Las Vegas, Clark-

Blank

## **NEVADA STATE BOARD OF PHARMACY**

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

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

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

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

Application must be printed legibly or typed

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

⊠ New MDEG
(Please provide current license number if making changes: MP or MW)
Publicly Traded Corporation - Pages 1 2 3 4
☐ 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: Prism Medical Products, LLC
Physical Address: 7685 Commercial Way, Suite F, Henderson, NV 89011 (This must be a business address, we can not issue a license to a home address)
Mailing Address: P.O. Box 476
City: Elkin State: NC Zip Code: 28621-0476
Telephone: 888-589-8879 Fax: 800-975-6321
E-mail: Website: www.prism-medical.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 (MDEG administrator application required)
Name:
TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)
☐ Medical Gases** ☐ Assistive Equipment
☐ Respiratory Equipment** ☐ Parenteral and Enteral Equipment**
☐ Life-sustaining equipment** ☐ Orthotics and Prosethics
☐ Diabetic Supplies Other: Wound Care, Ostomy, Urological Supplies and LVAD Kits
**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:
Page 1

66037

## APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

List a	II Medicare and Medi	caid provider numb	pers registered to the business or it	s owner	•	
Medicare - 5823260001		Please see attached for	Medicaid			
			<del></del>		祖	
1)	any type of business	s or facility which a	ownership or have management in re licensed by the State of Nevada		No.	
	or another political j	urisdiction?		Yes □	NO	IXI
2)		are entity in which	en associated with any person, MDEG products were sold,	Yes □	No	X
3)	Are any of the owne	rs health professio	nals? If yes, please check the box	and list	nar	ne.
	<ul> <li>□ Practitioner</li> <li>□ Advanced Practi</li> <li>□ Physician's Assi</li> <li>□ Physical Therap</li> <li>□ Occupational Therap</li> <li>□ Registered Nurs</li> <li>□ Respiratory The</li> </ul>	stant ist erapist se	Name: Name: Name: Name: Name: Name: Name: Name:			

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

#### APPLICATION FOR NEVADA MDEG LICENSE

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

Owner's Name:	Chris Cartw	right						 	
Business Name:	Prism Medical Products, LLC								
Current Business	Address:	112 Church Street	Suite 10	l				 	
City: Elkin			State:	NC		_Zip: _	28626	 	
Telephone:					Fax:				

#### **SOLE OWNER**

## Include with the application for a sole owner

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

Blank

### PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date March 3'2014

#### **GENERAL INSTRUCTIONS**

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

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

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

Application for	dical Deaduate 11 C					
Prism Med	licai Producis, LLC	7000 COM	merciai vvay, Sur			11-6632
	Name ar	nd Address of Establis				
	•••••	lf applicable, Name U				
1. PERSONAL	INFORMATION:					
Cartwright			pher (Chris)		Jon	
Last Name		First Na	me		Middle Name	
Alias(es, Nicknames, N	Maiden Name, Other Nam	e Changes, Legal or (	Otherwise)			
975 Carter Mill Roa	d		Elkin		NC/	28621
Present Residence Ad	dress-Street or RFD		City		State	e/Zip
112 Church Street S	Suite 101	ტე/2010-Present	Elkin		NC/	28621
Present Business Adda	ress		City		State	:/Zip
President/Owner		Dates 08/14/2006	- Present			
Occupation					Phone: Residence	
		Noblesville, Han	nilton. IN		Business ,	
Date of Birth		Place of Birth (City,				
			· ,			M
35	0.116					M
Age	Social S	Security Number				Sex
Blue	Brown	W	225			6'5"
Color of Eyes	Color of Hair	Complexion	Weight		Build	Height
	istinguishing marks a					
Are you a citizen c	of the United States?	Yes 🗷 No 🗆	If alien, registra	ation No	)	***************************************
If naturalized, certi	ficate No		Date_	•••••		•••••
Place			(If nat	uralized	, document mu	ust be verified.)
2. MARITAL INF	ORMATION:					
Single □ Marr	ied 🛭 Separated	d □ Divorced	d □ Widow	ed 🗆	Engaged [	٥
						/_/
				А	pplicant's initia	Pao

#### MARITAL INFORMATION-Continued

Α.	Current Ma	arriage		Oviedo, Seminole, FL				
	Spouse's fu		Date ephanie Johnson		City, County and State S.S. No_			
	Date of Birti	h	Pl	ace of Birth Elki	n, NC			
	Resident ac	ldress 975 Carter Mill Street	Road	Elkin City	NC State	28621 Zip		
	Telephone:	Residence		Business				
	Spouse's er	mployer_Family Vision	Care					
	Address of	employer 1816 N Brid	lge Street	Elkin	NC State	28621 Zip		
B. Pr		iages: If ever legally		-		Σiμ		
	of Spouse	Date of Order or Decree	Date of Pla of Marria			ity ounty and State		
N/A								
	List of name	es, current address ar e Street	id telephone numb Cit			D Telephone		
N/A								
3. FA A.	List all Nam	nd Dependents: children, including ste	ep-children and ad Birth Place	opted children a	nd give the follo Residence A			
INIF	1							
B.		ort Information: ase mark the appropri	ate response:					
	⊠ 1	am not subject to a c	ourt order for the	support of child.				
	p		district attorney or	other public age		am in compliance with a se order for the repaymen		
	t		proved by the distr	ict attorney or ot	her public agen	NOT in compliance with cy enforcing the order for		
					Applicant's in	itial Page		

FAMIL	• •	olic agency respon		orcing the child support ord	
	Name				
	Address				
	Contact person			•••••	
C.	Parents: List names, residence	addresses, dates	of birth and r	most recent occupations of	parents, step-parents,
parents		n If retired or dec	eased list la	st address and occupation	
	Name (Maiden)	Birth Date	Addre		Occupation
Father					
Ron C	artwright		324 Harlequ	in Court, Oviedo, FL 32765-8	660 Self-Employed
Mother					
Julie	Burton Cartwright	2	324 Harlequ	in Court, Oviedo, FL 32765-8	3660 Self-Employed
Father-in	-Law				
Decea	ased				
Mother-in	n-Law				
Clau	ıdia Johnson	1'	268 Pleasa	nt Ridge Road, Elkin, NC 286	621-8835 Retired
D.	Brothers and Sisters: List names, residence a their respective spouse	addresses, dates	of birth and r	nost recent occupations of	brothers and sisters and
	Name (Maiden)	Birth Date	Addre	ess	Occupation
Kelli Ca Spouse	rtwright		412 S	7th Street, Lake City, MN 550	041-1712 Disabled
N/A					
Rob Ca	ırtwright		17462	Tuscany Lane, Cornelius, NO	C 28031-7996 IT
Spouse N/A					
Tom Ca	artwright		111	Clark Street, Oviedo, FL 3276	65-7823 Manageme
Spouse					
_N/A					
Spouse					
4. ED	UCATION:				
	Name of School		Location	Dates Attended	Graduate
Grammar School	Multiple	.,	CO, NY		Yes ☒ No ☐
High School	Oviedo High	O	viedo, FL	1992-1996	Yes 🕢 No 🗌
College University	Wingate University	Wit	ngate, NC	1996-2000	Yes 🖄 No □
Other					Yes 🗆 No 🗆
		Dealester			110
Type of	degree obtained, if any	Bachelors			
College	or university where obta	ained Wingate Un	iversity		•••••

#### 5 MILITARY INFORMATION:

Α.	Have you ever served in any armed forces?	Yes □ No 🖻	₫	
	Branch	Date of entry-active se	ervice	***************************************
	Date of separation	Type of discharge		
	Rating at separation	Serial number		
	While in the military service were you ever a special or general court martial? Yes regardless of where they occurred-foreign or	□ No □ If yes, furnish	h resulted in summa details on page 10.	ary action, a trial or (List all incidents
В.	Have you registered for the draft? Yes	⊠ No □		
	County Seminole State FL	Date :	registered 8/25/199	96
6. AF	RRESTS, DETENTIONS, LITIGATIONS AND not convicted.) Have you ever been arrested, detained, char violation for any reason whatsoever, regardle Yes  No If yes, give details in space p	rged, indicted or summone ess of the disposition of the	d to answer for any e event? (Except mi	criminal offense or nor traffic citations.)
Date of A	Arrest Age Charge Loca	tion-City and State	Deposition/Date A	Arresting Agency
			9	22 17 - 12 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
B.	Has a criminal indictment, information or con arrested or in which you were named as an upage 10.	nplaint ever been returned unindicted co-party? Yes	against you, but for □ No 図 If yes. fu	which you were no rnish details on
C.	Have you ever been questioned or deposed or committee? Yes □ No া	by a city, state, federal or l	aw enforcement ag	ency, commission
D.	Have you ever been subpoenaed to appear commission? Yes □ No ☒	or testify before a federal, s	state or county gran	d jury, board or
E.	Have you ever been subpoenaed to testify for Yes □ No া	or any civil, criminal or adm	inistrative proceedi	ng or hearing?
F.	Have you ever had a civil or criminal record of the first section of the	expunged or sealed by a co	ourt order? Yes □	No 図
G.	Have you ever received a pardon or deferred	d prosecution for any crimin	nal offense? Yes ⊔	
Н.	If yes when? Has any member of your family or of your sp If you answer to any of the above questions	ouse's family ever been co	envicted of a felony s	Yes LINO KA
Vame	Relationship	Charge	Location	Date
				•
			Applicant's initial	<b>C</b> /

Page 4

### ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

Yes ⊔ No ᡌ If yes, give deta	t as either a plaintiff or defendant o (Other than divorces) ails below. List all cases without ex	r an arbitration as either a c	•
Plaintiff/Defendant or Claimant/Respondent	Court and Case Date Filed Number	City, County and State	Disposition/Date
associated with	al partnership, business venture, so it as an owner, officer, director or p If yes, complete the following:		
Name of Entity	Type of Entity		ximate Date(s) of uit/Arbitration/Bankruptcy
U <sub>k</sub>			
5 100 To			
		and the second s	
7. RESIDENCES: List all residences you h	nave had for the last 25 years:		
Month and Year		0"	
(From-To)	Street and Number	City	State or County
2010 to Present	Street and Number  975 Carter Mill Rd	Elkin	State or County  North Carolina
			~
2010 to Present 2008-2010	975 Carter Mill Rd	Elkin	North Carolina
2010 to Present 2008-2010	975 Carter Mill Rd 3340 Pleasant Ridge Rd	Elkin Elkin Elkin	North Carolina
2010 to Present 2008-2010 2006-2008	975 Carter Mill Rd 3340 Pleasant Ridge Rd 268 Pleasant Ridge Rd	Elkin Elkin Elkin	North Carolina  North Carolina  North Carolina
2010 to Present 2008-2010 2006-2008 2002-2006	975 Carter Mill Rd 3340 Pleasant Ridge Rd 268 Pleasant Ridge Rd 1020 Seminole Creek Drive	Elkin Elkin Elkin Oviedo	North Carolina  North Carolina  North Carolina  Florida
2010 to Present 2008-2010 2006-2008 2002-2006	975 Carter Mill Rd 3340 Pleasant Ridge Rd 268 Pleasant Ridge Rd 1020 Seminole Creek Drive	Elkin Elkin Elkin Oviedo	North Carolina  North Carolina  North Carolina  Florida
2010 to Present 2008-2010 2006-2008 2002-2006	975 Carter Mill Rd 3340 Pleasant Ridge Rd 268 Pleasant Ridge Rd 1020 Seminole Creek Drive	Elkin Elkin Elkin Oviedo	North Carolina  North Carolina  North Carolina  Florida
2010 to Present 2008-2010 2006-2008 2002-2006	975 Carter Mill Rd 3340 Pleasant Ridge Rd 268 Pleasant Ridge Rd 1020 Seminole Creek Drive	Elkin Elkin Elkin Oviedo	North Carolina  North Carolina  North Carolina  Florida
2010 to Present 2008-2010 2006-2008 2002-2006	975 Carter Mill Rd 3340 Pleasant Ridge Rd 268 Pleasant Ridge Rd 1020 Seminole Creek Drive	Elkin Elkin Elkin Oviedo	North Carolina  North Carolina  North Carolina  Florida

#### 8. EMPLOYMENT:

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

08/2006-Present	Prism Medical Products, LLC, 112 Church Street, Suite 101, Elkin	I, NC 20021
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Owner/President	Planning/Oversight	N/A
itle	Description of Duties	Name of Supervisor
3/2000-8/2006	The Dumont Company, 381 S Central Ave, Oviedo, FL 32765	Relocation
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Operations Mgr	Logistics, Purchasing, Management	Ron Cartwright
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Γitle	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
litle	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
itle	Description of Duties	Name of Supervisor
Month and Year Name/Mailing Address of Employer/Business		Reason for Leaving
Title	Description of Duties	Name of Supervisor

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

#### 9. CHARACTER REFERENCES:

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

Telephone Years Known

Name of vyriere Employed	Sueet	ÇILŸ	State ZID		eprione ye	ars Known
Name Ryan Magee	Home 229	E William David Pl	wy, Melarie, LA 70005	5-3307	n Ø	13
Employer NOVADAC	Business				A Palace consistence of the state of the sta	
Name Doug Montgomery	Home	4232 Pointer Cou	rt, Myrtle Beach, SC 29	)579-8754		12
Employer Wyndahm	Business				· · · · · · · · · · · · · · · · · · ·	
Name_John Dodd	Home					
Employer Jesse Helms Foundation	Business	3910 Hwy 74 E, V	Vingate, NC 28174			13
Name Jack Jernigan	Home 128	Eldridge Lane, Sta	te Road, NC 28676-87	54		10
Employer Retired	Business					
Name Ed Norton	Home 23	44 Black Hammock	Fish Camp Rd, Ovideo	o, FL 32765-9510		20
Employer Dumont	Business					
10. Do you have any person's deposito  If yes, complete	ry? Yes □ the followi	l No ⊠		nd State	o any depository or do y  Authorized Users	—————
30X Number of Type of Deposito	ory	Location	City a	ng State	Authorized Users	
the following: Liquor La Doctor C	awyer ontractor ilot	Race he Real es Sports p	tional or profe orse/race dog tate broker or oromoter	owner	in any state, including l Securities dealer Barber/Cosmetolog Trainer or manager	Insurance gist Gaming
interest in a licens If yes, state type, v involved, the name venture or industry Prism Medical Products, LLC	ed busines when and v es and add /.	s or industr vhere and g ress of all p	y OUTSIDE the ive names an artners and the second the s	he State of Nev d locations of the agency response	industry license or held ada? Yes 회 No □ ne businesses in which onsible for licensing said	you were
Business Licenses-SOS, Tow	m of Elkin, Durhan	n County (NC), City	of Birmingham(AL), D	enton County (TX), other	SOS and DOR registrations	***********
Board of Pharmacy-AR, KY,	LA, MI, MS(2), NO	C, SC, TX, VA				
					***************************************	

13.	Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☒ No ☐		
14.	Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes 囚 No □		
	to the above, state where, when and for what reason: North Carolina Board of Pharmacy		
15.	Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability?  Yes □ No 図		
16.	Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No 四		
17.	Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances?  Yes □ No ☒		
18.	Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer Yes □ No ☑		
19.	Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☑ No ☐ (Up to First Cousin)		
Ste	phanie Cartwright OD, Family Vision Care		
	Date of photograph_3/3/2014		
	Applicant's initial Page		

STATE OF North Carolina ss.
V .
COUNTY OF OUTY
country of Surry  1. Chos Car hungh t , being duly sworn, depose and say I have read the
foregoing application and know the contents thereof; that the statements contained herein are true and correct and
contain a full and true account of the information requested; that I executed this statement with the knowledge that
misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of
a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised
Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license,
registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing
of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and
further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the
Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as
promulgated thereunder and agree, if licensed, to abide thereby,
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their
agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors
can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying
for a manufacturer license in the State of Nevada.
Original Signature of Applicant
Subscribed and Sworn to before me this 3-d day of March, 2014
STANCKI K. ROBER
Vich K. Roberts
Notary Public
Subscribed and Sworn to before me this 3rd day of March, 2014  Notary Public  (seal)
(Seal)
OUNTY, White

#### APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

DA Data	03/05/2014
௺Date	

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

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

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

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

#### **GENERAL INSTRUCTIONS**

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

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

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

Application for
Nature of MDEG Prism Medical Products, LLC
Name and Address of Business for Which MDEG Administrator Is Requested
Traine and Address of Basiness for Whish WBLS Administrator to Requested
If applicable, Name Under Which It Is Now Operated

## 1. PERSONAL INFORMATION:

Last Name First N	Name	Middle Name
		Middle Name
Alias(es, Nicknames, Maiden Name, Other Nan	ne Changes, Legal or (	Otherwise)
975 Carter Mill Rd.	Elkin	NC/28621-8834
Present Residence Address-Street or RFD	City	State/Zip
112 Church Street Suite 101 Dates	Elkin	NC/28621-3485
Present Business Address	City	State/Zip
Owner/President Dates		
Present Position with the MDEG		
Phone:	Fax:1-888-589-8879	
Email address:		
Noblesville, Hami	ton, Indiana	
Date of Birth Place of Birth	(City, County, State)	
35		M
Age Social Securit	y Number	Sex
Blue Brown	225	6'5"
Color of Eyes Color of Hair	Weight	Height
Scars, tattoos or distinguishing marks and/or ch	aracteristics <sup>N/A</sup>	
		11
Are you a citizen of the United States? Yes ⊠	No □	•
f alien, registration No		
f naturalized, certificate No	Date	
Place		

#### **EMPLOYMENT:**

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

08/2006	Prism Medical Products, LLC 112 Church Street, Suite 101 Elkin, NC 2	8621-3485 14,560
Month and Yea	Name/ Address of Employer/Business	No of Employed Hours
President/Owner		
Title	Description of Duties	Name of Supervisor
Month and Yea	n Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Yea	nr Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Yea	nr Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Yea	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Yea	nr Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor

	osed or treated in the last five years for a mental illness ability to perform any of the essential functions of my se,
1. I have □ I have not⊠ been charg	ed, arrested or convicted of a felony or misdemeanor.
<ol> <li>I have □ I have not ☑ been the supending.</li> </ol>	bject of an administrative action whether completed or
	se suspended, revoked, surrendered or otherwise nst a professional license that was not made public.
If you checked "I have" to questions 1, 2 and provide a written explanation and/or docume	d/or 3, please include the following information <u>and</u> ents.
<ul><li>a) Board Administrative Action:</li><li>b)</li></ul>	State:
b)	Date:
	Case Number:
c) Criminal Action:	State:
	Date:
	Case Number:
	County:
	Court:
4. Will you be actively involved in and a operation of the MDEG?	aware of the daily Yes ⊠ No □
5 .Will you be employed fulltime with th	e MDEG? Yes ☑ No □
6 .Will you be present at the site of the during its normal operating hours?	MDEG Yes ⊠ No □
f you answer No to questions 4, 5 or 6 pleas	se provide a written letter of explanation.
	ODADI.
	GRAPH
	RE
	Date of photograph 3/4/20/4

Page 4 – MDEG Administrator

Chris Cartwright	, being duly sworn, depose and say I have
read the foregoing application and know the cont	tents thereof; that the statements contained herein
are true and correct and contain a full and true ad	ccount of the information requested; that I
executed this statement with the knowledge that	misrepresentation or failure to reveal information
requested may be deemed sufficient case for der	nial or revocation of a MDEG license; that I am
voluntarily submitting this application with full kno	owledge that Nevada Revised Statutes 639.210
(10) provides denial or revocation of the applicati	on of any person for a certificate, license,
registration or permit if the holder or applicant "H	as obtained any certificate, certification, license or
permit by the filing of an application, or any recor	d, affidavit or other information in support thereof,
which is false of fraudulent," and further, that I ha	ve familiarized myself with the contents of
Nevada Revised Statutes and Regulations.	

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

Original Signature of Applicant

## **NEVADA STATE BOARD OF PHARMACY**

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

(This application can not be used by PA's or APN's)

## **CONTROLLED SUBSTANCE APPLICATION**

Registration Fee: \$80.00 (non-refundable money order or cashier's check only, no cash)	
First: Stuart Middle: Marc Last: Feldman Degree: D.P. M	
Practice Name (if any): Stuart M. Feldman, D. P.M	
Nevada Address: 8955 South Pews RO. Suite 7B Suite #:	
PO Box:	
City: Henderson State: W Zip Code: 89074	
E-mail address: _	
Nevada Work Telephone: 702-407-2548 Date of Birth:	
Nevada Fax: 702 - 407 - 2549 Sex: № M or □ F	
Practitioner License Number: 0105 Specialty: Podiatric Medicine	
You must be licensed with your respective BOARD before we will process this application.	
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?  1. Been charged, arrested or convicted of a felony or misdemeanor in any state?  2. Been the subject of an administrative action whether completed or pending in any state?  3. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?  If you marked YES to any of the numbered questions (1-3) above, include the following information & provide documentation:	
Board Administrative State Date: Case #:	
Action: NV. State Bopal of Podiatry N 2/16/11 0805	
Criminal State Date: Case #: County Court	
Action: N C27/055 CLANK 873 Judicial Oistact Gt.	
I have read all duestions, 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.  Original Signature, no copies or stamps accepted.  Date	
∜Board Use Only	
Received: 21914 Amount: 80.00 Entity#	



## Dr. Stuart M. Feldman, D.P.M. 8955 South Pecos Road, Suite 2B Henderson NV 89074

February 12, 2014

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

To Whom It May Concern:

Certified Mail, RRR

Enclosed you will find the following:

1. Nevada State Board of Pharmacy CS Application

2. \$80.00 Money Order

3. Copy of Nevada State Board of Podiatry Administrative Action

4. Copy of completion of probation from State of Nevada

I acknowledge that I took pain medications for chronic back pain that led to dependency issues. I completed a three month in-patient program at Promises Rehabilitation Center in Los Angeles, CA. I am in the Nevada Professional Assistance Program (NPAP). I attend and participate in meetings twice weekly with Dr. Peter Mansky, who is the program director. Dr. Mansky can be reached at 702-521-1398. I call in on a daily basis for random drug testing and when selected provide same. I attend two to three other meetings each week and have taken commitments at two of these meetings.

I was convicted of a gross misdemeanor for prescribing 30 cardisoprodol tablets to someone else for my own self use. I was in the midst of my addiction to pain medication and deeply regret the decision I made. I am proud to say that I am doing well in my recovery and have been sober for 3 years 8 months.

I would like to obtain my Nevada Controlled Substance license. If you need any further information, feel free to contact me at or my office

Sincerely,

Stuart M. Feldman DMJE Stuart M. Feldman, D.P.M.

SMF/jc enclosures

Case No. C271055

Petition and Order for Honorable Discharge from Probation:

# IN THE EIGHTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA IN AND FOR THE COUNTY OF CLARK

THE STATE OF NEVADA.

Jun 7 5 08 PH 12

Plaintiff

Defendant

vs.

FELDMAN, Stuart

CLERK OF LOURT

## PETITION

To the Honorable Judge Michelle Leavitt, of the Eighth Judicial District Court of the State of Nevada, in and for the County of Clark, the Undersigned Chief Probation Officer for the State of Nevada now reports as follows concerning the above Defendant: Said Defendant was placed on probation by order of this Court for a term not to exceed 3 years, said Order being dated the 22nd day of March, 2011. Said Probationer has satisfactorily completed all of the conditions of probation, while under supervision in the State of Nevada.

THEREFORE, the undersigned recommends that said Probationer be honorably discharged and released from further supervision.

Dated this 23rd day of May, 2012.

Pursuant to NRS 239B.030, the undersigned hereby affirms this document does not contain the social security number of any person.

Bernard W. Curtis, Chief Parole and Probation Officer

#### ORDER HONORABLY DISCHARGING PROBATIONER

In accordance with NRS 176A.850

## With Restoration of Civil Rights

In this cause it appearing that the above-named Defendant was heretofore placed on probation under the authority of the Chief Parole and Probation Officer of the State of Nevada, and it further appearing from the petition of said Probation Officer that the period of such probation expired on 10-13-2014.

IT IS HEREBY ORDERED that said Probationer be honorably discharged from said probation.

IT IS FURTHER ORDERED that as of the date this order is signed by the Court, said probationer is restored to his civil rights to vote and serve as a juror in a civil action;

IT IS FURTHER ORDERED that FOUR YEARS from the date this order is signed by the Court, said probationer will be restored his civil rights to hold office;

IT IS FURTHER ORDERED that SIX YEARS from the date this order is signed by the Court, said probationer will be restored his civil rights to serve as a juror in a criminal action.

Michelle Leavitt, District Judge

# BOARD OF PODIATRY

IN THE MATTER OF: STUART FELDMAN, D.P.M. LICENSE NO. 0105

**CASE NO. 0805** 

Respondent.

#### CONSENT DECREE

The State of Nevada Board of Podiatry (hereinafter referred to as the "BOARD") has jurisdiction over licensee, STUART FELDMAN, D.P.M. (hereinafter referred to as "FELDMAN"), pursuant to NRS 635.130; a complaint against said licensee having been received alleging violations of the Nevada statutes and regulations controlling the practice of podiatry; and the parties being mutually desirous of settling the controversy between them relative to the pending complaints;

IT IS HEREBY STIPULATED AND AGREED between the undersigned parties that this matter shall be settled and resolved upon the following terms.

#### **VOLUNTARY WAIVER OF RIGHTS**

FELDMAN is aware of, understands, and has been advised of the effect of this Consent Decree, which FELDMAN has carefully read and fully acknowledges. FELDMAN has had the opportunity to consult with competent counsel of his choice. No coercion has been exerted upon FELDMAN, nor have any promises been made other than those reflected in this Consent Decree.

FELDMAN has freely and voluntarily entered into this Consent Decree, and he is aware of his rights to contest the charges pending against him. These rights include representation by an attorney at his own expense, the right to a public hearing on any charges or allegations formally filed, the right to confront and cross-examine witnesses called to testify against him, the right to present evidence on his own behalf, the right to testify on his own behalf, the right to receive written findings of fact and conclusions of law supporting the decision on the merits of the complaint, and the right to obtain judicial review of the decision. All of these rights are being

Attorney General's Office 555 E. Washington, Suite 3900 Las Vegas, NV 89101 2

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voluntarily waived by FELDMAN in exchange for the BOARD's acceptance of this Consent Decree.

If the Consent Decree is not accepted by the BOARD, no member of the BOARD will be disqualified from further hearing this matter by reason of his or her consideration of the Consent Decree and FELDMAN hereby waives any claim of bias or prejudice based upon said consideration by any member of the BOARD in any subsequent hearing conducted by the BOARD.

#### **JURISDICTION**

FELDMAN acknowledges that the BOARD has jurisdiction over him and the alleged conduct which has precipitated this Consent Decree. FELDMAN acknowledges that the BOARD has the legal power and authority to take disciplinary action, including, but not limited to, the revocation of his license to practice podiatry in Nevada upon proof of the allegations pending against him.

FELDMAN acknowledges that the BOARD will retain jurisdiction over this matter until all terms and conditions set forth in this Consent Decree have been met to the satisfaction of the BOARD.

#### **PUBLICATION OF CONSENT DECREE**

FELDMAN acknowledges that this Consent Decree becomes a public document and will be reported to such national databases as required by law. It is also understood that the minutes of the meeting at which the BOARD accepts this Consent Decree are a public document, available for inspection by any person so requesting.

#### **ALLEGATIONS**

FELDMAN understands the nature of the allegations under consideration by the BOARD. FELDMAN acknowledges the alleged conduct described herein below may constitute a violation of the Nevada Podiatry Practice Act (NRS and NAC 635) if this matter were to be taken to disciplinary hearing before the BOARD and proven by a preponderance of the evidence and that by acknowledging the same, he is subject to disciplinary action by the BOARD. The Complaint contains the following allegations:

- 1. Dr. Feldman provided Brian Sponnick with a prescription for a controlled substance, Carisoprodol on or about June 18, 2009. There was no medical indication or necessity for said prescription to be issued.
- 2. Mr. Sponnick filled said prescription and returned the medication to Dr. Feldman for payment or other compensation.
- 3. Dr. Feldman provided Brian Sponnick with a prescription for a controlled substance, Hydrocodone on or about July 22, 2009. There was no medical indication or necessity for said prescription to be issued. Mr. Sponnick filled said prescription and returned the medication to Dr. Feldman for payment of thirty dollars (\$30).

#### **VIOLATIONS OF LAW**

1. Based on the facts outlined above, Dr. Feldman admits to one violation of NRS 635.130(2) (g), (h), (k) and (l).

#### STIPULATED ADJUDICATION

By signing this consent decree, FELDMAN stipulates as follows:

- 1. That RESPONDENT'S license to practice podiatric medicine in the State of Nevada shall be suspended. However, said suspension shall be stayed pending RESPONDENT'S in-patient treatment through the Nevada Professionals Health Program. Upon successful completion of this in-patient program, said suspension shall be rescinded and become null and void retroactively, as if there never was a suspension.
- 2. That RESPONDENT'S license to practice podiatric medicine in the State of Nevada shall be placed on probation from the date of his release from in-patient treatment, and continue for the period of time he is in the monitoring period with the Nevada Professionals Health Program, thereby leaving RESPONDENT in probationary status until at least April 30, 2015. Any failure on the part of RESPONDENT to satisfy the requirements of the Nevada Professionals Health Program, or any violations of NRS or NAC 706 during this time period, will be deemed violations of the probation and will result in disciplinary action.
  - 3. That if RESPONDENT'S monitoring period is extended by the Nevada

Professionals Health Program for any reason, this BOARD'S probation of RESPONDENT'S license to practice podiatric medicine shall remain in effect, concurrent with any such extension.

- 4. That RESPONDENT will execute any and all Releases of Information requested by an agent or staff member of the BOARD to allow BOARD staff to have unlimited communication with any diversionary program in which the RESPONDENT participates (or has participated) and any other program, school, psychologist, therapist or psychiatrist with knowledge of RESPONDENT'S fitness and/or ability to practice podiatric medicine.
- 5. That RESPONDENT shall submit quarterly declarations under penalty of perjury to the Board stating whether there has been complete compliance with the terms agreed to with the Nevada Professionals Health Program Conditions for Participation.
- 6. Pursuant to NRS 622.400(1)(b), RESPONDENT further agrees that he is obligated to reimburse the BOARD for its investigative, administrative and disciplinary proceedings in connection with this matter within one year of reinstatement of RESPONDENT'S license to practice podiatric medicine in the State of Nevada. The total amount of costs incurred by the Board is \$1693.36.

#### **VIOLATION OF TERMS OF CONSENT DECREE**

FELDMAN agrees that the BOARD may, upon at least twenty (20) days notice to FELDMAN, convene a hearing to consider whether a condition of this consent decree has been violated. If such a hearing results in a finding of a violation of this Consent Decree, the BOARD may impose any penalty upon FELDMAN authorized by NRS §635.130(1).

#### ACCEPTANCE BY THE BOARD

IT IS HEREBY AGREED BETWEEN THE PARTIES that this Consent Decree shall be presented to the BOARD with a recommendation for approval from the investigating board member and from the Attorney General's Office at the next regularly-scheduled meeting of the BOARD. FELDMAN understands that the BOARD is free to accept or reject this Consent Decree, and if rejected by the BOARD, a disciplinary proceeding will be commenced.

If the Consent Decree is not accepted by the BOARD, it shall be regarded as null and void, and no member of the BOARD will be disqualified from further hearing this matter by

reason of his or her consideration of the Consent Decree.

Admissions by FELDMAN in the Consent Decree will not be regarded as evidence against him at a subsequent disciplinary hearing. FELDMAN will be free to defend himself and no inferences against him will be drawn from his willingness to enter into this Consent Decree.

The Consent Decree will not be submitted for BOARD consideration until after it has been agreed to and executed by FELDMAN. The Consent Decree shall not become effective until it has been approved by a majority of the BOARD and executed by a representative member of the BOARD.

#### COMPLETE CONSENT DECREE

This Consent Decree embodies the entire agreement between the BOARD and FELDMAN. It may not be altered, amended, or modified without express written consent of the parties.

The foregoing Consent Decree between STUART FELDMAN, D.P.M. and the STATE OF NEVADA BOARD OF PODIATRY in Case No. 0805 is approved as to form and content.

DATED this 10th day of FEBRUARY, 2011

Z/DRed 1/26/11

L. KRISTOPHER RATH HUTCHISON & STEFFEN, LLC 10080 Alta Dr. #200 Las Vegas, NV 89145

Attorney for

CATHERINE CORTEZ MASTO

Attorney General DAVID W. NEWTON

Senior Deputy Attorney General

555 East Washington Ave, Suite 3900

STUART FELDMAN, D.P.M.

Las Vegas, NV 89101 Attorneys for NEVADA STATE BOARD OF PODIATRY

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### NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane ≈ Reno, NV 89509

### PHARMACEUTICAL TECHNICIAN APPLICATION

Registration Fee: \$40.00 - (non-refundable

, no cash)

Complete Name (no abbreviations):			
First: Angeli Middle: Velas	CO Last:	Domingo	
Home Address: 6182 1/14A LANTE TVENUE		Apt #:	
City: LAS VEGAS	State: NV	Zip Code: <u>89//3</u>	
Telephone: Social	Security Number:		
Date of Birth:	JACKSONVILLE, FLI	PADA Sex: M or DF	
E-mail Address:			
To qualify as a pharmaceutical technician you will need to meet one of the following criteria. Please check the appropriate box and include the documentation.  ☐ Copy of registration or on-line verification from state in which you are <u>currently</u> registered as a pharmaceutical technician.  ☐ Copy of a certificate from an <u>ASHP</u> approved pharmacy technician school.  ☐ Non ASHP approved school PTCB or ICPT.  A licensee is not personally required to have a Nevada State Business License, however, if you have one, please provide the number:  — Yes ☑ No ☐			
Are you 18 years of age or older?     Are you a high school graduate or the equivalent?		Yes 🗹 No 🗆	
(IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU	J <u>CAN NOT</u> SUBMIT TI	HIS APPLICATION) 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?			
Board Administrative State Date:		Case #:	
Action: / /			
Criminal State Date: Case #:	County	Court	
Action: / /	8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8		
In response to federally mandated requirements, the Nevada Legislature and Attorney General require that we include the following questions as part of all applications  Yes No  Are you the subject of a court order for the support of a child?			
I hereby certify that the information furnished on this document is true and correct.			
pharmaceutical technicians and understand that a violation of any such statutes, rul I understand that Nevada law requires a licensed PT who, in their professional or or has been abused neglected, to report the abuse/neglect to an agency which provide	es and regulations may be group ccupational capacity, comes to	unds for suspension or revocation of this permit. know or has reasonable cause to believe, a child	
Original Signature, no copies or stamps accepted  Date			
Board Use Only: Date Processed: 212714	Amount: \$40.0	70 165864	

## TEMPORARY LICENSES (Issued since last board meeting)

### Incline Village Community Hospital

Gary Lee

Banner Churhill

Tonya Miyano

Blank

### Stakeholders Consensus Document on Prescribing and Dispensing Controlled Substances

#### Stakeholders:

American Academy of Family Physicians, American Medical Association (AMA), American Osteopathic Association, Cardinal Health, CVS Caremark, Federation of State Medical Boards (observer), National Association of Boards of Pharmacy (NABP), National Association of Chain Drug Stores, National Community Pharmacists Association, Pharmaceutical Care Management Association, Pharmaceutical Research and Manufacturers of America, Rite Aid, Walgreen Co.

#### Background:

The Stakeholders Meeting on Prescribing and Dispensing Controlled Substances was held on October 2, 2013, at NABP Headquarters in Mount Prospect, IL. The Stakeholders Meeting was convened to discuss the strategies employed by the stakeholder organizations to address the prescription drug abuse epidemic and the actions taken to ensure the validity of controlled substance prescriptions and verify that there is a legitimate medical need for the issuance and dispensing of such prescriptions. Representatives from the participating organizations provided their perspectives on the prescription drug abuse problem and described the challenges faced within their respective practice environments. On December 19, 2013, stakeholders met a second time at the AMA Offices in Washington, DC, to further discuss the issues and to finalize this Consensus Document on Prescribing and Dispensing Controlled Substances.

#### Consensus:

The participants agreed that stakeholder coordination and collaboration must be improved in order to combat the serious public health issue of prescription drug abuse and diversion, while also complying with the "corresponding responsibility" requirements of federal and state laws and regulations. Such collaboration is essential to ensuring that this public health problem is addressed while at the same time ensuring that patients continue to receive responsible and effective patient care. The participants also recognized that the actions taken were not intended to intrude into the scopes of practice or authority of other stakeholders. Stakeholder representatives discussed the need for reviewing practices and policies they have implemented to help ensure that they comply with their legal responsibilities, with the intention of restoring and improving the collaboration and coordination between stakeholders. Stakeholder representatives agreed that two additional consensus documents will be drafted and finalized pending the group's approval. The first document will identify the circumstances or "red flags" under which

<sup>&</sup>lt;sup>1</sup> 21 CFR 1306.04 Purpose of issue of prescription. (a) A prescription for a controlled substance to be effective must be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his professional practice. The responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, but a corresponding responsibility rests with the pharmacist who fills the prescription. An order purporting to be a prescription issued not in the usual course of professional treatment or in legitimate and authorized research is not a prescription within the meaning and intent of section 309 of the Act (21 USC 829) and the person knowingly filling such a purported prescription, as well as the person issuing it, shall be subject to the penalties provided for violations of the provisions of law relating to controlled substances.

actions should be initiated to ensure the legitimacy of a controlled substance prescription. The second document will provide guidelines on how to engage in and improve the dialogue and collaboration among stakeholders so as to address "red flags" in the issuance or dispensing of prescriptions and in the distribution of drugs to practitioners and pharmacies, with the intent of eliminating confusion caused by the diversity of current proprietary policies.

The following organizations contributed to the development of this Consensus Document and acknowledge their support:

American Academy of Family Physicians
American Medical Association
American Osteopathic Association
Cardinal Health
CVS Caremark
Federation of State Medical Boards (observer)
National Association of Boards of Pharmacy
National Association of Chain Drug Stores
National Community Pharmacists Association
Pharmaceutical Care Management Association
Pharmaceutical Research and Manufacturers of America
Rite Aid
Walgreen Co.



## Neuada State Voard of Pharmacy

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

## NEVADA STATE BOARD OF PHARMACY ACTIVITIES REPORT

### MARCH 5, 2014 BOARD MEETING HELD IN RENO, NEVADA

This report is prepared and presented to keep interested legislators and others abreast of the activities of the Nevada State Board of Pharmacy. Following is a summary of the March, 2014 Board meeting.

### **Licensing Activity:**

- 7 licenses were granted for Out-of-State MDEG (Medical Devices, Equipment and Gases) companies.
- 32 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 tabled pending further information.
- 7 licenses were granted for Out-of-State wholesalers.
- 2 applications were approved for Nevada pharmacies pending inspection.
- 3 licenses were granted for a Nevada MDEG license.
- 2 applications for pharmacists with past discipline were approved with conditions.
- 1 application for an intern pharmacist who had been working unlicensed was granted after she was cited and fined and put on probation with conditions.

### **Disciplinary Actions:**

- Pharmacist SB and pharmacy WG were fined \$1500K for misfilling a prescription for Ambien with the wrong strength and for continuing to refill the prescription without the prescriber's authorization.
- Pharmacist RY was revoked for pleading guilty and being convicted in U.S.
   District Court in Seattle, WA for interstate transportation of stolen goods (he was stealing glucose test strips from his employer (Kaiser Permanente) and selling them for substantial personal profit.
- Physician MAP had her controlled substance registration revoked as a parallel action to having her license to practice medicine revoked in California.

### Other Activity:

- The usual Board business reports were given, including recent and future speaking engagements; reports on national meetings; and daily reporting to the PMP.
- Discussions were held on the Federal Drug and Security Act which addresses national legislation on compounding pharmacies.

Workshop:	
None.	
Public Hearing:	
None.	

### **DISCUSSION & DETERMINATION – APRIL, 2014**

#### **VETERINARY MEDS**

Over the past few months, Board Staff has received an increased number of inquiries and complaints regarding veterinary medication. These questions have ranged from unlabeled prescription medications found at pet stores to potential problems with prescription medication entering into our food sources. In order a cooperative effort with the Veterinary Board, Joe and Dave met with Debbie Machen, Executive Director of the Board of Veterinary Medicine, on March 19<sup>th</sup>. During that meeting both staffs determined that it would be in the best interest of the State to convene a workgroup to review what is currently happening in our state. This workgroup would include; Board of Pharmacy Member(s) and staff, Board of Veterinary Member(s) and staff, ranchers, large and small herd veterinarians, State of Nevada Dairy Board staff, and representation from feed stores. Debbie has offered to organize the workgroup. Staff would appreciate the Board's feedback on such a workgroup.

### FDA OUTSOURCING FACILITIES

Board Staff would like to share and discuss with the Board, the Inter-Governmental Meeting on Compounding that was held by FDA in March and attended by both Larry and Dave. Plenty of reading material enclosed with more to come! Board Staff will have recommendations.

Blank

#### LARRY L. PINSON

From:

Axelrad, Jane A < Jane. Axelrad@fda.hhs.gov>

Sent:

Tuesday, March 25, 2014 1:58 PM

To:

LARRY L. PINSON

**Subject:** 

Intergovernmental Meeting on Compounding

I wanted to thank you for taking the time out of your busy schedule to come to the Intergovernmental Meeting on Compounding. I appreciated the lively discussions, and the many valuable contributions of the participants. I found the discussions to be very informative, and I felt I came away with a better understanding of the issues facing you as we work together to improve our oversight of compounding. I also collected a list of action items, which include among other actions, clarifying what information can be provided to state officials immediately following an inspection when there is a need for the state to move forward on an action to protect the public health, reexamining our proposed 3 year schedule for inspections of outsourcing facilities, and providing additional training to the states on the conduct of sterile inspections.

Again, thank you for attending, and I look forward to continuing to work with you on this challenging issue.

Jane Axelrad

Blenk



### **National Association of Boards of Pharmacy**

1600 Feehanville Drive • Mount Prospect, IL 60056-6014
Tel: 847/391-4406 • Fax: 847/391-4502
Web Site: www.nabp.net

TO:

EXECUTIVE OFFICERS – STATE BOARDS OF PHARMACY

FROM:

Carmen A. Catizone, Executive Director/Secretary

DATE:

March 4, 2014

RE:

Survey of States on Compounding Regulation Issues

As you know, on November 27, 2013, the Drug Quality and Security Act (Act) was signed into law. This legislation contains provisions relating to the oversight of compounding of human drugs.

Title I of this new law removes certain provisions from section 503A of the Federal Food, Drug, and Cosmetic Act (FDCA) that were found to be unconstitutional by the U.S. Supreme Court in 2002. Section 503A describes the conditions under which certain compounded human drug products are entitled to exemptions from three sections of the FDCA requiring:

- Compliance with current good manufacturing practices (CGMP) (section 501(a)(2)(B));
- Labeling with adequate directions for use (section 502(f)(1)); and
- FDA approval prior to marketing (section 505).

In addition, the law creates a new section 503B in the FDCA. Under section 503B, a compounder can become an "outsourcing facility." An outsourcing facility will be able to qualify for exemptions from the FDA approval requirements and the requirement to label products with adequate directions for use, but not the exemption from CGMP requirements. Outsourcing facilities:



- Must comply with CGMP requirements,
- Will be inspected by FDA according to a risk-based schedule, and
- Must meet certain other conditions, such as reporting adverse events and providing FDA with certain information about the products they compound.

If compounders register with the FDA as outsourcing facilities, hospitals and other health care providers can provide their patients with drugs that were compounded in outsourcing facilities that are subject to CGMP requirements and federal oversight. If a compounder

EXECUTIVE OFFICERS – STATE BOARDS OF PHARMACY March 4, 2014
Page 2

chooses not to register as an outsourcing facility and qualify for the exemptions under section 503B, the compounder could qualify for the exemptions under section 503A of the FDCA. Otherwise, it would be subject to all of the requirements in the FDCA applicable to conventional manufacturers.

NABP is requesting your assistance through the completion of a survey via the link below.

### https://www.surveymonkey.com/s/MTQC32V

For each question, space has been provided for further clarifications. Any additional information you provide will be useful to the purpose of the survey.

NABP requests your response to this brief survey by March 11, 2014. Thank you in advance for your attention and prompt response to this survey. If you have any questions, please feel free to contact NABP staff via email at exec-office@nabp.net.

cc: NABP Executive Committee

Home Drugs Guidance, Compliance & Regulatory Information Compounding

#### Drugs

FDA Implementation of the Compounding Quality Act

#### **Outsourcing Facility Registration and Reporting**

The new law allows an entity that compounds sterile drugs to register as an outsourcing facility. Once registered, an outsourcing facility must meet certain conditions in order to be exempt from the FDCA's approval requirements and the requirement to label products with adequate directions for use. Under the new law, the drugs must be compounded in compliance with CGMP by or under the direct supervision of a licensed pharmacist in a registered facility (section 503B(a)). The outsourcing facility must also report specific information about the products that it compounds, including a list of all of the products it compounded during the previous six months, and information about the compounded products, as the source of the Ingredients used to compound (section 503B(3)). In addition, the outsourcing facility must meet other conditions described in the new law, including reporting adverse events and labeling its compounded products with certain information (section 503B(b)(5) and section 503B(a)(10)).

Under the new law, an outsourcing facility¹ will not be considered registered until it has paid the applicable annual registration fee (see section 744K(g)(3)(A)). An outsourcing facility may register without paying a fee until September 30, 2014, however, because fees are not required until October 1, 2014. In addition, the new law requires that outsourcing facilities register and report their products to FDA electronically unless the Secretary grants a request for a waiver of such requirement because use of electronic means is not reasonable for the person requesting the waiver (section 503B(b)). FDA has issued draft guidances² on registering and reporting for those entities that intend to register as outsourcing facilities.

#### **Traditional Compounding**

Drugs produced by compounders that are not registered as outsourcing facilities must meet the conditions of section 503A to qualify for the exemptions specified in that section. Even if the conditions of section 503A are met, the compounded drugs are only exempt from those provisions of the FDCA listed above. All other applicable provisions of the FDCA remain in effect for compounded drugs, even if the conditions in section 503A are met. For example, a compounded drug cannot be contaminated or made under insanitary conditions (see sections 501(a)(1) and 501(a)(2)(A)). And if a compounded drug does not qualify for the exemptions under either section 503A or 503B of the FDCA, the compounded drug would be subject to all of the requirements of the FDCA that are applicable to drugs made by conventional manufacturers, including the new drug approval and adequate directions for use requirements.

FDA has issued for public comment a draft guidance<sup>3</sup> that describes FDA's intention with regard to the provisions of section 503A that require rulemaking or other action to implement. This draft guidance also describes the provisions of the law that are applicable to compounded drugs that do not qualify for the exemptions described above, and the other provisions of the FDCA applicable to compounded drugs regardless of whether they qualify for the exemptions under section 503A.

FDA also has announced the withdrawal of CPG 460.200, *Pharmacy Compounding*, issued in 2002, and the guidance "*Enforcement Policy During Implementation of Section 503A of the Federal Food, Drug, and Cosmetic Act,*" published in November 1998. Although we have withdrawn these guidance documents, under the DQSA, section 503A immediately applies nationwide. FDA plans to provide further information at a later date about how we intend to interpret certain provisions of section 503A.



#### **Enhanced Communication with States**

The new law requires the Secretary to establish a mechanism to receive submissions from state boards of pharmacy concerning certain actions taken against compounding pharmacies or expressing concerns that a compounding pharmacy may be acting contrary to section 503A. This section is to be implemented in consultation with the National Association of Boards of Pharmacy (NABP). In addition, state boards of pharmacy must be notified when the Secretary receives certain state submissions or makes a determination that a compounding pharmacy is acting contrary to section 503A.

Until further information regarding how this process will work can be provided, States that wish to provide this Information to FDA should submit the information by email to the following mailbox: StateCompounding@fda.hhs.gov

The agency intends to follow up with states that provide this information and to notify other states about the receipt of the information in accordance with the new law.

#### Other Actions

#### Creation of Advisory Committee

Sections 503A and 503B require the creation of and consultation with a Pharmacy Compounding Advisory Committee before issuance of certain regulations required by the law. FDA has published in the Federal Register notices soliciting nominations for Committee members.

- Pharmacy Compounding Advisory Committee<sup>4</sup>
- Requests for Nominations: Pharmacy Compounding Advisory Committee<sup>5</sup>
- Requests for Nominations: Pharmacy Compounding Advisory Committee Voting Members<sup>6</sup>
- Requests for Nominations: Pharmacy Compounding Advisory Committee, Nonvoting Industry Representatives<sup>7</sup>

#### **Nominations for Lists**

Sections 503A and 503B contain various requirements for FDA to develop lists of drugs that may or may not be compounded and lists of bulk drug substances that may be used to compound. Specifically, section 503A specifies that to qualify for the exemptions under section 503A, a compounder may only use bulk drug substances to compound if:

• The bulk drug substances comply with the standards of an applicable United States Pharmacopoela (USP) or National Formulary (NF)

monograph, If one exists;

- If such a monograph does not exist, the drug substance(s) is a component of an FDA-approved human drug product; or
- If such a monograph does not exist and the drug substance is not a component of an FDA-approved human drug product, it appears on a list of bulk drug substances for use in compounding developed by FDA through regulation (section 503A(b)(1)(A)(i) of the FDCA).

Section 503B specifies that an outsourcing facility may only compound with a bulk drug substance which appears on an FDA-established list of bulk drug substances for which there is a clinical need or which are on FDA's drug shortage list.

Sections 503A and 503B also prohibit compounding drugs that are on a list of drugs that present demonstrable difficulties for compounding, as published by FDA.

FDA has published notices<sup>8</sup> requesting nominations for these three lists.

In addition, 21 CFR 216.24 contains a list of drugs that may not be compounded because they have been withdrawn or removed from the market because the drugs or components of the drugs have been found to be unsafe or not effective. Compounders may not compound any drugs that appear on this list. FDA intends to issue a proposed rule to update this list by amending section 216.24 and will apply the list to compounders seeking to qualify for the exemptions in either section 503A or section 503B. Nominations for this list can be submitted in comments on the proposed rule.

#### **Inspections and Enforcement**

FDA intends to continue proactive and for-cause inspections of compounding pharmacies, and FDA plans to take aggressive action, including enforcement actions, as appropriate to protect the public health.

For the past year, since the fungal meningitis outbreak began, FDA has been conducting inspections of compounding pharmacies for cause (in response to serious adverse event reports and reports of quality problems) and proactively to identify pharmacies with deficient sterile compounding practices. Using a risk-based model, we identified 29 firms for priority inspections focused on their sterile processing practices. FDA Identified secondary firms associated with two of these inspections, for a total of 31 firms. Between October 1, 2012 and October 31, 2013, FDA completed 42 for-cause inspections in addition to the 31 proactive inspections.

When we identified problems during any of these inspections, we issued a Form FDA-4839 listing our inspection observations. We have issued a Form FDA-483 at the majority of the inspections we have conducted since the fall of 2012. As these Form FDA-483s reflect, we observed serious quality problems, including contaminated products and sterile practices that create a risk of contamination. Numerous recalls<sup>10</sup> of sterile products have been conducted, and numerous pharmacies chose to stop sterile compounding after we identified problems with their sterile compounding processes. New problems continue to be identified at compounding pharmacies across the country, and FDA Intends to continue its inspection and enforcement efforts to address these problems, using currently available resources. For oversight of outsourcing facilities registered under section 503B, FDA will use fees assessed and collected from those facilities in accordance with the law to supplement other agency resources.

Page Last Updated: 01/13/2014

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#### Links on this page:

- 1. /Drugs/GuidanceComplianceRegulatoryInformation/PharmacyCompounding/ucm378645.htm
- 2. /Drugs/GuidanceComplianceRegulatoryInformation/PharmacyCompounding/ucm166743.htm
- 3. /downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM377052.pdf
- 4. http://www.gpo.gov/fdsys/pkg/FR-2014-01-13/pdf/2014-00322.pdf
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- 7. http://www.gpo.gov/fdsys/pkg/FR-2014-01-13/pdf/2014-00320.pdf
- 8. /Drugs/GuidanceComplianceRegulatoryInformation/PharmacyCompounding/ucm166743.htm
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Page 1 of 2

Home Drugs Guidance, Compliance & Regulatory Information Compounding

1-----

#### Drugs

#### Compounding

#### Compounding Quality Act

#### Title I of the Drug Quality and Security Act of 2013

On November 27, 2013, President Obama signed the Drug Quality and Security Act (DQSA), legislation that contains important provisions relating to the oversight of compounding of human drugs<sup>1</sup>.

Title I of this new law, the Compounding Quality Act, removes certain provisions from section 503A of the Federal Food, Drug, and Cosmetic Act (FDCA) that were found to be unconstitutional by the U.S. Supreme Court in 2002. Section 503A describes the conditions under which certain compounded human drug products are entitled to exemptions from three sections of the FDCA requiring:

- Compliance with current good manufacturing practices (CGMP) (section 501(a)(2)(B));
- Labeling with adequate directions for use (section 502(f)(1)); and
- FDA approval prior to marketing (section 505).

By removing the unconstitutional provisions, the new law removes uncertainty regarding the validity of section 503A, which will be applicable to compounders nationwide.

In addition, the new law creates a new section 503B in the FDCA. Under section 503B, a compounder can become an "outsourcing facility." An outsourcing facility will be able to qualify for exemptions from the FDA approval requirements and the requirement to label products with adequate directions for use, but not the exemption from CGMP requirements. Outsourcing facilities:

- Must comply with CGMP requirements,
- Will be inspected by FDA according to a risk-based schedule, and
- Must meet certain other conditions, such as reporting adverse events and providing FDA with certain information about the products they compound.

If compounders register with the FDA as outsourcing facilities, hospitals and other health care providers can provide their patients with drugs that were compounded in outsourcing facilities that are subject to CGMP requirements and federal oversight.

If a compounder chooses not to register as an outsourcing facility and qualify for the exemptions under section 503B, the compounder could qualify for the exemptions under section 503A of the FDCA. Otherwise, it would be subject to all of the requirements in the FDCA applicable to conventional manufacturers. FDA anticipates that state boards of pharmacy will continue their oversight and regulation of the practice of pharmacy, including traditional pharmacy compounding. The Agency also intends to continue to cooperate with State authorities to address pharmacy compounding activities that may be violative of the FDCA.

FDA has initiated actions to implement the new law.

FDA Actions to Implement Compounding Quality Act<sup>2</sup>

- Outsourcing Facility Registration and Reporting<sup>3</sup>
- Traditional Compounding<sup>4</sup>
- Enhanced Communication with States<sup>5</sup>
- Creation of Advisory Committee<sup>6</sup>
- Nominations for Lists<sup>7</sup>
- Inspections and Enforcement<sup>8</sup>

#### For More Information

- FDA Announcements<sup>9</sup>
- Compounding Recall Notices<sup>10</sup>
- Compounding: Infomation for Consumers and Health Care Providers<sup>11</sup>
- Historical Pharmacy Compounding Information<sup>12</sup>
- Registered Outsourcing Facilities<sup>13</sup>

Letters to Stakeholders<sup>14</sup>

#### Related Information

- Medical Devices: Pharmacy Compounding Systems Final Guidance for Industry and FDA<sup>15</sup>
- Animal Drugs: FDA Compliance Policy Guide: Compounding of Drugs for Use in Animals (CPG Sec. 608.400)<sup>16</sup>

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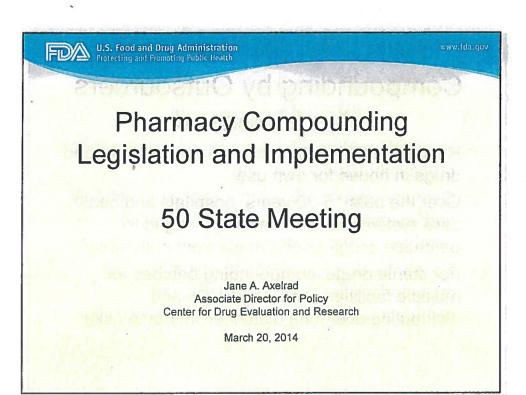


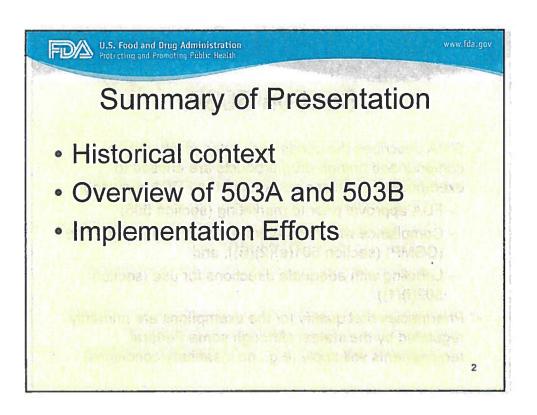
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#### Links on this page:

- 1. /Drugs/GuidanceComplianceRegulatoryInformation/PharmacyCompounding/ucm376732.htm
- 2. /Drugs/GuidanceComplianceRegulatoryInformation/PharmacyCompounding/ucm375804.htm
- 3. /Drugs/GuidanceComplianceRegulatoryInformation/PharmacyCompounding/ucm375804.htm#Outsourcing
- 4. /Drugs/GuidanceComplianceRegulatoryInformation/PharmacyCompounding/ucm375804.htm#Traditional
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- /Drugs/Guidance Compliance Regulatory Information/Pharmacy Compounding/ucm 375804. htm #Creation Appendix App
- 7. /Drugs/GuidanceComplianceRegulatoryInformation/PharmacyCompounding/ucm375804.htm#Nominations
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- /Drugs/Guidance Compliance Regulatory Information/Pharmacy Compounding/ucm 376408. htm
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- 12. /Drugs/GuidanceComplianceRegulatoryInformation/PharmacyCompounding/ucm376286.htm
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- 16. /ICECI/ComplianceManuals/CompliancePolicyGuidanceManual/ucm074656.htm









## Compounding by Outsourcers Has Increased

- Hospitals and health care systems compounded drugs in house for own use
- Over the past 15-20 years, hospitals and health care systems have increasingly begun to purchase compounded drugs from outsourcers
- For sterile drugs, compounding batches for multiple facilities, with long BUDs and distributing over long distances increase risks



## Section 503A



- 503A describes the conditions under which certain compounded human drug products are entitled to exemptions from three sections of the FDCA requiring:
  - FDA approval prior to marketing (section 505)
  - Compliance with current good manufacturing practice (CGMP) (section 501(a)(2)(B)); and
  - Labeling with adequate directions for use (section 502(f)(1))
- Pharmacies that qualify for the exemptions are primarily regulated by the states, although some Federal requirements still apply (e.g., no insanitary conditions)



## Section 503A Requirements

- Compounding performed by licensed pharmacist in a licensed pharmacy or Federal facility, or by licensed physician
- Prescription for an identified individual patient; anticipatory compounding in limited quantities before receipt of prescription

5

# Substances Used to Compound Under 503A

- Bulk drug substances (i.e., active ingredients) used to compound must be:
  - Components of FDA-approved drugs;
  - The subject of a USP monograph; or
  - Appear on a list of bulk drugs developed by FDA of bulk drug substances acceptable for compounding
- In addition:
  - Bulk must be made at an FDA-registered facility;
  - Be accompanied by a Certificate of Analysis (COA)

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## Other Section 503A Requirements

- Cannot compound drugs that are on an FDA list of drugs that have been withdrawn or removed from the market because they have been found to be unsafe or not effective
- Cannot compound drugs that are on an FDA list of drugs that present demonstrable difficulties for compounding



U.S. Food and Drug Administration
Protecting and Promoting Public Health

## Other Section 503A Requirements

- Cannot compound regularly or in inordinate amounts what are essentially copies of commercially available products
- Compounder cannot distribute or cause to be distributed interstate more than 5% of the total prescription orders dispensed or distributed by that pharmacy or physician unless they are located in a state that has entered into a Memorandum of Understanding that provides for appropriate investigation of complaints related to drugs distributed outside the state and addresses the distribution of inordinate amounts of compounded drug products interstate



## Compounding Quality Act

- Removes certain provisions from section 503A related to solicitation of prescriptions and advertising and promotion that were found to be unconstitutional by the U.S. Supreme Court in 2002.
- Clarifies that section 503A is applicable to compounders nationwide
- Adds new section 503B: "Outsourcing Facilities"



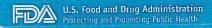
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## A Registered Outsourcing Facility

- Must comply with CGMP requirements;
- · Will be inspected by FDA according to a riskbased schedule; and
- Must meet certain other conditions to be exempt from the new drug approval requirements and the requirements for adequate directions for use.

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difficulties for consocrating



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## **Outsourcing Facility Conditions**

- Registered outsourcing facilities must:
  - Report to FDA twice a year information about the products they compounded during previous six months
  - Report adverse events
  - Label their products with certain information

11



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## Other Conditions Similar To Those In 503A

- Outsourcing facilities cannot compound drug products that appear on FDA lists
  - of drug products that have been withdrawn or removed from the market because the drug products or their components have been found to be unsafe or not effective,
  - of drug products that present demonstrable difficulties for compounding,



## Other Conditions for Outsourcing Facilities

- The outsourcing facility cannot compound a drug that is essentially a copy of one or more FDAapproved drugs.
- The outsourcing facility cannot compound a drug that is subject to a REMS with elements to assure safe use or from a bulk drug substance that is a component of such drug unless the outsourcing facility demonstrates it will use controls comparable to the REMS

13



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## Outsourcing Facility Use of Bulk Drug Substances

- An outsourcing facility may not compound from bulk drug substances –
  - unless the drug it is compounding appears on the FDA drug shortage list, or
  - the bulk drug substance appears on an FDA list identifying the bulk drug substances for which there is a clinical need.

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## Bulk Drug Substances Used by Outsourcing Facilities

 Bulk drug substances and other ingredients used to compound must comply with USP monographs, if they exist, and bulk drug substances used by outsourcing facilities must come from facilities that have registered with FDA, and be accompanied by a certificate of analysis.

15



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## **Outsourcing Facility Fees**

- An outsourcing facility will not be considered registered until it has paid the applicable annual establishment fee.
- An outsourcing facility may register without paying a fee until September 30, 2014, however, because fees are not required until October 1, 2014.
- Establishment fee is \$15,000 adjusted for inflation and small business reductions
- Statute also authorized reinspection fees



## By Definition A Registered Outsourcing Facility

- Is engaged in the compounding of STERILE drugs
- Has elected to register as an outsourcing facility
- Complies with all of the conditions in section 503B
- NOT required to be a licensed pharmacy, but compounding must be by or under the direct supervision of a licensed pharmacist
- May or may not obtain prescriptions for identified individual patients

17



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## Compounders That Do Not Register as Outsourcing Facilities

- - does not register as an outsourcing facility and comply with the conditions under section 503B, and
    - compounds drugs that do not qualify for the exemptions under section 503A
- Is subject to all of the requirements in the FDCA applicable to conventional manufacturers.

18

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## The New Law Leaves Some Issues Unresolved

- Compounders may seek to hide out in the traditional compounding category and escape detection
- The lack of clarity in section 503A over whether a state or FDA has primary responsibility over a particular pharmacy remains

19



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## FDA Moving Swiftly to Implement the New Law

- On Dec. 2, FDA issued three draft guidances:
  - Guidance for compounders on how to register under section 503B as an outsourcing facility
  - Guidance for outsourcing facilities on how to report to FDA required information about the products they make
  - Guidance on the sections of 503A that require rulemaking or other FDA action to implement (bulks list, difficult to compound list, MOU)



## FDA Solicited Nominations for Lists

- FDA published 3 Federal Register Notices soliciting nominations for:
  - The list of drugs that cannot be compounded under sections 503A and 503B because they are difficult to compound
  - The list of bulk drug substances that may be used to compound under section 503A
  - The list of bulk drug substances that may be used to compound under section 503B (based on clinical need)

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## Many Issues Remain In 503A and 503B

- Many parts of section 503A require implementation through rulemaking and/or consultation with an Advisory Committee
- FDA working on additional implementing guidance and regulations

encourage compounties to relater as consocration for these



# FDA Providing Information About Registered Outsourcing Facilities

- We published a list and information about the status of the facilities including: date of last inspection; 483, if any; other action, if any (such as a warning letter); and whether they compound sterile drugs from bulk drug substances
- We also posted Q and A about what it does and does not mean to register as an outsourcing facility
- See: <a href="http://www.fda.gov/Drugs/GuidanceComplianceRegulato">http://www.fda.gov/Drugs/GuidanceComplianceRegulato</a> <a href="regulatory/">ryInformation/PharmacyCompounding/ucm378645.htm</a> 23

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## FDA Encouraging Registration

- FDA sent letters to 6,000+ hospitals and health systems encouraging them to purchase compounded drugs from registered outsourcing facilities, if they have a medical need for compounded drugs
  - Letters emphasized why compounded drugs, including those made by an outsourcing facility, should only be used if there is a medical need that can't be met by an FDAapproved drug
- FDA also sent letters to governors, Boards of Health and Boards of Pharmacy encouraging them to consider ways to encourage compounders to register as outsourcing facilities



## FDA Working With You

- State partners participated in many recent inspections of compounders; some were initiated at a state's request
- December, 2012, FDA convened a 50 State meeting
- FDA holding this meeting to discuss plans for implementing the law and get input from you on how best to partner to improve oversight of the compounding industry

25



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## FDA Working With USP To Improve USP Chapter 797

FDA participating in the USP Expert Working
Group and Expert Panel on the revisions to USP
Chapter 797 standards that apply to sterile
compounding by compounders not registered as
outsourcing facilities



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## Oversight of Outsourcing Facilities

- FDA has begun inspecting outsourcing facilities, focusing on those that have not been inspected by FDA before they registered
  - Looking at processes for producing sterile drugs, and
  - Compliance with certain other conditions under section 503B such as the specified labeling requirements

27



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## Establishing CGMPs for Outsourcing Facilities

- FDA intends to issue draft interim CGMP guidance for outsourcing facilities and ultimately, final requirements in regulations
- FDA intends to post any inspectional observations for outsourcing facilities



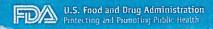
## Compounders Not Registered as Outsourcing Facilities

- FDA has been conducting inspections of compounding pharmacies for cause (in response to serious adverse event reports, reports of quality problems, and state requests)
- FDA has also been conducting proactive inspections to identify pharmacies with deficient sterile practices
- FDA will continue these efforts as available resources permit

# Compount Not Registered as Outsourcing Facilities

- FDA has been for ducting inspections of compounding pharmacles for Council in response to serious deverse event reports, reports of quality problems, and state requests)
- FDA has also been conducting proautive inspections to inscribly pharmages with denoted stanto practices.
  - FDA will contribe those efforts as sustiable resources permit





# Memorandum of Understanding With the States Under Section 503A

Jane A. Axelrad
Associate Director for Policy
Center for Drug Evaluation and Research

March 20, 2014



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## Purpose of MOU Provision

- This is one of several provisions of section 503A designed to distinguish between traditional compounding and conventional manufacturing
- Derived from FDA's 1992 Compliance Policy Guide that listed 9 factors to be considered in deciding whether to take action against a pharmacy for activities normally associated with a manufacturer
- One factor was: "Distributing inordinate amounts of compounded products out of state."

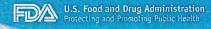


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## Statutory Provision

- Unless the drug product is compounded in a state that has entered into an MOU, a compounder cannot
  - distribute or cause to be distributed compounded drug products outside of the state in which they are compounded in quantities that exceed 5% of the total prescription orders dispensed or distributed by that pharmacy or physician

3



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## MOU Requirements

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- The MOU must:
  - address "the distribution of inordinate amounts of compounded drug products interstate"; and
  - provide "for appropriate investigation by a State agency of complaints relating to compounded drug products distributed outside such State"



### Standard MOU

- The statute does not contemplate 50 individual MOUs
- FDA directed to develop a standard MOU in consultation with NABP

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## MOU History - 12/23/98 Draft

- In 1999, after consultation with NABP,
   FDA published a draft standard MOU for comment. Draft MOU provisions:
  - State agreed to investigate complaints of compounded drugs shipped interstate
  - Complaints included reports of serious AEs, alleged violations of the FDCA including compounding that does not qualify for the exemptions in section 503A and compounding of a drug product that is adulterated or misbranded



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## 12/23/98 Draft, cont'd

- Encouraged cooperation with the state into which the drug was shipped and referrals between states, and specified actions to be taken based on findings from investigations
- Asked states to maintain records of complaints and investigations for 3 years
- Disputes between two states could be referred to FDA district offices

7



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#### 12/23/98 Draft - Inordinate Amounts

- Defined "inordinate" in terms of both total Rx and individual products:
  - Number of compounded prescriptions dispensed or distributed interstate annually by a pharmacy or physician is equal to or greater than 20% of the total number of prescriptions dispensed or distributed (including both intrastate and interstate) by such pharmacy or physician; OR
  - The total number of prescriptions so dispensed or distributed was less than 20% but the total amount for one or more individual compounded drug products constituted more than 5% of the total number of Rx's dispensed or distributed



# 12/23/98 Draft - Inordinate Amounts

- Distribution to patients interstate but within 50 miles of the compounding pharmacy was excluded from the calculation and the second and the second second
- Compounding in response to an emergency was also excluded



### Issues for Discussion

State agency of complaints'?

- How should FDA define "inordinate amounts" in the MOU? Options include:
  - Percentage
  - Range
  - Absolute amount 11 enumer COM entitle bluod 2 ...
  - No amount or it so without AGH
  - Per product or total or both
- How can it be made implementable by states and FDA?
- Should it take into account contiguous states? If so,

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# Issues for Discussion, cont'd

- What should the MOU say about the handling of complaints?
  - What complaints should the MOU address? Options:
    - Related to compounded products shipped interstate or all complaints?
    - Limit to complaints related to adverse events (AEs)? Or include quality problems (e.g, contamination, potency) that haven't yet led to AEs? Other types of complaints?

11



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# Issues for Discussion, cont'd

- What should the MOU say about what constitutes "appropriate investigation by a State agency of complaints"?
- Should the MOU require the state to notify FDA about complaints? If so, when?
- Should the MOU specify the type of coordination and communication between FDA and states to ensure investigations are appropriate?



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# Inspections of Sterile Drug Compounding Facilities

#### Ellen Morrison

Assistant Commissioner for Operations
Office of Regulatory Affairs
OGROP/FDA



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# Inspections

- For-cause inspections
  - After receiving reports or complaints about serious adverse events related to drugs
  - When states request our assistance
- Surveillance inspections
  - Firms we were aware of that produced sterile drugs
  - Risk-based model
    - · Serious adverse event reports
    - · Historical inspection data
    - Reports of product quality problems



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# Inspections

- Product-Specific Inspection and Record Review
  - Excessive Beyond Use Dates with no data
  - Methods of Sterilization
  - Equipment, Containers, and Closures
  - Record Review Facility Wide

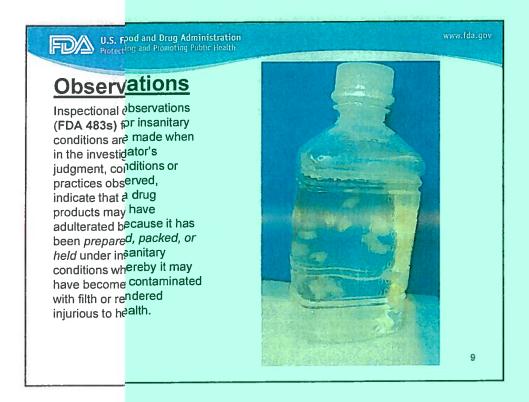
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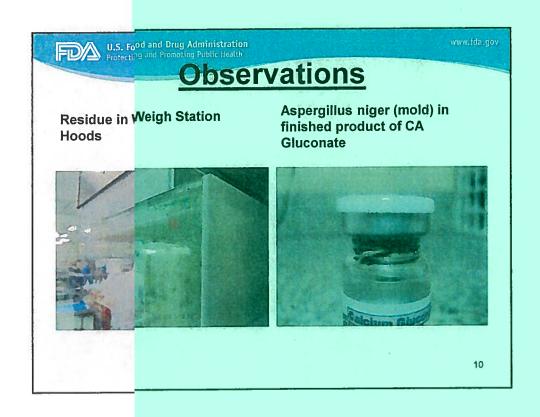


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# State & FDA Collaboration

- Transparency between States and FDA
- Risk model built on information sharing
  - Focus on evaluating surveillance & enforcement using existing authorities
  - Refusals
  - Warrants



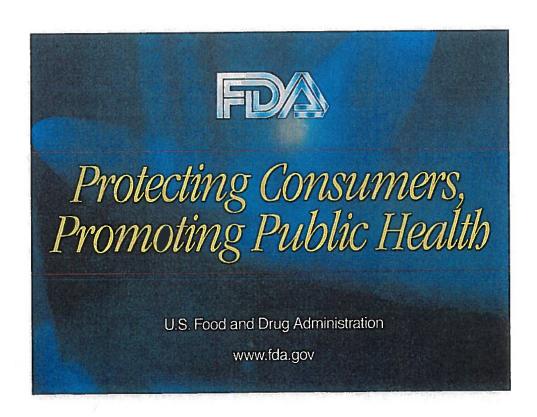




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#### Next Steps

- Continue to collaborate with state authorities in for-cause, surveillance and follow-up inspections of compounding pharmacies.
- Evaluate outsourcing facilities for compliance and ability to produce sterile drug product and requirements set forth in 503B





# Possible FDA Regulatory Actions **Involving Drug** Compounding

Michael M. Levy, Jr., J.D. Deputy Director for Policy & Analysis Office of Compliance CDER/FDA



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# Post Inspection

- At close of the inspection -- 483 is issued
  Documentation and evidence is prepared
  Establishment inspection report (EIR) is written
  Review and discussion between Office Regulatory Affairs (ORA), Center for Drug Evaluation and Research (CDER) and Office of Chief Counsel (OCC) of potential charges, actions, and next steps
- Draft the documents to accomplish the action



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#### **Voluntary Actions**

- Recalls
- Voluntary Cessation of Operation

5



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# Warning Letters vs. State Referral Letters

- Warning Letters:
  - Issued to the inspected facility for violations of the Food Drug and Cosmetic Act
  - Compounding facility manufactures drugs that do not qualify for exemptions under section 503A or 503B of the Act, or
  - Compounding facility violates a section of the Act for which there is no exemption under section 503A or 503B of the Act (e.g., insanitary conditions [21 U.S.C. section 351(a)(2)(A)]



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# Injunctions

- · To stop continued production or distribution of violative products and correct conditions that caused violations
- Often if a firm has a history of violations and has not made corrections
- Referral letter and consent decree
- Work with the Department of Justice
- Issue "sign or sue" letter
- · Negotiate consent decree
- File complaint

9



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#### Seizures

- · Action taken to swiftly remove violative drug product from the market
- Draft Complaint
- · Work with the Department of Justice
- · United States Marshals execute the seizure

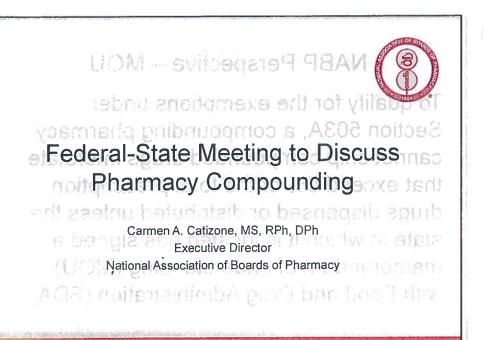
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NABP



# Memorandum of Understanding IT TO STATE OF THE STATE OF

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## NABP Perspective - MOU

To qualify for the exemptions under Section 503A, a compounding pharmacy cannot ship compounded drugs interstate that exceed 5% of the total prescription drugs dispensed or distributed unless the state in which it is located has signed a memorandum of understanding (MOU) with Food and Drug Administration (FDA).

NABP



#### NABP Perspective - MOU

The MOU must address the distribution of inordinate amounts of compounded drug products interstate and provide for appropriate investigation by a state agency of complaints relating to compounded drug products distributed outside the state.

NABP'





#### Guidance for Industry

Enforcement Policy During Implementation of Section 503A of the Federal Food, Drug, and Cosmetic Act. United States Department of Health and Human Services, Food and Drug Administration, Center for Drug Evaluation and Research (CDER), November 1998.

their status as retail entities.

esale to individual patients without losing

NABP

NABP'



#### MOU - 1999

In consultation with the NABP, the agency is currently developing a draft standard MOU on pharmacy compounding that would establish a cooperative program between FDA and state agencies that choose to enter into the MOU, regarding the regulation of interstate distribution of compounded drug products.

NABP



### MOU - 1999

- The Guide listed examples of activities that the FDA believed raised concerns and would be considered in determining whether to bring an enforcement action.
- The Guide further warned that pharmacies could not dispense drugs to third parties for resale to individual patients without losing their status as retail entities.

MARP



# Considerations and Substance of the MOU

- Define "inordinate amount"
- Measurable metrics to define and determine "5%"
- Not a bypass for "office use" or "stock" compounding
- Communication and enforcement collaboration with the states

NABP'



Considerations and Substance of the MOU

- · Define "ino dinate amount"
- Measurable metrics to define and determine 15%
- Not a bypass for "office use" or "stock" compounding
  - Communication and enforcement
     collaboration with the states

#### PROPOSED REGULATION OF THE

#### STATE BOARD OF PHARMACY

#### LCB File No. R016-14

#### February 14, 2014

EXPLANATION - Matter in italics is new; matter in brackets [omitted material] is material to be omitted.

AUTHORITY: §1, NRS 453.146 and 639.070.

A REGULATION relating to controlled substances; revising the controlled substances listed on schedule III; and providing other matters properly relating thereto.

**Section 1.** NAC 453.530 is hereby amended to read as follows:

- 453.530 1. Schedule III consists of the drugs and other substances listed in this section, by whatever official, common, usual, chemical or trade name designated.
- 2. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including their salts, isomers and salts of such isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation, is hereby enumerated on schedule III, including:
- (a) Those compounds, mixtures or preparations in dosage unit form containing any substance listed in schedule II which has a stimulant effect on the central nervous system, which compounds, mixtures or preparations were listed on August 25, 1971, as excepted compounds under the regulations of the Drug Enforcement Administration of the *United States* Department

of Justice, and any other drug of the same quantitative composition as a drug shown on the list or
which is the same except that it contains a lesser quantity of controlled substances;
(b) Benzphetamine;
(c) Chlorphentermine;
(d) Clortermine; or
(e) Phendimetrazine.
⇒ For the purposes of this subsection, "isomer" includes the optical, position or geometric
isomer.
3. Unless specifically excepted or unless listed in another schedule, any material,
compound, mixture or preparation which contains any quantity of the following substances
having a depressant effect on the central nervous system is hereby enumerated on schedule III:
(a) Any substance which contains any quantity of a derivative of barbituric acid or any salt
thereof;
(b) Chlorhexadol;
(c) Embutramide;
(d) Lysergic acid;
(e) Lysergic acid amide;
(f) Methyprylon;
(g) Sulfondiethylmethane;

(h) Sulfonethylmethane;

(i) Sulfonmethane;

- (j) Any compound, mixture or preparation containing amobarbital, secobarbital, pentobarbital or any salt thereof and one or more other active medicinal ingredients, which are not listed in any schedule;
- (k) Any suppository dosage form containing amobarbital, secobarbital, pentobarbital, or any salt of any of these drugs approved by the Food and Drug Administration of the United States

  Department of Health and Human Services for marketing only as a suppository; or
- (l) Tiletamine and zolazepam or any salt thereof. (Some trade or other names for a tiletamine-zolazepam combination product: Telazol. Some trade or other names for tiletamine: 2-(ethylamino)-2-(2-thienyl)-cyclohexanone. Some trade or other names for zolazepam: 4-(2-fluorophenyl)-6,8-dihydro-1,3,8-trimethylpyrazolo-[3,4-e][1,4]-diazepin-7(1H)-one, flupyrazapon).
  - 4. Nalorphine is hereby enumerated on schedule III.
- 5. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation containing any of the following narcotic drugs or their salts, calculated as the free anhydrous base or alkaloid, in quantities is hereby enumerated on schedule III:
- (a) Not more than 1.8 grams of codeine per 100 milliliters or not more than 90 milligrams per dosage unit, with an equal or greater quantity of an isoquinoline alkaloid of opium;
- (b) Not more than 1.8 grams of codeine per 100 milliliters or not more than 90 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts;

- (c) Not more than 300 milligrams of dihydrocodeinone (hydrocodone) per 100 milliliters or not more than 15 milligrams per dosage unit, with a fourfold or greater quantity of an isoquinoline alkaloid of opium;
- (d) Not more than 300 milligrams of dihydrocodeinone (hydrocodone) per 100 milliliters or not more than 15 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts;
- (e) Not more than 1.8 grams of dihydrocodeine per 100 milliliters or not more than 90 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts;
- (f) Not more than 300 milligrams of ethylmorphine per 100 milliliters or not more than 15 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts;
- (g) Not more than 500 milligrams of opium per 100 milliliters or per 100 grams, or not more than 25 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts; or
- (h) Not more than 50 milligrams of morphine per 100 milliliters or per 100 grams, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts.
- 6. Unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of:
  - (a) N-methylephedrine, its optical isomers, salts and salts of optical isomers;
  - (b) Hydriodic acid; or
  - (c) Hydrogen iodide gas,

are, as immediate precursors, controlled, the control of which is necessary to prevent, curtail or limit the manufacture of the controlled substances methamphetamine and N, N-dimethylamphetamine.

- 7. Except as otherwise provided in subsections 8 and 9, or specifically excepted or listed in another schedule, any material, compound, mixture or preparation containing any quantity of anabolic steroids, including their salts, isomers, esters and salts of isomers, whenever the existence of such salts of isomers is possible within the specific chemical designation, is hereby enumerated on schedule III:
  - (a) Androisoxazole;
  - (b) Androstenediol;
  - (c) Bolandiol;
  - (d) Bolasterone;
  - (e) Boldenone;
  - (f) Chlormethandienone;
  - (g) Clostebol;
  - (h) Chorionic gonadotropin (HCG);
  - (i) Dehydrochlormethyltestosterone;
  - (i) Dihydromesterone;
  - (k) Drostanolone;
  - (l) Ethylestrenol;
  - (m) Fluoxymesterone;
  - (n) Formebolone;

(o) Formyldienolone;	upon gur graphic e santo $\overline{R}$ a finite $\overline{R}$
(p) 4-Hydroxy-19-nortestosterone;	and the second second second
(q) Mesterolone;	
(r) Methandrenone;	yy
(s) Methandriol;	
(t) Methandrostenolone;	
(u) Methenolone;	
(v) 17-Methyltestosterone;	
(w) Methyltrienolone;	
(x) Mibolerone;	
(y) Nandrolone;	
(z) Norbolethone;	
(aa) Norethandrolone;	
(bb) Normethandrolone;	
(cc) Oxandrolone;	
(dd) Oxymesterone;	gen god um sean <sub>e</sub> — t for "ge
(ee) Oxymetholone;	at a 1999 of the second of
(ff) Quinbolone;	
(gg) Stanolone;	
(hh) Stanozolol;	
(ii) Stenbolone;	1 7 2 5 H
(jj) Testolactone;	· 7.

- (kk) Testosterone; or a second of the second
- (II) Trenbolone.
- 8. Any anabolic steroid described in subsection 7 which is used solely for implantation in cattle or any other nonhuman species and is approved by the Food and Drug Administration for that use is not a controlled substance.
- 9. The following classifications are not controlled substances for the purposes of this section:
  - (a) Oral combinations containing therapeutic doses of estrogen and androgen;
  - (b) Parenteral preparations containing therapeutic doses of estrogen and androgen;
  - (c) Topical preparations containing androgens or combinations of androgen and estrogen; and
  - (d) Vaginal preparations.
- 10. Ketamine [HCL], including its salts, isomers and salts of isomers, is hereby enumerated on schedule III.
- 11. Synthetic Dronabinol in sesame oil encapsulated in a soft gelatin capsule in a drug product approved by the Food and Drug Administration (some trade or other names: (6aR-trans)-6a,7,8,10a-tetrahydro-6; 6,9-trimethyl-3-pentyl-6H-dibenzo [b,d]pyran-1-ol; (-)-delta-9-(trans)-tetrahydrocannabinol; Marinol) is hereby enumerated on schedule III.
- 12. Gamma-hydroxybutyrate prepared by a registered pharmaceutical manufacturer of the Food and Drug Administration which is properly labeled, including lot numbers, and is available for medicinal purposes through a distribution system approved by the Food and Drug Administration is hereby enumerated on schedule III.
  - 13. Human growth hormone (HGH) is hereby enumerated on schedule III.

salts, is hereby enumerated on schedule III.	15 a 1983 111
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Larry Pinson Executive Director Nevada State Board of Pharmacy 431 Plumb Lane Reno, NV 89509

Dear Mr. Pinson.

I am writing this letter in my capacity of Senior Director of Regulatory Affairs for Express Scripts including all its subsidiaries to offer comment on the proposed changes to 639.748 NAC.

Generally, Express Scripts supports the goal of the proposed changes; positive identification of patients receiving controlled substances. However, we have some concerns with the specifics of the proposal.

Specifically, Express Scripts has some concern with the use of a Driver's License or government issued photo ID as a patient identifier. The use of a Driver's license or GOVID has several draw backs depending on the nature of the pharmacy practice. In the case of home delivery, the patient often does not know that the License number is required when the prescription is given to the pharmacy nor is the number available to the prescriber when the prescription is phoned or faxed to the pharmacy so it is not supplied in advance resulting in delays in filling while obtaining the required information. Additionally, not every patient has a driver's license, the most obvious being those under 16 but also some older patients. In the case of home delivery, the patient is already a known customer as a result of their employer sponsored insurance plan. The patient is already registered, and has been validated as the correct recipient of the prescription.

Florida, for example used the following language:

"Any pharmacist who dispenses by mail a controlled substance prescription listed in Schedule II – V is exempt from the requirement to obtain suitable identification for the prescription dispensed by mail if the pharmacist has obtained the patient's identification through the patient's prescription benefit plan."

Therefore Express Scripts would suggest the identifier be either the Driver's License number OR a patient identification number assigned by the patient's insurance provider. This would accomplish the Board's goal of positive identification.

Thank you for your consideration.

Dennis McAllister R.Ph., FASHP

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#### REVISED PROPOSED REGULATION OF

#### THE STATE BOARD OF PHARMACY

#### LCB File No. R014-14

March 13, 2014

EXPLANATION - Matter in *italics* is new; matter in brackets [omitted-material] is material to be omitted.

AUTHORITY: §§1 and 2, NRS 639.070.

A REGULATION relating to pharmacy; revising provisions governing the presentation of identification by a person who picks up a controlled substance; and providing other matters properly relating thereto.

**Section 1.** NAC 639.748 is hereby amended to read as follows:

- 639.748 1. Except as otherwise provided in this section, an employee of a pharmacy who is authorized to dispense controlled substances shall, before dispensing a controlled substance pursuant to a lawful prescription, request the person **[to whom]** who picks up the controlled substance **[will be dispensed]** to present a current and valid form of identification issued by a federal, state or local governmental agency that contains a photograph of the person. The 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
- (e) The pharmacy is a part of the health care facility where the patient is being treated.]; and
- (b) The person who picks up the controlled substance is personally known to an employee of the pharmacy.
- 3. [The] If the provisions of subsection 1 apply, the employee dispensing the controlled substance shall:
  - (a) Make a [photocopy] copy of the identification presented to the employee; or
- (b) Record the full name of the person **[to-whom]** who picks up the controlled substance, **[is** dispensed and] the identification number, if any, indicated on his or her identification **[, if any,]** presented to the employee and the federal, state or local governmental agency that issued the identification. The employee shall record that information on **[the]**:
  - (1) The prescription [, the];
  - (2) The refill log [, the];
  - (3) The counseling log [, a];
  - (4) A computer record related to the patient; or {any other}
- (5) A document that is readily retrievable [ ] and accessible for inspection by law enforcement or any member, employee, agent or designee of the Board.
- 4. If a [photocopy] copy of the identification is made pursuant to paragraph (a) of subsection3, it must be filed with the copy of the prescription that is maintained by the pharmacy.
  - 5. As used in this section, "valid form of identification" does not include:
  - (a) A driver authorization card obtained in accordance with NRS 483.291; or

- (b) A driver authorization card, driving privilege card or other similar card issued by another jurisdiction.
  - Sec. 2. NAC 639.753 is hereby amended to read as follows:
- 639.753 1. A pharmacist may decline to fill a prescription that satisfies the requirements of this chapter and chapter 639 of NRS only if the pharmacist reasonably believes, in his or her professional judgment, that:
  - (a) The filling of the prescription would be unlawful;
- (b) The filling of the prescription would be imminently harmful to the medical health of the patient;
  - (c) The prescription is fraudulent; or
  - (d) The prescription is not for a legitimate medical purpose.
- 2. If a pharmacist declines to fill a prescription pursuant to this section, the pharmacist shall speak with the prescribing practitioner in a timely manner to discuss and resolve the concerns of the pharmacist regarding the prescription. Before the pharmacist speaks with the prescribing practitioner, the pharmacist may, based on his or her professional judgment:
  - (a) Retain the prescription and not return the prescription to the patient;
  - (b) Return the prescription to the patient;
  - (c) Make a [photocopy] copy of the prescription and return the prescription to the patient; and
- (d) Unless the prescription is for a controlled substance that is listed in schedule II, dispense a quantity of the drug prescribed, not to exceed a 3 days' supply, to allow a reasonable period for the pharmacist to speak with the prescribing practitioner about the concerns of the pharmacist regarding the prescription.

- 3. After speaking with the prescribing practitioner, the pharmacist may fill the prescription if the pharmacist reasonably believes, in his or her professional judgment, that the prescription is:
  - (a) Lawful;
  - (b) Not imminently harmful to the medical health of the patient;
  - (c) Not fraudulent; and
  - (d) For a legitimate medical purpose.
- 4. If, after speaking with the prescribing practitioner, the pharmacist reasonably believes, in his or her professional judgment, that the prescription does not meet one or more of the standards set forth in subsection 3, the pharmacist shall retain the prescription and may not return the prescription to the patient.

#### PROPOSED REGULATION OF THE

#### STATE BOARD OF PHARMACY

#### LCB File No. R015-14

March 13, 2014

EXPLANATION - Matter in italics is new; matter in brackets [omitted-material] is material to be omitted.

AUTHORITY: §1, NRS 453.146 and 639.070.

A REGULATION relating to controlled substances; revising the list of substances contained in schedule I; and providing other matters properly relating thereto.

**Section 1.** NAC 453.510 is hereby amended to read as follows:

453.510 1. Schedule I consists of the drugs and other substances listed in this section by whatever official, common, usual, chemical or trade name designated.

2. Unless specifically excepted or unless listed in another schedule, any of the following opiates, including, without limitation, their isomers, esters, ethers, salts and salts of isomers, esters and ethers, whenever the existence of such isomers, esters, ethers and salts is possible within the specific chemical designation:

Acetyl-alpha-methylfentanyl (N-[1-(1-methyl-2-phenethyl)-4-piperidinyl]-N-

phenylacetamide);

Acetylmethadol;

Allylprodine;

Alphacetylmethadol (except levo-alphacetylmethadol, commonly referred to as levo-alphacetylmethadol)
acetylmethadol, levomethadyl acetate or "LAAM");
Alphameprodine;
Alphamethadol;
Alphamethylfentanyl (N-[1-(alpha-methyl-beta-phenyl)ethyl-4-piperidyl] propionanilide;
1-(1-methyl-2-phenylethyl)-4-(N-propanilido) piperidine);
Alpha-methylthiofentanyl (N-[1-methyl-2-(2-thienyl)ethyl-4-piperidinyl]-N-
phenylpropanamide);
Benzethidine;
Betacetylmethadol;
Beta-hydroxyfentanyl (N-[1-(2-hydroxy-2-phenethyl)-4-piperidinyl]-N-
phenylpropanamide);
Beta-hydroxy-3-methylfentanyl (other name: N-[1-(2-hydroxy-2-phenethyl)-3-methyl-4-
piperidinyl]-N-phenylpropanamide);
Betameprodine;
Betamethadol;
Betaprodine;
Clonitazene;
Dextromoramide;
Diampromide;
Diethylthiambutene;
Difenoxin;

Dimenoxadol;
Dimepheptanol;
Dimethylthiambutene;
Dioxaphetyl butyrate;
Dipipanone;
Ethylmethylthiambutene;
Etonitazene;
Etoxeridine;
Furethidine;
Hydroxypethidine;
Ketobemidone;
Levomoramide;
Levophenacylmorphan;
3-Methylfentanyl (N-[3-methyl-1-(2-phenylethyl)-4-piperidyl]-N-phenylpropanamide);
3-Methylthiofentanyl (N-[(3-methyl-1-(2-thienyl)ethyl-4-piperidinyl]-N-
phenylpropanamide);
Morpheridine;
MPPP (1-methyl-4-phenyl-4-propionoxypiperidine);
Noracymethadol;
Norlevorphanol;
Normethadone;
Norpipanone;

Para-fluorofentanyl (N-(4-fluorophenyl)-N-[1-(2-phenethyl)-4-piperidinyl]propanamide);
PEPAP (1-(-2-phenethyl)-4-phenyl-4-acetoxypiperidine);
Phenadoxone;
Phenampromide;
Phenomorphan;
Phenoperidine;
Piritramide;
Proheptazine;
Properidine;
Propiram;
Racemoramide;
Thiofentanyl (N-phenyl-N-[1-(2-thienyl)ethyl-4-piperidinyl]-propanamide);
Tilidine; or
Trimeperidine.
3. Unless specifically excepted or unless listed in another schedule, any of the following
opium derivatives, including, without limitation, their salts, isomers and salts of isomers,
whenever the existence of such salts, isomers and salts of isomers is possible within the specific
chemical designation:
Acetorphine;
Acetyldihydrocodeine;

Thebacon.

4. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following hallucinogenic substances, including, without limitation, their salts, isomers and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation:

Alpha-ethyltryptamine (some trade or other names: ET, Trip);

Alpha-methyltryptamine (some trade or other names: AMT);

- 1,4-Butanediol (some trade or other names: 1,4-butyleneglycol, dihydroxybutane, tetramethylene glycol, butane 1,4-diol, SomatoPro, Soma Solutions, Zen);
- 4-bromo-2,5-dimethoxyamphetamine (some trade or other names: 4-bromo-2,5-dimethoxy-alpha-methylphenethylamine; 4-bromo-2,5-DMA);
- 4-bromo-2,5-dimethoxyphenethylamine (some trade or other names: Nexus, 2C-B);
- 1-Butyl-3-(1-naphthoyl)indole-7173 (some trade or other names: JWH-073);
- 2-(4-Chloro-2,5-dimethoxyphenyl)ethanamine (some trade or other names: 2C-C);

- 1-cyclohexylethyl-3-(2-methoxyphenylacetyl)indole (some trade or other names: SR-18; BTM-8; RCS-8);
- 2,5-dimethoxyamphetamine (some trade or other names: 2,5-dimethoxy-alphamethylphenethylamine; 2,5-DMA);
- 2,5-dimethoxy-4-ethylamphet-amine (some trade or other names: DOET);
- 2-(2,5-Dimethoxy-4-ethylphenyl)ethanamine (some trade or other names: 2C-E);
- 2,5-dimethoxy-4-iodo-N-(methoxybenzyl)phenethylamine (some trade or other names: 25I-NBOMe, 25I-NB2OMe, 25I-NB3OMe, 25I-NB4OMe);
- 2-(2,5-Dimethoxy-4-methylphenyl)ethanamine (some trade or other names: 2C-D);
- 2-(2,5-Dimethoxy-4-nitro-phenyl)ethanamine (some trade or other names: 2C-N);
- 2,5-Dimethoxy-N-(2-methoxybenzyl) phenethylamine (NBOMe) and any derivative
  thereof (some trade or other names: 2C-X-NBOMe; N-benzylated phenethylamines;
  N-o-methoxybenzyl analogs; NBOMe; 25H-NBOMe; 25B-NBOMe; 25C-NBOMe;
  25D-NBOMe; 25E-NBOMe; 25I-NBOMe; 25N-NBOMe; 25P-NBOMe; 25T2-NBOMe; 25T4-NBOMe; 25T7-NBOMe);

- 2-(2,5-Dimethoxy-4-(n)-propylphenyl)ethanamine (some trade or other names: 2C-P);
- 2,5-dimethoxy-4-(n)-propylthiophenethylamine (some trade or other names: 2C-T-7);
- 2-(2,5-Dimethoxyphenyl)ethanamine (some trade or other names: 2C-H);
- 3-[(2-Dimethylamino)ethyl]-1H-indol-4-yl acetate (some trade or other names: 4-acetoxy-N, N-dimethyltryptamine;4-AcO-DMT; psilacetin; O-acetylpsilocin; 4-acetoxy-DMT);
- 5-(1,1-Dimethylheptyl)-2-[(1R,3S)-3-hydroxycyclohexyl]-phenol-7297 (some trade or other names: CP-47,497);
- 5-(1,1-Dimethyloctyl)-2-[(1R,3S)-3-hydroxycyclohexyl]-phenol-7298 (some trade or other names: cannabicyclohexanol; CP-47,497 C8 homologue);
- 4-ethylnaphthalen-1-yl-(1-pentylindol-3-yl)methanone (some trade or other names: (4-ethyl-1-naphthalenyl)(1-pentyl-1H-indol-3-yl)-methanone; JWH-210);
- 2-[4-(Ethylthio)-2,5-dimethoxyphenyl]ethanamine (some trade or other names: 2C-T-2);

- [1-(5-fluoropentyl)-1H-indol-3-yl]-1-naphthalenyl-methanone (some trade or other names: 1-(5-fluoropentyl)-3-(1-naphthoyl)indole; AM-2201);
- [1-(5-fluoropentyl)-1H-indol-3-yl]-(2-iodophyenyl)-methanone (some trade or other names: 1-(5-fluoropentyl)-3-(2-iodobenzoyl)indole; AM-694);
- (1-(5-fluoropentyl)-1H-indol-3-yl)(2,2,3,3-tetramethylcyclopropyl)methanone (some trade or other names: XLR-11);
- 1-(5-fluoropentyl)-N-(tricyclo[3.3.1.13,7]dec-1-yl)-1H-indazole-3-carboxamide (some trade or other names: N-((3s,5s,7s)-adamantan-1-yl)-1-(5-fluoropentyl)-1H-indazole-3-carboxamide; APINACA 5-fluoropentyl analog; 5F-AKB48; 5-Fluoro-AKB48; 5F-APINACA; 5-Fluoro-APINACA;
- 1-(5-fluoropentyl)-8-quinolinyl ester-1H-indole-3-carboxylic acid (some trade or other names: 1-(5-fluoropentyl)-1H-indole-3-carboxylic acid 8-quinolinyl ester; 5-Fluoro-PB-22; 5F-PB-22);
- 2-(4-Iodo-2,5-dimethoxyphenyl)ethanamine (some trade or other names: 2C-I);
- 2-[4-(Isopropylthio)-2,5-dimethoxyphenyl]ethanamine (some trade or other names: 2C-T-4);

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1-hexyl-3-(1-naphthoyl)indole (some trade or other names: JWH-019);
4-methoxyamphetamine (some trade or other names: 4-methoxy-alpha-
  methylphenethylamine; para-methoxyamphetamine; PMA);
(4-methoxy-1-naphthalenyl)(1-pentyl-1H-indol-3-yl)-methanone (some trade or other
  names: JWH-081);
5-methoxy-3,4-methylenedioxyamphetamine;
5-methoxy-N, N-diisopropyltryptamine (some trade or other names: 5-meO-DIPT);
4-methyl-2,5-dimethoxyamphetamine (some trade or other names: 4-methyl-2,5-
  dimethoxy-alpha-methylphenethylamine; "DOM"; "STP");
(4-methyl-1-naphthalenyl)(1-pentyl-1H-indol-3-yl)-methanone (some trade or other
  names: JWH-122);
3,4-methylenedioxyamphetamine;
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3,4-methylenedioxymethamphetamine (MDMA);

- 3,4-methylenedioxy-N-ethylamphetamine (commonly referred to as N-ethyl-alpha-methyl-3,4(methylenedioxy) phenethylamine, N-ethyl MDA, MDE, MDEA);
- 1-[2-(4-Morpholinyl)ethyl]-3-(1-naphthoyl)indole-7200 (some trade or other names: JWH-200);
- N-(1-adamantyl)-1-pentyl-1H-indazole-3-carboxamide (some trade or other names: 1-pentyl-N-tricyclo[3.3.1.13,7]dec-1-yl-1H-indazole-3-carboxamide; APINACA;

  AKB48);
- N-hydroxy-3,4-methylenedioxyamphetamine (commonly referred to as N-hydroxy-alphamethyl-3,4(methylenedioxy) phenethylamine, N-hydroxy MDA);
- 2-(2-methoxyphenyl)-1-(1-pentylindol-3-yl)ethanone (some trade or other names: 1-(1-pentyl-1H-indol-3-yl)-2-(2-methoxyphenyl)-ethanone; 1-pentyl-3-(2-methoxyphenylacetyl)indole; JWH-250);
- 1-Pentyl-3-(2-chlorophenylacetyl)indole (some trade or other names: JWH-203);
- 1-Pentyl-3-(4-cholor-1-naphthoyl)indole (some trade or other names: JWH-398);

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1-Pentyl-3-[(4-methoxy)-benzoyl]indole (some trade or other names: SR-19; BTM-4;
   RCS-4);
1-Pentyl-3-(1-naphthoyl)indole-7118 (some trade or other names: JWH-018; AM678);
(1-pentylindol-3-yl)-(2,2,3,3-tetramethylcyclopropyl)methanone (some trade or other
   names: UR-144);
1-pentyl-8-quinolinyl ester-1H-indole-3-carboxylic acid (some trade or other names: 1-
  pentyl-1H-indole-3-carboxylic acid 8-quinolinyl ester; PB-22; QUPIC);
3,4,5-trimethoxyamphetamine;
Bufotenine (some trade or other names: 3-(beta-dimethylaminoethyl)-5-hydroxyindole; 3-
  (2-dimethyl-aminoethyl)-5-indolol; N, N-dimethylserotonin; 5-hydroxy-N, N-
  dimethyltryptamine; mappine);
Diethyltryptamine (some trade or other names: DET; N,N-Diethyltryptamine);
Dimethyltryptamine (some trade or other names: DMT);
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Fluorophenylpiperazine (some trade or other names: FPP, pFPP, 2-fluorophenylpiperazine
3-fluorophenylpiperazine, 4-fluorophenylpiperazine);
Gamma butyrolactone (some trade or other names: GBL, Gamma Buty Lactone, 4-butyrolactone, dihydro-2(3H)-furanone, tetrahydro-2-furanone, Gamma G, GH Gold);
Gamma hydroxy butyric acid (some trade or other names: GHB);
Ibogaine (some trade or other names: 7-ethyl-6, 6 beta, 7, 8, 9, 10, 12, 13-octahydro-2-methoxy-6, 9-methano-5H-pyrido (1',2':1,2) azepino (5,4-b) indole; <i>Tabernanthe iboga</i> );
Lysergic acid diethylamide;
Marijuana;
Mescaline;
Methoxyphenylpiperazine (some trade or other names: MeOPP, pMPP, 4-MPP, 2-MeOPP, 3-MeOPP, 4-MeOPP);

Parahexyl (some trade or other names: 3-Hexyl-1-hydroxy-7, 8, 9, 10-tetrahydro-6,6,9-trimethyl-6H-dibenzo[b,d]pyran; Synhexyl);

Peyote (meaning all parts of the plant presently classified botanically as *Lophophora*williamsii Lemaire, whether growing or not, the seeds thereof, any extract from any part

of such plant, and every compound, manufacture, salts, derivative, mixture, or

preparation of such plant, its seeds or extracts);

N-benzylpiperazine (some trade or other names: BZP, 1-benzylpiperazine);

N-ethyl-3-piperidyl benzilate;

N-methyl-3-piperidyl benzilate;

Psilocybin;

Psilocin;

Tetrahydrocannabinols (synthetic equivalents of the substances contained in the plant, or in the resinous extractives of *Cannabis*, sp. or synthetic substances, derivatives and their isomers with similar chemical structure and pharmacological activity such as the following:

Delta 1 cis or trans tetrahydrocannabinol, and their optical isomers,

Delta 6 cis or trans tetrahydrocannabinol, and their optical isomers,

Delta 3, 4 cis or trans tetrahydrocannabinol, and its optical isomers;

since nomenclature of these substances is not internationally standardized, compounds of these structures, regardless of numerical designation of atomic positions covered);

Ethylamine analog of phencyclidine (some trade or other names: N-ethyl-1phenylcyclohexylamine; (1-phenylcyclohexyl) ethylamine; N-(1-phenylcyclohexyl)
ethylamine; cyclohexamine; PCE);

Pyrrolidine analog of phencyclidine (some trade or other names: 1-(1-phenylcyclohexyl)pyrrolidine; PCPy; PHP);

1-(1-(2-thienyl)-cyclohexyl)-pyrrolidine (some trade or other names: TCPy); [or]

Thiophene analog of phencyclidine (some trade or other names: 1-(1-(2-thienyl)-cyclohexyl)-piperidine; 2-thienyl analog of phencyclidine; TPCP; TCP) : or

Trifluoromethylphenylpiperazine (some trade or other names: 1-(3-trifluoromethylphenyl)piperazine; 3-trifluoromethylphenylpiperazine; TFMPP).

For the purposes of this subsection, "isomer" includes, without limitation, the optical, position or geometric isomer.

- 5. All parts of the plant presently classified botanically as *Datura*, whether growing or not, the seeds thereof, any extract from any part of such plant or plants, and every compound, manufacture, salt derivative, mixture or preparation of such plant or plants, its seeds or extracts, unless substances consistent with those found in such plants are present in formulations that the Food and Drug Administration of the United States Department of Health and Human Services has approved for distribution.
- 6. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of phencyclidine, mecloqualone or methaqualone having a depressant effect on the central nervous system, including, without limitation, their salts, isomers and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation.
- 7. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including, without limitation, their salts, isomers and salts of isomers:

Alpha-PVP (some trade or other names: 1-phenyl-2-(1-pyrrolidinyl)-1-pentanone, alpha-pyrrolidinopentiophenone, alpha-pyrrolidinovalerophenone);

Aminorex;

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Butylone (some trade or other names: β-keto-N-methylbenzodioxolylpropylamine, bk-
   MBDB);
Cathinone (some trade or other names: 2-amino-1-phenyl-1-propanone; alpha-
   aminopropiophenone; 2-aminopropiophenone; norephedrone);
Fenethylline;
Fluoroamphetamine (some trade or other names: 2-fluoroamphetamine, 3-
   fluoroamphetamine, 4-fluoroamphetamine, 2-FA, 3-FA, 4-FA, PFA);
Fluoromethcathinone (some trade or other names: 4-Fluoromethcathinone (Flephedrone)
   and 3-Fluoromethcathinone (3-FMC));
Mephedrone (some trade or other names: Methylmethcathinone, 4-Methylmethcathinone,
   4-MMC, 4-Methylephedrone);
Methamphetamine;
Methcathinone (some trade or other names: N-Methylcathinone, cat);
Methedrone (some trade or other names: Methoxymethcathinone, 4-
  Methoxymethcathinone, bk-PMMA, methoxyphedrine);
(±)cis-4-methylaminorex ((+)cis-4,5-dihydro-4-methyl-5-phenyl-2-oxazolamine);
Methylenedioxypyrovalerone (some trade or other names: 3,4-
  Methylenedioxypyrovalerone, MDPV);
Methylethcathinone (some trade or other names: 2-(ethylamino)-1-(4-
  methylphenyl)propan-1-one, 4-MEC, 4-methyl-N-ethylcathinone);
Methylone (some trade or other names: Methylenedioxy-N-methylcathinone,
  Methylenedioxymethcathinone, 3,4-Methylenedioxy-N-methylcathinone, bk-MDMA);
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N,N-dimethylamphetamine (commonly referred to as N,N-alpha-trimethylbenzeneethanamine; N,N-alpha-trimethylphenethylamine); or N-ethylamphetamine.

8. Unless specifically listed in another schedule, coca leaves, cocaine base or free base, or a salt, compound, derivative, isomer or preparation thereof which is chemically equivalent or identical to such substances, and any quantity of material, compound, mixture or preparation which contains coca leaves, cocaine base or cocaine free base or its isomers or any of the salts of cocaine, except decocainized coca leaves or extractions which do not contain cocaine or ecgonine.