



# Nevada State Board of Pharmacy

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August 21, 2014

## AMENDED AGENDA

### ◆ PUBLIC NOTICE ◆

The Nevada State Board of Pharmacy will conduct a meeting beginning Wednesday, September 3, 2014 at 9:00 am. The meeting will continue, if necessary, on Thursday, September 4, 2014 at 9:00 am or until the Board concludes its business at the following location:

Hyatt Place  
1790 E Plumb Lane  
Reno, Nevada

#### Please Note

The Nevada State Board of Pharmacy may address agenda items out of sequence to accommodate persons appearing before the Board or to aid in the efficiency or effectiveness of the meeting;

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

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

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

**Prior to the commencement and conclusion of a contested case or a quasi judicial proceeding that may affect the due process rights of an individual the board may refuse to consider public comment. See NRS 233B.126.** Please be aware that after the quasi-judicial board or commission had rendered a decision in the contested case and assuming this happens before adjournment, then you may advise the board or commission that it may **entertain public comment on the proceeding at that time.**

## ◆ CONSENT AGENDA ◆

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

1. Public Comments and Discussion of and Deliberation Upon Those Comments:  
No vote may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on an agenda as an item upon which action will be taken. (NRS 241.020)
2. Approval of July 23-24, 2014, Minutes for Possible Action
3. Applications for Out-of-State Pharmacy – Non Appearance for Possible Action:
  - A. Altius Healthcare – Prescott, AZ
  - B. American Star Pharmacy – Arlington, TX
  - C. Aureus Pharmacy – Cape Girardeau, MO
  - D. Express Scripts – Burlington, NJ
  - E. Gentry Health Services – Medina, OH
  - F. Pantherx Specialty Pharmacy – Pittsburgh, PA
  - G. Priority Care Pharmacy, LLC – Amory, MS
  - H. Tropical Pharmacy Inc. – Sunrise, FL

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

- I. AMI Rx – Hattiesburg, MS
- J. Campbells Compounding Pharmacy, Inc. – Sugar Land, TX
- K. Davis Drug, Inc. – Carrollton, VA
- L. DMR Pharmacy Inc. – Brooklyn, NY
- M. Lissmart Pharmacy – Tampa, FL
- N. Magnolia Specialty Pharmacy, Inc. – Hattiesburg, MS
- O. Science Pharmaceutical – North Hollywood, CA
- P. Wiley Chemists Compounding Pharmacy – Santa Fe, NM

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

- Q. A.P.I. Solutions, Inc. – Daphne, AL
- R. Argon Medical Devices, Inc. – Athens, TX
- S. Omeros Corporation – Seattle, WA
- T. Professional Hospital Supply, Inc. – Fairfield, CA
- U. Sebelo Pharmaceuticals Inc. – Roswell, GA
- V. Sharn, Inc. – Caledonia, MI
- W. Smith & Nephew, Inc. – Memphis, TN
- X. Specialty Therapeutic Care, LP – Houston, TX
- Y. Walgreens Specialty Pharmacy #15443 – Frisco, TX

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

- Z. Bard Medical Division of C.R. Bard, Inc. – Covington, GA
- AA. Drawbridge Medical LLC – Smyrna, GA
- BB. Express Rx LLC – Houston, TX
- CC. Wright Medical Technology, Inc. – Escondido, CA
- DD. Wright Medical Technology, Inc. – Orange, CA

Applications for Nevada Pharmacy – Non Appearance for Possible Action:

- EE. Centennial Specialty Surgery Center – Las Vegas
- FF. CentRx Pharmacy Centennial Hills – Las Vegas
- GG. CentRx Pharmacy Northern Nevada – Sparks
- HH. CentRx Pharmacy Summerlin – Las Vegas
- II. Rancho Family Pharmacy – Las Vegas
- JJ. Real Care Pharmacy – Henderson
- KK. Siena Heights Surgery Center – Henderson

Applications for Nevada MDEG – Non Appearance for Possible Action:

- LL. Care N Home Medical Supplies – Las Vegas
- MM. Praxair Distribution Inc. – Elko
- NN. RecoverCare, LLC – Henderson
- OO. RecoverCare, LLC – Reno

◆ REGULAR AGENDA ◆

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

- |    |                                   |                |
|----|-----------------------------------|----------------|
| A. | Mary Jane Lohroff, R.Ph           | (14-001-RPH-N) |
| B. | Mike's Pharmacy                   | (14-001-PH-N)  |
| C. | Mariana Oliveira-Callegaria, R.Ph | (14-032-RPH-N) |
| D. | Hale's Pharmacy                   | (14-032-PH-N)  |
| E. | Joseph M. DeLallo, R.Ph           | (14-023-RPH-N) |
| F. | CVS/pharmacy #8779                | (14-023-PH-N)  |
| G. | Twila Benson                      | (14-044-PTT-N) |

W O R K S H O P for Possible Action

Wednesday, September 3, 2014 – 1:30 pm

5. **Proposed Regulation Amendment Workshop** – The purpose of the workshop is to solicit comments from interested persons on the following general topics that may be addressed in the proposed regulations.

1. **Amendment of Nevada Administrative Code 639.NEW LANGUAGE**  
Compounding of nasal medications.

2. **Amendment of Nevada Administrative Code NAC 453.520 Schedule II**  
Adding Hydrocodone combination products to schedule II.
3. **Amendment of Nevada Administrative Code NAC 453.530 Schedule III.** Removing Hydrocodone combination products from schedule III.
6. Applications for Out-of-State Compounding Pharmacy – Appearance for Possible Action:
  - A. AnazaoHealth – Tampa, FL
  - B. Kabafusion – Norwalk, CA
7. Application for Nevada Wholelsaer – Appearance for Possible Action:

MDRx – Las Vegas
8. Application for Advanced Practice Registered Nurse License – Appearance for Possible Action:

Rochelle L. Domingo, APRN
9. Approval of 2015 Board Meeting Schedule for Possible Action
10. Continuing Education Committee for Possible Action:
  - A. International Conference on Nutrition and the Brain
  - B. Breaking the Barriers: Pain Assessment and Management
  - C. Anticoagulation Related Medication Events
  - D. Transcutaneous Electrical Nerve Simulation (TENS) for Pain Management
11. Discussion and Determination for Possible Action:

Prescriptions for Flu Vaccine Administered by Protocol
12. Executive Secretary Report for Possible Action:
  - A. Financial Report
  - B. Temporary Licenses
  - C. Staff Activities
    1. Presentations:
      - a. CE in Carson City
      - b. Washoe County Social Services
  - D. Reports to Board
    1. Collaborative Efforts:
      - a. Medi-Spa (BOME; BON; DO Board)
    2. Collaborative Practice Protocol Approvals:
      - a. Renown Regional Medical Center
        1. Heart Failure Program
        2. Polypharmacy Management
        3. Outpatient Anticoagulation Program

- 4. Hypertension Management
    - 5. Hyperlipidemia Management
    - 6. Pre-op Anemia Management
  - E. Board Related News
  - F. Activities Report
- 13. General Counsel Report for Possible Action
- 14. Next Board Meeting:
  - October 15-16, 2014 – Las Vegas
- 15. Public Comments and Discussion of and Deliberation Upon Those Comments:  
No vote may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on an agenda as an item upon which action will be taken. (NRS 241.020)

Note: We are pleased to make reasonable accommodations for members of the public who are disabled and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify the Nevada State Board of Pharmacy, 431 W Plumb Lane, Reno, Nevada, 89509, or call Shirley Hunting at (775) 850-1440, as soon as possible.

Anyone desiring supporting materials or additional information regarding the meeting is invited to call Shirley Hunting at (775) 850-1440 or email at [shunting@pharmacy.nv.gov](mailto:shunting@pharmacy.nv.gov).

Continuing Education credit of 4 hours, including 1 hour of law, will be given per day of Board meeting attendance. You are required to attend the board meeting for a full day to receive CE credit including the law credit.

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

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



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## MINUTES

Hilton Garden Inn  
7830 S. Las Vegas Boulevard  
Las Vegas, NV

July 23 & 24, 2014

### Board Members Present:

Kam Gandhi	Leo Basch	Cheryl Blomstrom	Jack Dalton
Kevin Desmond	Tallie Pederson		

### Board Members Absent:

Kirk Wentworth

### Board Staff Present:

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

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

### 1. Public Comment (July 23, 2014 morning session)

James Marx, M.D., pain management specialist and board-certified addiction specialist, expressed his concerns regarding patient access to prescriptions used for legitimate medical purposes. Due to the rise in prescription drug abuse, many pharmacies have instituted stringent policies to validate the legitimacy of prescriptions for controlled substances. Patients have experienced delays and/or denials when attempting to get their prescriptions for pain medications filled. Dr. Marx stated that the current retail pharmacy model is not responsive to patients' needs. He said that the retail dispensing market has no mechanism to determine the validity of a prescription, cannot verify the identification of the person picking up the medication, or verify dosing compliance. These issues can be better addressed at the medical level versus the retail level. Dr. Marx proposed a model that is physician-driven with physician owned pharmacies. The proposed model would provide the ability to maintain a higher level of security for both the pharmacy staff and patrons of the pharmacy; provide a higher level of positive biometric patient identification; and monitor dosing compliance. Dr. Marx said that NRS 639.232 and NRS 639.214 precludes practitioners from owning more than ten percent

of a pharmacy. He requested that the Board grant an exception to the ten percent ownership, and permit a limited amount of practitioners to own and operate a specialized pharmacy.

Mr. Pinson explained that the regulations Dr. Marx is referring to are in statute. This Board has no authority to change statutes or initiate BDRs. Introduction and support for a change in the statute would need to be initiated through the legislative process.

The Board acknowledged that the issues brought up by Dr. Marx are a concern for doctors, patients and pharmacists. These issues are currently being addressed by a local as well as national coalition on prescription drug abuse.

2. Approval of June 11-12, 2014, Minutes

Cheryl Blomstrom recused from participation in this matter due to her absence from the June 2014 meeting.

Board Action:

Motion: Kevin Desmond moved to approved the Minutes.

Second: Jack Dalton

Action: Passed Unanimously

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

- A. Factor Support Network Pharmacy, Inc. – Camarillo, CA
- B. LogisMedix – Davie, FL
- C. New Life Pharmacy, LLC – Sandy, UT
- D. PraxisRx Pharmacy – Tampa, FL
- E. RXpress Pharmacy – Fort Worth, TX

Applications for Out-of-State Compounding Pharmacy – Non-Appearance

- F. Ability Pharmacy, Inc. – Fort Worth, TX
- G. Amber Pharmacy – Omaha, NE
- H. Ardon Health, LLC – Portland, OR
- I. Carefree Compounding & Wellness – Phoenix, AZ
- J. Lane Drugs – Brooklyn, NY
- K. Life-Q, LLC – Nashville, TN
- L. Mesa Pharmacy VII – Irvine, CA
- M. Omro Pharmacy – Omro, WI
- N. One Stop Rx, LLC – Tulsa, OK
- O. Professional Center 205 Pharmacy – Portland, OR
- P. Renner Pharmacy – Richardson, TX

- Q. ScriptSite Pharmacy – San Francisco, CA
- R. Synergy Rx – San Diego, CA
- S. TCS Labs LLC – St. Petersburg, FL

Applications for Out-of-State Wholesaler – Non-Appearance

- T. Abbott Laboratories, Inc. – North Chicago, IL
- U. Breg, Inc. – Carlsbad, CA
- V. Emerson Ecologics LLC – Colonial Heights, VA
- W. MicroPort Orthopedics Inc. – Arlington, TN
- X. Pharmacyclics, Inc. – Sunnyvale, CA
- Y. Smith & Nephew, Inc. – Memphis, TN

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

- Z. C.R. Bard, Inc. – Covington, GA
- AA. Datascope Corp. – Mahwah, NJ
- BB. Edwards LifeSciences Technology SARL, LLC – Amasco, PR
- CC. Maquet Medical Systems USA – Dayton, NJ
- DD. Wilmington Medical Supply Inc. – Wilmington, NC

Applications for Nevada Pharmacy – Non-Appearance

- EE. Atlas Specialty Pharmacy – Henderson
- FF. Montevista Hospital – Las Vegas
- GG. Speedee Pharmacy – Las Vegas
- HH. THC of Nevada – Las Vegas

Application for Nevada MDEG – Non-Appearance

- II. Prosthetic Consulting Technologies – Carson City

Applications for Nevada Wholesaler – Non Appearance

- JJ. ASD Specialty Healthcare, Inc. – Reno
- KK. Integrated Commercialization Solutions, Inc. – Reno
- LL. TheraCom, L.L.C. – Reno

President Gandhi noted that the “Retail” box on the application for PraxisRx (Item 3.D.) indicated “No.” Board Staff confirmed with PraxisRx that they are a retail pharmacy. The application will be corrected.

Board Action:

Motion: Cheryl Blomstrom found the Consent Agenda application information to be accurate and complete and moved for approval.



Second: Leo Basch

Action: Passed Unanimously

4. Discipline Cases

- |    |                       |                |
|----|-----------------------|----------------|
| A. | Asha K. Greco, R.Ph   | (14-018-RPH-S) |
| B. | Target Pharmacy T-826 | (14-018-PH-S)  |

Asha Greco, pharmacist, and Seema Siddiqui, Target Healthcare Business Partner, appeared and were sworn by President Gandhi prior to answering questions or offering testimony.

Susan Trujillo and Max Corrick were present as counsel representing Ms. Greco and Target Pharmacy #T-826 (Target).

Mr. Edwards presented a Stipulation and Order regarding Ms. Greco and Target. Ms. Greco and Target admit that an intern pharmacist worked at Target for five days without an intern pharmacist registration.

Ms. Greco shall receive a public letter of reprimand from the Board Executive Secretary, pay a fine of \$250.00, pay an administrative fee of \$45.00, and complete one hour of continuing education (CE) on the topic of managing pharmacist responsibilities, in addition to the CE credits required to maintain a license with the Board. If such a course is not available, complete a one hour course on ethics.

Target Pharmacy shall pay a fine of \$100, pay an administrative fee of \$500.00, and within thirty (30) days, report to the Board the cause of the violation and the actions to prevent future similar reoccurrences.

Ms. Siddiqui informed the Board that Target is developing a process to validate licenses and confirm that a reporting pharmacy intern holds a current and active registration. A copy of the policy will be provided to Board Staff.

Board Action:

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

Second: Jack Dalton

Action: Passed Unanimously

- C. Christopher G. Southwick, R.Ph (14-017-RH-S)  
D. Advanced Isotopes of Nevada (14-017-PH-S)

Christopher Southwick, managing pharmacist, appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Mr. Edwards presented a Stipulation and Order regarding Mr. Southwick and Advanced Isotopes of Nevada (Advanced Isotopes) for the Board's consideration. Mr. Southwick and Advanced Isotopes admit that a pharmacy intern worked at Advanced Isotopes for twenty-one days without a pharmacy technician license.

Mr. Southwick shall receive a public letter of reprimand from the Board Executive Secretary, pay a fine of \$250.00, pay an administrative fee of \$45.00, and complete one hour of CE on the topic of managing pharmacist responsibilities, in addition to the CE credits required to maintain a license with the Board. If such a course is not available, complete a one hour course on ethics.

Advanced Isotopes shall pay a fine of \$420, pay an administrative fee of \$500.00, and within thirty (30) days, report to the Board the cause of the violation and the actions to prevent future similar reoccurrences.

Board Action:

Motion: Jack Dalton moved to accept the Stipulation and Order as presented.

Second: Cheryl Blomstrom

Action: Passed Unanimously

- E. Brenton S. Underwood, R.Ph (14-031-RPH-S)

Brenton Underwood appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Mr. Edwards moved to have Exhibit 1 admitted. President Gandhi accepted the Exhibit into the record.

Mr. Edwards explained that for the renewal period ending October 2013, Mr. Underwood checked the box on his pharmacist renewal application that he had completed the required continuing education units (CEUs). Board Staff conducted a random audit of CEUs for the biennium ending October 31, 2013. Results of the audit identified that Mr. Underwood did not complete any CEUs for the renewal period ending October 31, 2013.

Mr. Underwood testified that he does not deny or contest the fact that he was not able to provide proof of completing the required CEUs. Mr. Underwood's failure to comply resulted from his assumption that he was exempt from the requirement for two years after receipt of his pharmacy degree, which he received in 2010. Mr. Underwood said that during the 2013 renewal period, he did complete the Nevada Law CE as well as three CEUs in immunization in order to meet the requirements as an immunizing pharmacist. He provided copies of those certificates. President Gandhi admitted the certificate copies as Exhibit 2.

Mr. Underwood said that for the current renewal period ending in October 2015, he has completed forty-two CEUs to date. Mr. Underwood stated that he hopes this serves as a reflection that he is committed to meeting the requirements of the Board, as well as to himself as a pharmacist, by maintaining up-to-date information to ensure appropriate care.

Board Action:

Motion: Leo Basch moved to find Brenton Underwood guilty of the alleged violations in the First Cause of Action.

Second: Jack Dalton

Action: Passed Unanimously

Mr. Edwards offered penalty recommendations.

Board Action:

Motion: Leo Basch moved to accept Mr. Edwards' recommendation. Mr. Underwood shall pay an administrative fee of \$545.00; complete and pass the written law examination within ninety (90) days of the Board Order. Mr. Underwood shall makeup the deficient twenty-six (26) missing CEUs, plus an additional sixty (60) CEUs as a penalty, in addition to the required thirty CEUs for the period ending October 31, 2015 (total of 116 CEUs). The forty-two (42) CEUs Mr. Underwood has completed since November 1, 2013, may be applied toward the 116 CEUs ordered. Mr. Underwood's CEUs will be audited for the period ending October 2015, to verify that he has complied with the Board's Order.

Second: Kevin Desmond

Action: Passed Unanimously

F. Amirose De Guzman, R.Ph  
G. CVS Pharmacy #5942

(14-013-RPH-S)  
(14-013-PH-S)

The employment of an unlicensed pharmaceutical technician (Angeli Domingo) for sixty-seven days by CVS involved four CVS pharmacies. Separate Accusations were filed against each of the CVS pharmacies, specifically, CVS# 5942/Case Number 14-013-PH-S; CVS #5792/Case Number 14-039-PH-S; CVS # 2955/Case Number 14-038-PH-S; and CVS #5113/Case Number 14-037-PH-S. As part of the combined resolution of all four cases, a stipulated settlement was agreed upon that CVS shall pay a combined total fine of \$1,340.00, pay an administrative fee of \$500.00, and to the extent possible, determine the cause of the violation and the actions to prevent future similar reoccurrences. Each case was presented separately. The combined resolution is stated in each individual CVS Stipulation and Order presented.

Amirose De Guzman, pharmacist, appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Mike Dyer was present as counsel representing CVS Pharmacy #5924 (CVS #5924).

Lucian Greco was present as counsel representing Ms. De Guzman.

Mr. Edwards presented a Stipulation and Order regarding Ms. De Guzman for the Board's consideration. Ms. De Guzman admits that she was the pharmacy manager at CVS #5924 during the time period in which a pharmacy technician worked for nineteen days without a pharmaceutical technician license.

Ms. De Guzman shall receive a public letter of reprimand from the Board Executive Secretary, pay a fine of \$250.00, pay an administrative fee of \$45, and complete one hour of CE on the topic of managing pharmacist responsibilities, in addition to the CE credits required to maintain a license with the Board. If such a course is not available, complete a one hour course on ethics.

Board Action:

Motion: Leo Basch moved to accept the Stipulation and Order regarding Ms. De Guzman as presented.

Second: Jack Dalton

Action: Passed Unanimously

Mr. Edwards presented a Stipulation and Order regarding CVS #5942 for the Board's consideration.

Board Action:

Motion: Cheryl Blomstrom moved to accept the Stipulation and Order regarding CVS #5942 as presented.

Second: Tallie Pederson

Action: Passed Unanimously

H.	Brian Wickson, R.Ph	(14-039-RPH-S)
I.	CVS/pharmacy #5792	(14-039-PH-S)

Brian Wickson, pharmacist, and Michael Forbrook, CVS District Pharmacy Supervisor, appeared and were sworn by President Gandhi prior to answering questions or offering testimony.

Mike Dyer was present as counsel presenting Mr. Wickson and CVS Pharmacy #5792 (CVS #5792).

Mr. Edwards presented a Stipulation and Order regarding Mr. Wickson and CVS #5792.

Mr. Wickson and CVS #5792 admit that a pharmacy technician worked at CVS #5792 for one day without a pharmaceutical technician license.

Mr. Dyer offered a statement to address how an unlicensed pharmaceutical technician was employed for sixty-seven days by four CVS pharmacies. He explained that Ms. Domingo was employed as a licensed pharmaceutical technician for CVS in Florida. Ms. Domingo was in Nevada for an extended period of time. In order to maintain her employment status with CVS, she went to CVS #5942 and inquired about fill-in pharmaceutical technician hours. She was referred to CVS #2955, and subsequently worked at four CVS pharmacies. The managing pharmacist at each store assumed she was licensed since she had been covering shifts at the other CVS pharmacies. During the time she worked in Nevada, her payroll was being processed through the CVS Florida payroll system. When Ms. Domingo transferred to Nevada in November 2013, a request was sent to the CVS license verification system. The verifying individual thought the request was for verification of Ms. Domingo's Florida license and removed the Nevada request. Mr. Dyer said that because the verification system did not report any issues, CVS assumed that Ms. Domingo was registered in Nevada.

Mr. Dyer indicated that CVS now requires that a copy of a technician or pharmacist license, or a copy of the license verification from the Board's website, must be presented to the managing pharmacist and posted in the pharmacy before they will be permitted to work in that pharmacy. The CVS corporate office will be sending quarterly reminders to each district supervisor to ensure that licenses are current and posted in the pharmacy.

Mr. Wickson shall receive a public letter of reprimand from the Board Executive Secretary, and complete one hour of CE on the topic of managing pharmacist responsibilities, in addition to the CE credits required to maintain a license with the Board. If such a course is not available, complete a one hour course on ethics.

Board Action:

Motion: Leo Basch moved to accept the Stipulation and Order regarding Mr. Wickson and CVS #5792 as presented.

Second: Jack Dalton

Action: Passed Unanimously

J.	Christopher Gifford, R.Ph	(14-038-RPH-S)
K.	CVS Pharmacy #2955	(14-038-PH-S)

Christopher Gifford, pharmacist, and Michael Forbrook, CVS District Pharmacy Supervisor, appeared and were sworn by President Gandhi prior to answering questions or offering testimony.

Mike Dyer was present as counsel representing Mr. Gifford and CVS Pharmacy #2955 (CVS #2955).

Mr. Edwards presented a Stipulation and Order regarding Mr. Gifford and CVS #2955 for the Board's consideration. Mr. Gifford and CVS #2955 admit that a pharmacy technician worked at CVS #2955 for forty-six days without a pharmaceutical technician license.

Mr. Dyer adopted his statement from Case14-039-PH-S (CVS Pharmacy #5792).

Mr. Gifford shall receive a public letter of reprimand from the Board Executive Secretary, pay a fine of \$250.00, and complete one hour of CE on the topic of managing pharmacist responsibilities in addition to the CE credits required to maintain a license with the Board. If such a course is not available, complete a one hour course on ethics.

The combined CVS Stipulation and Order was adopted in Case14-039-PH-S.

Board Action:

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

Second: Kevin Desmond

Action: Passed Unanimously

L. Vicky L. Blackwell, R.Ph  
M. CVS Pharmacy #5113

(14-037-RPH-S)  
(14-037-PH-S)

Mr. Edwards stated that due to a prior commitment, Ms. Blackwell was not present. Ms. Blackwell responded to the Accusation through Mr. Edwards and agreed to a stipulated agreement.

Mr. Dyer was present as counsel representing CVS Pharmacy #5113.

Mr. Edwards presented a Stipulation and Order regarding Ms. Blackwell for the Board's consideration. Ms. Blackwell admits that she was the pharmacy manager at CVS #5113 during the time period in which a pharmacy technician worked for one day without a pharmaceutical technician license.

Mr. Dyer adopted his statement from Case14-039-PH-S (CVS Pharmacy #5792).

Ms. Blackwell shall receive a public letter of reprimand from the Board Executive Secretary, pay a fine of \$250.00, pay an administrative fee of \$45.00, and complete one hour of CE on the topic of managing pharmacist responsibilities, in addition to the CE credits required to maintain a license with the Board. If such a course is not available, complete a one hour course on ethics.

The combined CVS Stipulation and Order was adopted in Case14-039-PH-S.

Board Action:

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

Second: Tallie Pederson

Action: Passed Unanimously

N. Forouzan Lewis, R.Ph  
O. CVS Pharmacy #2928

(13-072-RPH-S)  
(13-072-PH-S)

Forouzan Lewis, pharmacist, Darilyn Vertido, pharmaceutical technician, and Jody Lewis, CVS District Pharmacy Supervisor, appeared and were sworn by President Gandhi prior to answering questions or offering testimony.

Mike Dyer was present as counsel representing Ms. Lewis and CVS Pharmacy #2928 (CVS #2928).

Ms. Vertido was subpoenaed to appear as a witness and is not named as a Respondent in this case.

Mr. Edwards presented a Stipulation and Order regarding this case for the Board's consideration. Mr. Edwards advised the Board that the Second Cause of Action against CVS #2928 has been dismissed. Board Staff agreed that the CVS system is designed to prevent errors such as the error that occurred in this case. The investigation revealed no contributing factors, nor any action or failure to act which contributed to or caused the error, which could be attributed to CVS #2928 in this case.

Ms. Lewis admits that she committed an error in filling a prescription for insulin lispro (Humalog®) by dispensing the prescription with directions to take 50 units before meals, rather than to take 5 units before meals. The error in the dosage directions was made when the prescription was misread by a pharmaceutical technician at data entry. Ms. Lewis failed to identify the error at verification.

Ms. Lewis shall receive a public letter of reprimand from the Board Executive Secretary, pay an administrative fee of \$545.00, complete a one hour CE on the topic of error prevention, and one hour of CE on the topic of diabetes, in addition to the CE credits required to maintain a license with the Board.

Ms. Lewis explained that when viewing the prescription on the computer screen, the "U" next to the letters "nit" was written very close to the number 5, and she misread it as "50". During counseling, she simply read the prescription label, and did not question the patient on the dosage he received in the hospital. Ms. Lewis apologized and was thankful that the incorrect dosage of the medication had not been administered.

Ms. Vertido apologized to the Board. She said that she saw the number "5" on the prescription, and the "U" looked like a "0". Ms. Vertido said that she will be more focused in the future.

Board Action:

Motion: Kevin Desmond moved to accept the Stipulation and Order as presented.

Second: Leo Basch

Action: Passed Unanimously

P. Kenya M. Peoples, PT

(14-040-PT-S)

Mr. Edwards moved to have Exhibits 1 and 2 admitted. President Gandhi accepted the Exhibits into the record.

Mr. Edwards advised the Board that Ms. Peoples was not present, but did submit a "Do Not Contest" Answer to the Accusation.



Mr. Edwards explained that Board Staff received notification from a CVS Caremark District Pharmacy Supervisor that CVS terminated Ms. Peoples' employment as a pharmaceutical technician at CVS Pharmacy #2929. CVS terminated Ms. Peoples' employment for diversion of controlled substances. Ms. Peoples admitted to diverting approximately two-hundred and twenty (220) alprazolam 2 mg. tablets in early May, 2014.

Mr. Edwards said that the evidence provided supports a finding of guilt.

Board Action:

Motion: Kevin Desmond moved to find Kenya Peoples guilty of the alleged violations in the First Cause of Action.

Second: Cheryl Blomstrom

Action: Passed Unanimously

Mr. Edwards recommended revocation of Ms. Peoples' pharmaceutical technician registration.

Board Action:

Motion: Kevin Desmond moved to revoke Kenya People's pharmaceutical technician registration.

Second: Cheryl Blomstrom

Action: Passed Unanimously

Q. Ronique Dailey, PTT

(14-041-PTT-S)

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

Mr. Edwards advised the Board that Ms. Dailey was not present.

Mr. Edwards moved to have Exhibits 1 through 4 admitted. President Gandhi accepted the Exhibits into the record.

Mr. Edwards explained that Board Staff received notification from a Walgreens' Loss Prevention Manager indicating that Walgreens terminated Ms. Dailey from her employment as a pharmaceutical technician in training at Walgreens #5479. Walgreens terminated Ms. Dailey's employment for diversion of controlled substances.

Ms. Dailey admitted to diverting one-hundred and fifty-seven (157) oxycodone 30 mg. tablets on or about May 10, 2014.

Mr. Edwards called witness Shirley Hunting, Board Coordinator. Ms. Hunting was sworn by President Gandhi prior to answering questions or offering testimony.

Ms. Hunting testified that the Notice of Intended Action and Accusation was sent certified mail on June 20, 2014, to Ms. Dailey's last known address on file with the Board Office. The U.S. Postal Service Tracking record indicates that on June 23, 2014, delivery was attempted, and a notice was left as no authorized recipient was available.

Board Action:

Motion: Cheryl Blomstrom moved that based on the evidence and testimony presented, Board Staff attempted service by mailing the Notice of Intended Action and Accusation to Ms. Dailey.

Second: Leo Basch

Action: Passed Unanimously

Mr. Edwards presented a copy of the written statement by Ms. Dailey (Exhibit 1) in which she admits to diverting controlled substances. Mr. Edwards stated that Exhibit 1 proves the allegations in the Notice of Intended Action and Accusation.

Board Action:

Motion: Cheryl Blomstrom moved to find that Board Staff has proven the facts in the Notice of Intended Action and Accusation.

Second: Leo Basch

Action: Passed Unanimously

Board Action:

Motion: Leo Basch moved to revoke Ronique Dailey's pharmaceutical technician registration.

Second: Cheryl Blomstrom

Action: Passed Unanimously

Mr. Edwards advised the Board that Mr. Walker was not present. Mr. Edwards explained that this matter is a parallel action against Mr. Walker's Nevada pharmacist license. Mr. Walker disclosed on his pharmacist renewal application that he has been the subject of a board citation or administrative action and disciplined by the California State Board of Pharmacy (California Board). Mr. Walker was disciplined by the California Board after he admitted to substance abuse.

Mr. Walker responded to the Accusation through Mr. Edwards requesting to voluntarily surrender his Nevada pharmacist license.

Mr. Edwards presented a Voluntary Surrender of License/Certificate in Lieu of Other Disciplinary Action agreement regarding Mr. Walker for the Board's consideration.

Board Action:

Motion: Cheryl Blomstrom moved to approve the Voluntary Surrender of License/Certificate in Lieu of Other Disciplinary Action agreement regarding Mr. Walker.

Second: Jack Dalton

Action: Passed Unanimously

President Gandhi disclosed that Mr. Chambers worked for the same company in which President Gandhi is currently employed. President Gandhi said that will not affect his ability to facilitate this matter, and that he would not be voting.

Mr. Edwards advised the Board that Mr. Chambers was not present. Mr. Edwards explained that Mr. Chambers disclosed on his pharmacist renewal application that he has been the subject of a board citation or administrative action and disciplined by the Idaho State Board of Pharmacy (Idaho Board). Mr. Chambers was disciplined by the Idaho Board for diversion of controlled substances and adjusting inventory counts in a pharmacy computer.

Mr. Chambers submitted a request to the Board Office to voluntarily surrender his Nevada pharmacist license.

Mr. Edwards presented a Voluntary Surrender of License/Certificate in Lieu of Other Disciplinary Action agreement regarding Mr. Chambers for the Board's consideration.

Board Action:

Motion: Jack Dalton moved to approve the Voluntary Surrender of License/Certificate in Lieu of Other Disciplinary Action agreement regarding Mr. Chambers.

Second: Kevin Desmond

Action: Passed Unanimously

5. Requested Appearance - Scott Stolte, Dean – Roseman University

Dean Stolte requested an appearance to address the recent situation whereby a student of the Roseman College of Pharmacy completed her experiential training with an expired Nevada intern pharmacist license. At that time, there was a single check license verification system in place. The intern's California intern license was inadvertently entered as her Nevada license. Since that time, a new system has been adopted. Following the initial license check and entry into the tracking system, a supervisor will perform an additional check. A third check will be performed by cross-checking the license information against the information on the Board of Pharmacy's website.

Dean Stolte informed the Board that a non-sterile compounding component has been added to the curriculum. In addition, the law component will be expanded throughout the semester versus the current system which provides the course for a condensed period of time.

6. Request for Authorization to Register as a Pharmaceutical Technician in Training

Cynthia Butler

Mr. Pinson informed the Board that in October 2003, Ms. Butler's pharmaceutical technician registration was revoked for falsifying prescriptions for controlled substances and working unlicensed for nine months. Ms. Butler did not appear at that hearing.

In 2012 and April 2014, Ms. Butler requested an appearance before the Board for authorization to register as a pharmaceutical technician in training. Ms. Butler did not appear at the 2012 Board Meeting and is not present again today.

7. Request for a Pharmaceutical Technician License

Robert C. Thomas

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

At the July 2013 Board Meeting, the Board moved to table Mr. Thomas' pharmaceutical technician application pending an evaluation by PRN-PRN.

Mr. Thomas explained that in 2003, he was convicted in federal court for conspiracy to distribute methamphetamine and Ecstasy. He served five years and six months in prison. Following his release from prison, he completed one year of aftercare at Bridge Counseling. Mr. Thomas signed a contract with PRN-PRN in August 2013 and was released from the program in April 2014.

Mr. Thomas said that he has taken steps to gain what he lost from his past experience. He is currently a full-time student and also works full-time in retail management. He has a positive support system of family and friends. Mr. Thomas has been offered a position as a pharmaceutical technician.

Mr. Espadero spoke in support of Mr. Thomas. Mr. Thomas' urine screens have been negative to date. Mr. Espadero indicated that he is comfortable with Mr. Thomas being allowed to work in a pharmacy. Mr. Espadero said that he would prefer that Mr. Thomas continue to participate in PRN-PRN on a modified program requiring once a month contact and random urine screens.

Board Action:

Motion: Cheryl Blomstrom moved to approve Robert Thomas' Pharmaceutical Technician Application.

Desmond offered a friendly amendment to require that Mr. Thomas participate in the modified PRN-PRN program for one year.

Blomstrom accepted the friendly amendment.

Second: Kevin Desmond

Ayes: Blomstrom, Desmond, Pederson

Nays: Basch, Dalton

Action: Motion Carried

8. Requests for a Pharmacist License

A. Joseph M. Rothkopf

Joseph M. Rothkopf appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Mr. Rothkopf explained that he is currently a licensed pharmacist in New York and vacations in Nevada several times a year to visit family. Mr. Rothkopf would like to

finish his career and retire in Nevada. He addressed the issues which resulted in disciplinary actions which had been taken against his New York and Colorado pharmacist licenses.

The Board discussed the actions taken against Mr. Rothkopf's licenses. Board actions by other states date back to 1983 through 2011. During that time period, Mr. Rothkopf was disciplined several times for violations including felony diversion and possession of controlled substances, misfilled prescriptions, recordkeeping violations, and lying on his New York renewal application regarding his criminal conviction in Colorado.

Based on the information provided regarding Mr. Rothkopf's history, the Board found the facts in this matter to be of great concern.

Board Action:

Motion: Cheryl Blomstrom moved to deny Joseph Rothkopf's Application by Reciprocation as a Pharmacist.

Second: Leo Basch

Action: Passed Unanimously

B. Joseph E. Steidl

Joseph Steidl appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Mr. Steidl said that he is licensed in Florida and in the process of reciprocating to Nevada where he currently resides. He explained that he mis-answered questions 2 and 3 on the application for reciprocity. Because he was fined and not suspended for actions taken against his Florida license, he answered "No" to those questions. He said it was not his intent to lie on the application.

Mr. Steidl stated that the action against his Florida license in 2001 was the result of a miscommunication regarding a refill which was dispensed in 1997. Mr. Steidl dispensed Stadol to a pharmacy technician by altering a prescription on file to show remaining refills that were not ordered by the physician. Mr. Steidl was fined and ordered to complete twelve hours of continuing education (CE) on pharmacy law within one year. In 2006, the Florida Board took an action against Mr. Steidl's pharmacist license for failure to comply with the CE requirement in the 2001 board order. Mr. Steidl explained that he had moved into a new house and the CE records must have been destroyed when his previous home was demolished.

Mr. Steidl said that he is an honest and responsible pharmacist. He wants to practice in Nevada and start a pharmacist relief agency in Pahrump.

Board Action:

Motion: Leo Basch moved to approve Joseph Steidl's Application by Reciprocity as a Pharmacist.

Second: Jack Dalton

Ayes: Basch, Dalton, Pederson, Desmond  
Nays: Blomstrom

Action: Motion Carried

9. Request for a Controlled Substance License

James R. Eells, MD

James Eells appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Dr. Eells explained that in 2011, he was writing fraudulent prescriptions for himself using a family member's name. He was arrested and voluntarily surrendered his medical license. Dr. Eells completed a ninety-day inpatient/outpatient treatment program and entered into a five year treatment contract with the Nevada Professional Assistance Program (NPAP). In June 2012, the Medical Board reinstated Dr. Eells medical license with the condition that he could not prescribe controlled substances. In June 2014, the Medical Board removed the condition which prohibited him from prescribing controlled substances.

Dr. Eells' medical specialty is focused on anti-aging and prevention with limited controlled substance prescribing. He stated that he has a strong support group consisting of family, staff and church as well as his recovery support groups. Dr. Eells is actively participating in NPAP, and provides transportation once a week to other practitioners who participate in the program. Dr. Peter Mansky, director of NPAP, provided a letter of support regarding Dr. Eells to Board Staff.

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

Board Action:

Motion: Leo Basch moved to approve James Eells' Controlled Substance Application with no restrictions.

Second: Cheryl Blomstrom

Action: Passed Unanimously

10. Application for Nevada MDEG

Amador Medical LLC – Las Vegas

Adriana Vasquez, owner, and Donald Amador, administrator appeared and were sworn by President Gandhi prior to answering questions or offering testimony.

Ms. Vasquez stated that Amador Medical is requesting a location change due to the growth of the company and the need for more warehouse space.

Mr. Amador explained that Amador Medical specializes in incontinence supplies and bathroom safety. They currently service 975 incontinence patients in southern Nevada.

Mr. Pinson noted that the application does not indicate a change of location but an ownership change. Ms. Vasquez said that subsequent to the application dated April 28, 2014, an application for the change of location was submitted on June 23, 2014. Mr. Pinson will verify the records and the application will be modified to reflect a location change.

Luis Curras, Board Inspector, and Dave Wuest, Deputy Secretary, appeared and were sworn by President Gandhi prior to answering questions or offering testimony. Mr. Curras informed the Board that he met Ms. Vasquez during the pre-inspection of A New Day Medical approximately six months ago. He learned that Ms. Vasquez was the administrator for A New Day Medical and Amador Medical. Mr. Curras informed Ms. Vasquez that she cannot be the administrator for both facilities. She agreed to resign her position with Amador Medical at that time, but remained the administrator for both facilities until April 2014, at which time she resigned her position as administrator with Amador Medical. Mr. Wuest said there have been no other issues concerning Amador Medical.

Ms. Vasquez admitted that she delayed giving up her position as administrator for Amador Medical. She currently owns 5% of Amador Medical, and 100% of A New Day Medical.

Ms. Vasquez and Mr. Amador answered questions to the Board's satisfaction.

Board Action:

Motion: Leo Basch moved to approve the application for location change for Amador Medical pending a satisfactory inspection; and approve the change in administrator effective immediately.

Second: Kevin Desmond

Action: Passed Unanimously



11. Applications for Out-of-State Compounding Pharmacy

A. ARJ Infusion Services – Lenexa, KS

Mark Hoover, managing pharmacist, appeared and was sworn by President Gandhi prior to answering questions or offering testimony. Mr. Hoover presented a letter from Mary Lisa Sackuvich, President/Director, ARJ Infusion Services (ARJ), authorizing Mr. Hoover to appear on behalf of the corporation.

Mr. Hoover explained that ARJ specializes in hemophilia and immunodeficiency products. ARJ will not be shipping sterile compounded products into Nevada. Mr. Hoover said that ARJ received a comprehensive inspection from NABP through the Iowa State Board of Pharmacy last year.

Board Action:

Motion: Leo Basch moved to approve ARJ Infusion Services' Application for Out-of-State Pharmacy license pending receipt of the signed Affidavit that they will not be shipping sterile compounded products into Nevada and receipt of the NABP inspection report.

Second: Tallie Pederson

Action: Passed Unanimously

B. Aureus Pharmacy – Pittsburgh, PA

Mr. Pinson informed the Board that Aureus Pharmacy modified their application indicating that they will not be shipping compounded parenteral products into Nevada. The application will be reviewed by the Board; however, an appearance by Aureus Pharmacy is not required.

Board Action:

Motion: Kevin Desmond moved to approve Aureus Pharmacy's Application for Out-of-State Pharmacy License.

Second: Tallie Pederson

Action: Passed Unanimously

C. B & H Pharmacy – Provo, UT

The Board Office received a letter from B & H Pharmacy indicating that some boxes on their application were checked incorrectly. The letter indicates that B&H Pharmacy does not do sterile compounding, and will not be shipping any prescriptions into

Nevada. B & H Pharmacy provides service to Nevada Medicaid patients residing in Utah. The purpose for a Nevada license is to obtain a Nevada Medicaid provider number.

An appearance by B & H is not required.

Board Action:

Motion: Cheryl Blomstrom moved to approve B & H Pharmacy's Application for Out-of-State Pharmacy License.

Second: Kevin Desmond

Action: Passed Unanimously

D. Focus Rx – Holbrook, NY

Richard Collins, president/managing pharmacist, appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Mr. Collins explained that Focus Rx currently specializes in self-injectables and oral medications. The future business plan is to provide sterile compounding products including patient-specific antibiotics, TPNs, and inotropic therapies. Focus Rx's clean room is 797 compliant and Critical Point is used for staff training. Focus Rx was inspected in December 2013 by the New York Board of Pharmacy and approved for sterile compounding.

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

Board Action:

Motion: Tallie Pederson moved to approve Focus Rx's Application for Out-of-State Pharmacy pending receipt and approval by Board Staff of the New York Board of Pharmacy inspection.

Second: Cheryl Blomstrom

Action: Passed Unanimously

E. Inventive Infusion Solutions, LP – San Antonio, TX

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

Mr. Davila explained that Inventive Infusion Solutions (Inventive) specializes in sterile compounding and investigational clinical trials for clinical research organizations.

Products include intrathecal, eye drops, erectile dysfunction medications, injectables, implantable medications, immunizations as well as hormone consultations. Inventive is licensed as a sterile compounding pharmacy by the Texas Board of Pharmacy. Their in-house quality assurance process includes inspections by a third party inspector. The Texas Board inspects every two years and Inventive is scheduled to be inspected by the end of 2014.

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

Board Action:

Motion: Kevin Desmond moved to approve Inventive Infusion Solutions' Application for Out-of-State Pharmacy License pending receipt of a copy of a satisfactory inspection by the Texas Board of Pharmacy and a copy of the inspection conducted by the third party inspector.

Second: Cheryl Blomstrom

Basch commented that Inventive may not be inspected by the Texas Board until the end of 2014. He offered a friendly amendment to approve their application pending receipt of the third party inspection. Inventive will provide a copy of the Texas Board's inspection following the inspection to Board Staff for review.

Desmond and Blomstrom accepted the friendly amendment.

Action: Passed Unanimously

F. JCB Laboratories – Wichita, KS

Brian Williamson, president, appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Mr. Williamson explained that JCB Laboratories (JCB) has been licensed with Nevada for eleven years and is applying for an ownership change. JCB provides sterile compounded patient-specific products including ophthalmics and injectables. JCB also ships non-patient specific drug shortage products and products that are not commercially available to ambulatory surgical centers and hospitals for direct administration within the facility. In January, JCB registered with the FDA as an outsourcing facility.

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

Board Action:

Motion: Cheryl Blomstrom moved to approve JCB Laboratories' Application for Out-of-State Pharmacy.

Second: Leo Basch

Action: Passed Unanimously

Board Staff will download JCB's FDA inspection from the FDA website for review.

G. Rancho Santa Fe Pharmacy – Rancho Santa Fe, CA

Hamidreza Sabouri, president, appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Mr. Sabouri explained that Rancho Santa Fe Pharmacy (Rancho Santa Fe) is a family-run community pharmacy specializing in women's infertility and women's health. Most products are direct from the manufacturer. Rancho Santa Fe does sterile compound on an as needed basis, a small micro-dose form of leuprolide, which is not commercially available. Products are shipped priority overnight via Fed Ex in insulated shipping containers. The clean room was inspected this year and a copy of the report was included with the application.

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

Board Action:

Motion: Kevin Desmond moved to approve Rancho Santa Fe Pharmacy's Application for Out-of-State Pharmacy License.

Second: Cheryl Blomstrom

Action: Passed Unanimously

12. Presentations for Possible Action:

A. Maple Pharmacy – John Quick

John Quick, Maple Pharmacy; Eric Kastango, Expert Consultant to USP; Dr. Alan Shikani, Director of the Maryland Ear, Nose and Throat Center; and Dr. William Kottmer, Pharmacist-in-Charge at Maple Pharmacy, appeared on behalf of Maple Pharmacy to present their intended model for the compounding of nasal sprays and irrigations in their pharmacy.

A very detailed discussion of the preparation of where sterile products are necessary, often depending upon which body cavity the product is to be used, ensued. The primary issue revolved around whether these products need to be prepared under USP 797 sterile conditions resulting in sterile end products. Board Staff presented their review of current regulations and USP standards on the subject, indicating that

regulatory changes would be necessary to clearly define whether these products need to be sterile or simply “surgically clean”.

The Board directed Staff to move the discussion to Workshop for possible regulatory change.

The Maple Pharmacy representatives volunteered to assist in the development of a regulatory change.

#### B. National Prescriber Log Exchange (NPLEx)

Representatives from Appriss presented initial training on the NPLEx system.

#### 13. Preview of Red Flag Video

A preview of the Red Flag video was presented. The educational video helps pharmacists to identify the warning signs of prescription drug abuse and diversion when dispensing controlled substance prescriptions. A link to the video is available for viewing on the Board of Pharmacy website.

#### 14. Appearance Request

Steven Holper, MD

Dr. Steven Holper requested an appearance to share the difficulties he has been experiencing in treating his patients. Dr. Holper explained that prior to 2012, he was seeing 70-80 patients per day, lax in his patient assessments and prescribing habits, did not monitor the PMP, and was not practicing in an ethical, moral fashion. Dr. Holper said that he was one of the top five prescribers of controlled substances during that time period.

Dr. Holper said that he has since changed his prescribing habits and takes the time to properly assess his patients. His difficulty is that pharmacies are refusing to fill legitimate prescriptions for his patients without consulting with him. His request is that the pharmacist contact him to review the patient's diagnosis and treatment with him before refusing the prescription.

#### 15. Budget – Fiscal Year 2014-2015

Mr. Pinson provided a copy of the budget for fiscal year 2014-2015 to the Board, and reviewed it to the Board's satisfaction.

#### Board Action:

Motion: Leo Basch moved to approve the budget for fiscal year 2014-2015 as presented.

Second: Jack Dalton

Action: Passed Unanimously

16. General Counsel Report

A. Update on Maryanne Phillips, MD

Mr. Edwards informed the Board that Dr. Phillips is in the process of seeking judicial review of the Board's Order revoking her controlled substance registration. Dr. Phillips has filed an initial statement to the court. Mr. Edwards has filed an answer to her statement, which Dr. Phillips will have an opportunity to answer. The court will then make a decision.

Dr. Phillips has also filed a writ of mandamus asking the Supreme Court to look at the Motion to Stay the Board's Order which the District Court had denied. A decision has not been made to date.

B. Update on Affiliated Monitors, Inc. – Mike's Pharmacy

Mr. Edwards presented the initial report from Affiliated Monitors regarding Mike's Pharmacy for the Board's information. The report was positive and indicated that Mike's Pharmacy appeared to be responsive to the Board's concerns.

17. Executive Secretary Report

A. Financial Report

Budget Review (Item 15).

B. Temporary Licenses

One temporary license was issued since the last meeting.

C. Staff Activities

1. Presentations:

a. CE in Carson City – Mr. Wuest conducted presentations in Carson City and Jackpot in June.

b. Washoe County Social Services – Mr. Pinson presented to approximately 200 attendees.

D. Reports to Board

1. Collaborative Efforts:

a. Medi-Spa (BOME)

b. Unlicensed Practice (Metro, BOME)

c. BON: PMP Efforts

2. Coalition Meeting on Prescription Drug Abuse

Liz MacMenamin, Retail Association of Nevada and Mr. Wuest provided an update. Mr. Wuest reported that the Coalition voted to request that Board Staff register all prescribers on the PMP during the next license renewal period.

Ms. MacMenamin reported that the Coalition is moving forward with education utilizing PSAs and billboards. The Medical Association has been tasked to reach out to prescribers regarding PMP registration and participation.

Ms. MacMenamin referenced Dr. Marx's comments during Public Comment at this meeting and the recent Coalition meeting. She advised the Board that the industry does not support a change in the statute as proposed by Dr. Marx's comments.

3. Meeting with Department of Agriculture, Feed Stores and Veterinary Board

Mr. Wuest informed the Board that this workgroup is moving forward with the requirement that feed stores be licensed by this Board if they are dispensing prescription medications. Federal regulations will apply.

E. Board Related News

1. Dental Board Regulation on PMP

The Dental Board passed a regulation that PMP registration and monitoring is mandatory.

F. Activities Report

18. **Proposed Regulation Amendment Workshop**

**Amendment of Nevada Administrative Code (NAC) 453.540 Schedule IV. Addition of Tramadol to Schedule IV.**

On July 2, 2014, the DEA published the final ruling in the Federal Register placing tramadol into Schedule IV of the Controlled Substances Acts. The rule will become effective August 18, 2014.

The proposed amendment to NAC 453.540 will add tramadol to Schedule IV.

Board Action:

Motion: Cheryl Blomstrom moved to adopt the proposed amendment and move forward to Public Hearing.

Second: Jack Dalton

Action: Passed Unanimously

19. Next Board Meeting:

September 3-4, 2014 – Reno

20. Public Comment (July 23, 2014 afternoon session)

Dave Wuest informed the Board that on July 17, 2014, the federal government indicted Fed Ex for their role in providing illicit, unprescribed and misbranded drugs. Fed Ex refused to discontinue delivering drugs for certain pharmacies as ordered by the DEA

and FDA. Mr. Wuest will email a copy of the indictment to the Board for their information.

Public Comment (July 24, 2014 morning session)

Ray Seidlinger, Board Inspector, and Dave Wuest, Deputy Secretary, commented on immunization by pharmacists. Nevada pharmacists administered 236,285 doses of vaccines between April 1, 2013 and March 30, 2014. Many pharmacies assign a prescription number to these immunizations as the record of administration and for billing purposes. There was a discussion regarding the current statutes and regulations regarding administration by pharmacists per physician protocol and the definition of a prescription.

Mr. Pinson will consider this issue for discussion and determination at a future meeting.

Public Comment (July 24, 2014 morning session)

There was no public comment.



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**NEVADA STATE BOARD OF PHARMACY**  
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 ☒ **Ownership Change** (Provide current license number if making changes: **PH02576**  
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: Amerita, Inc. d/b/a Altius Healthcare

Physical Address: 1151 Iron Springs Rd. STE G Prescott, AZ 86305

Mailing Address: same as above

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: 928-708-0025 Fax: 928-708-0288

Toll Free Number: 800-531-2469 (Required per NAC 639.708)

E-mail: HRay@altiushc.com Website: www.ameritaiv.com

Managing Pharmacist: Heather Ray Jayson Robertson License Number: S014753 SD 1857

**TYPE OF PHARMACY AND**

**SERVICES PROVIDED**

Yes/No

- ☒ ☐ Retail  
☐ ☒ Hospital (# beds \_\_\_\_\_)  
☐ ☒ Internet  
☐ ☒ Nuclear  
☐ ☒ Ambulatory Surgery Center  
☐ ☒ Community  
☐ ☐ Other: \_\_\_\_\_

All boxes must be checked

For the application to be complete

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,**

52741

# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

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☒ 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: American Star Pharmacy

Physical Address: 6407 S. Cooper Street, Ste 113 B

Mailing Address: \_\_\_\_\_

City: Arlington State: TX Zip Code: 76001

Telephone: 817-900-9088 Fax: 817-900-9089

Toll Free Number: 888-902-0121 (Required per NAC 639.708)

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

Managing Pharmacist: Ajeesha Abraham License Number: 49821

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail  
☐ ☒ Hospital (# beds \_\_\_\_\_)  
☐ ☒ Internet  
☐ ☒ Nuclear  
☐ ☒ Ambulatory Surgery Center  
☒ ☐ Community  
☐ ☐ Other: \_\_\_\_\_

All boxes must be checked

For the application to be complete

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,

69238

# NEVADA STATE BOARD OF PHARMACY

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

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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.

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☐ 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: Aureus Health Services, LLC d/b/a Aureus Pharmacy

Physical Address: 61 Doctors Park Cape Girardeau, MO 63703

Mailing Address: 61 Doctors Park

City: Cape Girardeau State: MO Zip Code: 63703

Telephone: 573-339-1999 Fax: 573-339-7233

Toll Free Number: 866-936-1999 (Required per NAC 639.708)

E-mail: kelpip@aureushealthservices.com Website: www.aureushealthservices.com

Managing Pharmacist: Kelley Pipkin License Number: MO 043398

### TYPE OF PHARMACY

AND

### SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail  
☐ ☒ Hospital (# beds \_\_\_\_\_)  
☐ ☒ Internet  
☐ ☒ Nuclear  
☐ ☒ Ambulatory Surgery Center  
☐ ☒ Community  
☐ ☒ Other: \_\_\_\_\_

All boxes must be checked

For the application to be complete

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,**

70019

**NEVADA STATE BOARD OF PHARMACY**  
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 ☐ 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: Express Scripts Pharmacy, Inc. dba Express Scripts  
Physical Address: 2040 Route 130 North, Burlington, New Jersey 08016  
Mailing Address: 2040 Route 130 North  
City: Burlington State: New Jersey Zip Code: 08016  
Telephone: \_\_\_\_\_ Fax: 1-609-360-0001  
Toll Free Number: 800-283-8609 (Required per NAC 639.708)  
E-mail: lynda\_doremus@express-scripts.com Website: www.express-scripts.com  
Managing Pharmacist: Lynda Doremus License Number: 28RI01841600

**TYPE OF PHARMACY**

**AND**

**SERVICES PROVIDED**

Yes/No

- ☐ ☒ Retail  
☐ ☒ Hospital (# beds \_\_\_\_\_)  
☐ ☒ Internet  
☐ ☒ Nuclear  
☐ ☒ Ambulatory Surgery Center  
☐ ☒ Community  
☒ ☐ Out of State Mail Order  
☒ ☐ Other: Pharmacy

All boxes must be checked

For the application to be complete

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,**

70284

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

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

Application must be printed legibly or typed

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

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

**GENERAL INFORMATION to be completed by all types of ownership**

Pharmacy Name: Gentry Health Services

Physical Address: 1090 Enterprise Dr.

Mailing Address: 1090 Enterprise Dr.

City: Medina State: OH Zip Code: 44256

Telephone: 1-844-443-6879 Fax: 1-844-329-2447

Toll Free Number: 1-844-443-6879 (Required per NAC 639.708)

E-mail: nimesh.patel@gentryhealthservices.com Website: www.gentryhealthservices.com

Managing Pharmacist: Nimesh Patel License Number: 03-1-22754

**TYPE OF PHARMACY AND SERVICES PROVIDED**

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

# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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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: PANTHERx Specialty Pharmacy

Physical Address: 24 Summit Park Drive Suite 101

Mailing Address: 24 Summit Park Drive Suite 101

City: Pittsburgh State: PA Zip Code: 15275

Telephone: 412-246-9858 Fax: 412-787-9400

Toll Free Number: 855-726-8479 (Required per NAC 639.708)

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

Managing Pharmacist: Robert Snyder License Number: RP443613

### TYPE OF PHARMACY

AND

### SERVICES PROVIDED

Yes/No

☐ ☒ Retail

☐ ☒ Hospital (# beds \_\_\_\_)

☐ ☒ Internet

☐ ☒ Nuclear

☐ ☒ Ambulatory Surgery Center

☐ ☒ Community

☒ ☐ Other: MAIL ORDER

All boxes must be checked

For the application to be complete

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,

76178



# NEVADA STATE BOARD OF PHARMACY

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

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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: Priority Care Pharmacy, LLC.

Physical Address: 1600 Highland Drive

Mailing Address: 1600 Highland Drive

City: Amory State: MS Zip Code: 38821

Telephone: (888) 980-1985 Fax: (877) 828-4330

Toll Free Number: (888) 980-1985 (Required per NAC 639.708)

E-mail: pcarson@prioritycarerx.net Website: prioritycarerx.us

Managing Pharmacist: S. Phillip Carson License Number: 7450

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail  
☐ ☒ Hospital (# beds \_\_\_\_\_)  
☐ ☒ Internet  
☐ ☒ Nuclear  
☐ ☒ Ambulatory Surgery Center  
☒ ☐ Community  
☐ ☒ Other: \_\_\_\_\_

All boxes must be checked

For the application to be complete

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,

69878



# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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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: Tropical Pharmacy Inc

Physical Address: 6289 W. Sunrise Blvd #118, Sunrise FL 33313

Mailing Address: 6289 W. Sunrise Blvd #118, Sunrise FL 33313

City: Sunrise State: FL Zip Code: 33313

Telephone: 954-775-2707 Fax: 954-797-8638

Toll Free Number: 1(888)713-2214 (Required per NAC 639.708)

E-mail: tropical8355@gmail.com Website: —

Managing Pharmacist: Dorthea Thompson Robinson License Number: PS18073

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail  
☐ ☒ Hospital (# beds \_\_\_\_)  
☐ ☒ Internet  
☐ ☒ Nuclear  
☐ ☒ Ambulatory Surgery Center  
☒ ☐ Community  
☐ ☒ Other: \_\_\_\_\_

All boxes must be checked

For the application to be complete

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,

69219

# NEVADA STATE BOARD OF PHARMACY

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

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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: AMI Rx

Physical Address: 5296 old Highway 11 Suite 4

Mailing Address: same

City: Hathesburg State: MS Zip Code: 39402

Telephone: 601-450-0294 Fax: 601-450-0295

Toll Free Number: 1-888-454-5183 (Required per NAC 639.708)

E-mail: amipharma2014@gmail.com Website: www.ami-rx.com

Managing Pharmacist: William C. Pierce License Number: E-12548

### TYPE OF PHARMACY

AND

### SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail  
☐ ☒ Hospital (# beds \_\_\_\_)  
☐ ☒ Internet  
☐ ☒ Nuclear  
☒ ☒ Ambulatory Surgery Center  
☒ ☐ Community  
☐ ☒ Other: \_\_\_\_\_

All boxes must be checked

For the application to be complete

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,

70958

# NEVADA STATE BOARD OF PHARMACY

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

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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: Campbells Compounding Pharmacy Inc.

Physical Address: 4760 Sweetwater blvd., ste 103

Mailing Address: same

City: Sugar Land State: TX Zip Code: 77479

Telephone: 281-980-2555 Fax: 281-980-2560

Toll Free Number: 844-206-9011 (Required per NAC 639.708)

E-mail: thecompounder@gmail.com Website: www.campbellscompounding.com

Managing Pharmacist: Lance Campbell, PharmD License Number: 40058

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail  
☐ ☒ Hospital (# beds \_\_\_\_)  
☐ ☒ Internet  
☐ ☒ Nuclear  
☐ ☒ Ambulatory Surgery Center  
☒ ☐ Community  
☐ ☐ Other: \_\_\_\_\_

All boxes must be checked

For the application to be complete

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,

69781

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

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

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

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

**GENERAL INFORMATION to be completed by all types of ownership**

Pharmacy Name: Davis Drug, Inc.

Physical Address: 13478 Carrollton Blvd, Ste V, Carrollton, Virginia 23314

Mailing Address: 13478 Carrollton Blvd, Ste V

City: Carrollton State: Virginia Zip Code: 23314

Telephone: 757-745-7440 Fax: 757-745-7441

Toll Free Number: 844-745-7440 (Required per NAC 639.708)

E-mail: info@vacompounding.com Website: www.DavisDrugVa.com

Managing Pharmacist: Dwain Wilkerson License Number: 0202207917

**TYPE OF PHARMACY      AND      SERVICES PROVIDED**

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

# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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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: DMR PHARMACY INC

Physical Address: 433 KINGS HWY, BROOKLYN NY 11223

Mailing Address: 433 KINGS HWY BROOKLYN NY 11223

City: BROOKLYN State: NY Zip Code: 11223

Telephone: 718 336 3355 Fax: 718 336 3354

Toll Free Number: (866) 213 6233 (Required per NAC 639.708)

E-mail: dmr.pharmacy@gmail.com Website: N/A

Managing Pharmacist: DMITRIY GELFAND License Number: 049-412-2

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail  
☐ ☒ Hospital (# beds \_\_\_\_\_)  
☐ ☒ Internet  
☐ ☒ Nuclear  
☐ ☒ Ambulatory Surgery Center  
☒ ☐ Community  
☐ ☐ Other: \_\_\_\_\_

All boxes must be checked

For the application to be complete

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,

69560

# NEVADA STATE BOARD OF PHARMACY

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

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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: Lissmart Pharmacy

Physical Address: 4579 Gunn Hwy Tampa, FL 33624

Mailing Address: same

City: Tampa State: FL Zip Code: 33624

Telephone: 813-374-2432 Fax: 813-374-2453

Toll Free Number: 866-934-2184 (Required per NAC 639.708)

E-mail: lissmart9@hotmail.com Website: N/A

Managing Pharmacist: Morton Cole License Number: 13213

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail  
☐ ☒ Hospital (# beds \_\_\_\_\_)  
☐ ☒ Internet  
☐ ☒ Nuclear  
☐ ☒ Ambulatory Surgery Center  
☒ ☐ Community  
☐ ☐ Other: \_\_\_\_\_

All boxes must be checked

For the application to be complete

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: Free delivery  
Free consultations

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

69879



**NEVADA STATE BOARD OF PHARMACY**  
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

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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: Magnolia Specialty Pharmacy, Inc

Physical Address: 163 Turtle Creek Dr., Suite 130

Mailing Address: Same

City: Hattiesburg State: Ms. Zip Code: 39402

Telephone: 877-871-3935 Fax: 888-990-0575

Toll Free Number: 877-871-3935 (Required per NAC 639.708)

E-mail: Magnoliax01@hotmail.com Website: N/A

Managing Pharmacist: Todd A. Lee License Number: E-08515

**TYPE OF PHARMACY AND SERVICES PROVIDED**

Yes/No

- ☒ ☒ Retail  
☐ ☒ Hospital (# beds \_\_\_\_)  
☐ ☒ Internet  
☐ ☒ Nuclear  
☐ ☒ Ambulatory Surgery Center  
☒ ☒ Community  
☒ ☐ Other: non-steril compounds  
non-resident

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services  
☐ ☒ Parenteral \*\*  
☐ ☒ Parenteral (outpatient)  
☐ ☒ Outpatient/Discharge  
☒ ☐ Mail Service - Non-resident/so  
all meds will  
be shipped per  
UPS  
☐ ☒ 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,**

70018

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

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

Application must be printed legibly or typed

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

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

**GENERAL INFORMATION to be completed by all types of ownership**

Pharmacy Name: Science Pharmaceutical  
Physical Address: 7225 Fulton Ave Suite H North Hollywood CA 91605  
Mailing Address: 13351-D Riverside Drive #323  
City: Shenman Oaks State: CA Zip Code: 91423  
Telephone: (818) 759-7223 Fax: 866-486-3343  
Toll Free Number: 800-969-5815 (Required per NAC 639.708)  
E-mail: SPP-RX@yahoo.com Website: N/A  
Managing Pharmacist: Jenny Chon License Number: 70280

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

70959



**NEVADA STATE BOARD OF PHARMACY**  
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)

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☐ New Pharmacy or ☒ Ownership Change (Provide current license number if making changes: PH 1)

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: Wiley Chemists Compounding Pharmacy

Physical Address: 1676 Hospital Drive, Santa Fe, NM 87505

Mailing Address: 1676 Hospital Drive

City: Santa Fe State: NM Zip Code: 87505

Telephone: 505-983-7169 Fax: 505-983-7179

Toll Free Number: 1-888-945-3988 (Required per NAC 639.708)

E-mail: rxccn@cybermesa.com Website: www.wileychemists.com

Managing Pharmacist: Mark Sarnowski License Number: 17112

**TYPE OF PHARMACY AND**

**SERVICES PROVIDED**

Yes/No

☒ ☐ Retail

☐ ☒ Hospital (# beds     )

☐ ☒ Internet

☐ ☒ Nuclear

☐ ☒ Ambulatory Surgery Center

☐ ☒ Community

☐ ☐ Other:                     

All boxes must be checked

For the application to be complete

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,**

68978

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

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

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

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

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

**GENERAL INFORMATION**

Facility Name: A.P.I. SOLUTIONS, INC

Physical Address: 7998 B AMERICAN WAY

Mailing Address: P.O. Box 2097

City: DAPHNE State: AL Zip Code: 36526

Telephone: 855-878-1489 Fax: 251-380-7621

Toll Free Number: \_\_\_\_\_

E-mail: KATIE@APISOLUTIONS.NET Website: WWW.APISOLUTIONS.NET

Facility Manager: MATT McDONALD

Professional qualifications and experience of facility manager: PRESIDENT OF PHARMACEUTICAL WHOLESALER COMPANY SINCE 2004

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies      ☐ Practitioners      ☐ Hospitals      ☐ Wholesalers  
☐ Other: \_\_\_\_\_

Type of Products to be handled or wholesaled by firm:

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

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

\$500.00 Fee made payable to: Nevada State Board of Pharmacy  
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<input checked="" type="checkbox"/> New Wholesaler	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: WH_____)
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<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

**GENERAL INFORMATION**

Facility Name: Argon Medical Devices, Inc.

Physical Address: 1445 Flat Creek Road; Athens, Texas 75751

Mailing Address: 1445 Flat Creek Road; Athens, Texas 75751

City: Athens State: Texas Zip Code: 75751

Telephone: 903.675.9321 Fax: 903.677.9396

Toll Free Number: 800.927.4669

E-mail: Gary.Corley@argonmedical.com Website: www.argonmedical.com

Facility Manager: Gary Corley

Professional qualifications and experience of facility manager: Over 10 years of experience at Argon Medical, Inc. as a Production Manager/Quality Manager.

**Types of licensed outlets or authorized persons firm will serve:**

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

**Type of Products to be handled or wholesaled by firm:**

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

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

**GENERAL INFORMATION**

Facility Name: Omeros Corporation

Physical Address: 201 Elliott Avenue West, Seattle, WA 98119

Mailing Address: 201 Elliott Avenue West

City: Seattle State: WA Zip Code: 98119

Telephone: 206-676-5000 Fax: 206-676-5005

Toll Free Number: n/a

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

Facility Manager: Ken Ferguson

Professional qualifications and experience of facility manager: PhD, Pharmacology. more than 20 years of product development executive experience at pharmaceutical and biotechnology companies

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies      ☐ Practitioners      ☐ Hospitals      ☒ Wholesalers  
☐ Other: \_\_\_\_\_

Type of Products to be handled or wholesaled be firm:

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

10-K

68966

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

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

**GENERAL INFORMATION**

Facility Name: Professional Hospital Supply, Inc.

Physical Address: 2100 COURAGE DR., FAIRFIELD, CA 94533

Mailing Address: One Medline Place

City: Mundelein State: IL Zip Code: 60060

Telephone: 707-429-2884 Fax: 707-429-0180

Toll Free Number: N/A

E-mail: mjortiz@medline.com Website: www.phsyses.com/

Facility Manager: Patricia Alesi

Professional qualifications and experience of facility manager: Over 15 Years of Distribution  
Management experience. Exemptee in Charge (EIC) for Distribution issued by the CA Board of Phramcy.

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

76298

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

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

**GENERAL INFORMATION**

Facility Name: Sebela Pharmaceuticals Inc.

Physical Address: 645 Hembree Pkwy., Ste. 1

Mailing Address: 645 Hembree Pkwy., Ste. 1

City: Roswell State: GA Zip Code: 30076

Telephone: 678-736-5200 Fax: 404-464-0854

Toll Free Number: 844-732-3521

E-mail: angie.ulm@sebelapharma.com Website: www.sebelapharma.com

Facility Manager: Lindsey Hannah

Professional qualifications and experience of facility manager: Master of Science, Regulatory Affairs, 10 years of combined Project Mgmt., Product Development, Quality Assurance, and Regulatory Affairs experience with a focus on pharmaceutical drugs (OTC/Rx)

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies      ☐ Practitioners      ☐ Hospitals      ☒ Wholesalers  
☐ Other: \_\_\_\_\_

Type of Products to be handled or wholesaled by firm:

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

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

**GENERAL INFORMATION**

Facility Name: Sharn, Inc.

Physical Address: 6850 Southbelt Drive

Mailing Address: Same as above

City: Caledonia State: MI Zip Code: 49316

Telephone: 616-656-2482 Fax: 616-656-2482

Toll Free Number: 800-325-3671

E-mail: bobk@marketlabinc.com Website: www.sharn.com

Facility Manager: Kerri Milarch

Professional qualifications and experience of facility manager: Chief Supply Chain Officer for Sharn since 2008; manages all facts of supply chain and operations; purchasing, logistics, distribution facilities; supervised management staff.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies      ☒ Practitioners      ☒ Hospitals      ☒ Wholesalers  
☒ Other: Clinics, surgery centers and specialty distributors

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: prescription and non-prescription devices only

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

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

**GENERAL INFORMATION**

Facility Name: Smith & Nephew, Inc.

Physical Address: 3510 Winchester Road, Memphis, TN 38118

Mailing Address: 7135 Goodlett Farms Parkway Attn: Legal Department

City: Cordova State: TN Zip Code: 38016

Telephone: 800-821-5700 Fax: 901-396-7824

Toll Free Number: 800-821-5700

E-mail: justin.robidas@smith-nephew.com Website: www.smith-nephew.com

Facility Manager: Justin Robidas

Professional qualifications and experience of facility manager: Attached

**Types of licensed outlets or authorized persons firm will serve:**

☐ Pharmacies      ☐ Practitioners      ☒ Hospitals      ☒ Wholesalers  
☒ Other: Distributors and government agencies

**Type of Products to be handled or wholesaled by firm:**

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



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

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

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

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

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

**GENERAL INFORMATION**

Facility Name: Specialty Therapeutic Care, LP

Physical Address: 6610 W. Sam Houston Pkwy. N., Suite 330, Houston, Texas 77041

Mailing Address: 6923 Lee Vista Blvd., Suite 300

City: Orlando State: Florida Zip Code: 32822

Telephone: 832.300.1200 Fax: 832.300.1201

Toll Free Number: 1.866.506.2626

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

Facility Manager: Vanessa Bates

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: Patients

Type of Products to be handled or wholesaled by firm:

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

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

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

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

**GENERAL INFORMATION**

Facility Name: Walgreens Specialty Pharmacy #15443

Physical Address: 10530 John W Elliott Drive Suite 100 Frisco TX 75033

Mailing Address: P O Box 377

City: Deerfield State: IL Zip Code: 60015

Telephone: 800 424 9002 Fax: 800 874 9179

Toll Free Number: 800 424 9002

E-mail: thomas.mathews@walgreens.com Website: N/A

Facility Manager: Thomas Mathews

Professional qualifications and experience of facility manager: \_\_\_\_\_

**Types of licensed outlets or authorized persons firm will serve:**

☒ Pharmacies      ☐ Practitioners      ☐ Hospitals      ☐ Wholesalers  
☐ Other: WALGREENS PHARMACIES ONLY

**Type of Products to be handled or wholesaled by firm:**

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

69119

## NEVADA STATE BOARD OF PHARMACY

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

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

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

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

Application must be printed legibly or typed

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

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

### FACILITY INFORMATION

Facility Name: Bard Medical Division of C. R. Bard, Inc.

Physical Address: 8195 Industrial Blvd., Covington, GA 30014  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 8195 Industrial Blvd.

City: Covington State: GA Zip Code: 30014

Telephone: 770-784-6954 Fax: 770-784-6734

E-mail: beth.bruette@crbard.com Website: www.bardmedical.com

### DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 12AM to 12AM Tue: 12AM to 12AM Wed: 12AM to 12AM Thu: 12AM to 12AM

Fri: 12AM to 12AM Sat: 12AM to 12AM Sun: 12AM to 12AM Holidays: 12AM to 12AM

### MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Elizabeth G. Bruette

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

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

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

Other: Catheters

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

Name: N/A

Telephone: N/A

## NEVADA STATE BOARD OF PHARMACY

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

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

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

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

Application must be printed legibly or typed

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

### FACILITY INFORMATION

Facility Name: DRANBRIDGE MEDICAL LLC

Physical Address: 5700 HIGHLANDS PKWY STE 100 SMYRNA, GA 30082  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 5700 HIGHLANDS PKWY STE 100

City: SMYRNA State: GA Zip Code: 30082

Telephone: 678-486-7262 Fax: 678-309-0903

E-mail: OGEYOMAN@CASTLEMEDICAL.COM Website: WWW.DRANBRIDGEMED.COM

### DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

### MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: OLEG GEYOMAN

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

- |  |  |
|--|--|
| <input type="checkbox"/> Medical Gases**             | <input type="checkbox"/> Assistive Equipment                 |
| <input type="checkbox"/> Respiratory Equipment**     | <input type="checkbox"/> Parenteral and Enteral Equipment**  |
| <input type="checkbox"/> Life-sustaining equipment** | <input checked="" type="checkbox"/> Orthotics and Prosthesis |
| <input type="checkbox"/> Diabetic Supplies           | Other: <u>OR3 &amp; OR4 Mostly</u>                           |

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

Name: Wade Siegel

Telephone: 702-812-8781

# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

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

### FACILITY INFORMATION

Facility Name: Complete Care Medical Inc, DBA: Express RX LLC

Physical Address: 3535 Briarpark Dr #110  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 1, SAME

City: Houston State: TX Zip Code: 77042

Telephone: (800) 503-7604 Fax: 816-300-9797

E-mail: rhonda@ccmedicalinc.com Website: www.ccmedicalinc.com

### DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

### MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Rhonda Monteverde

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

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

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

Name: N/A Telephone: N/A

## NEVADA STATE BOARD OF PHARMACY

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

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

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

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

### FACILITY INFORMATION

Facility Name: Wright Medical Technology, Inc.

Physical Address: 356 State Place, Escondido, CA 92029

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

Mailing Address: 1023 Cherry Road

City: Memphis State: TN Zip Code: 38117

Telephone: 901-867-9971 Fax: 901-867-7401

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

### DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:00A.M to 5:00P.M. Tue: 8:00A.M to 5:00P.M. Wed: 8:00A.M to 5:00P.M. Thu: 8:00A.M to 5:00P.M.

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

### MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: David W. McCreery

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

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

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

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_



## NEVADA STATE BOARD OF PHARMACY

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

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

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

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

Application must be printed legibly or typed

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

☒ New MDEG

☐ Ownership Change

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

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

☐ Partnership - Pages 1,2,3,6

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

☐ Sole Owner – Pages 1,2,3,7

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

### FACILITY INFORMATION

Facility Name: Wright Medical Technology, Inc.

Physical Address: 726 Angus, Unit D, Orange, CA 92868

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

Mailing Address: 1023 Cherry Road

City: Memphis

State: TN

Zip Code: 38117

Telephone: (714) 293-2547

Fax: N/A

E-mail: Brian.Kim@wmt.com

Website: www.wmt.com

### DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

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

### MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Brian S. Kim

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

☐ Medical Gases\*\*

☐ Assistive Equipment

☐ Respiratory Equipment\*\*

☐ Parenteral and Enteral Equipment\*\*

☐ Life-sustaining equipment\*\*

☒ Orthotics and Prosthesis

☐ Diabetic Supplies

Other: \_\_\_\_\_

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

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

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

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

Application must be printed legibly or typed

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

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

**GENERAL INFORMATION to be completed by all types of ownership**

Pharmacy Name: Centennial Specialty Surgery Center

Physical Address: 5550 Painted Mirage Rd, Suite 115

Mailing Address: P.O Box 16297 Beverly Hills CA 90209

City: Las Vegas State: NV Zip Code: 89149

Telephone: 702-432-3800 Fax: \_\_\_\_\_

Toll Free Number: \_\_\_\_\_

E-mail: MichelleS@lalasercenter.com Website: \_\_\_\_\_

Managing Pharmacist: Daniel Taheri MD License Number: G 80445

**Hours of Operation:**

Monday thru Friday 8 am 5 pm      Saturday \_\_\_\_\_ am \_\_\_\_\_ pm  
Sunday \_\_\_\_\_ am \_\_\_\_\_ pm      24 Hours \_\_\_\_\_

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

<input type="checkbox"/> Retail <input type="checkbox"/> Hospital (# beds _____) <input type="checkbox"/> Internet <input type="checkbox"/> Nuclear <input type="checkbox"/> Out of State <input checked="" type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Off-site Cognitive Services <input type="checkbox"/> Parenteral <input type="checkbox"/> Parenteral (outpatient) <input type="checkbox"/> Outpatient/Discharge <input type="checkbox"/> Mail Service <input type="checkbox"/> Long Term Care
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**NEVADA STATE BOARD OF PHARMACY**  
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
**APPLICATION FOR NEVADA PHARMACY LICENSE**

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

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

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

**GENERAL INFORMATION to be completed by all types of ownership Pharmacy**

Name: UHS Retail LLC dba CentRx Pharmacy Centennial Hills

Physical Address: Centennial Hills MOB, 6850 North Durango Dr., Suite 108

Mailing Address: same as above

City: Las Vegas State: NV Zip Code: 89149

Telephone: 941-350-0665 (Steve Applebaum) Fax: n/a

Toll Free Number: n/a

E-mail: SApplebaum@amerisourcebergen.com Website: n/a

Managing Pharmacist: David England License Number: 07381

**Hours of Operation:**

Monday thru Friday 7:00 am 7:00 pm      Saturday \_\_\_\_\_ am \_\_\_\_\_ pm  
Sunday \_\_\_\_\_ am \_\_\_\_\_ pm      24 Hours \_\_\_\_\_

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

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

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

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

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

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

**GENERAL INFORMATION to be completed by all types of ownership Pharmacy**

Name: UHS Retail LLC dba CentRx Pharmacy Northern Nevada

Physical Address: Vista Med Terrace, 2345 E Prater Way Suite 111

Mailing Address: same as above

City: Sparks State: NV Zip Code: 89434

Telephone: 941-350-0665 (Steve Applebaum) Fax: n/a

Toll Free Number: n/a

E-mail: SApplebaum@amerisourcebergen.com Website: n/a

Managing Pharmacist: John Q. Adams License Number: 06418

**Hours of Operation:**

Monday thru Friday 7:00 am 7:00 pm      Saturday \_\_\_\_\_ am \_\_\_\_\_ pm  
Sunday \_\_\_\_\_ am \_\_\_\_\_ pm      24 Hours \_\_\_\_\_

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

<input checked="" type="checkbox"/> Retail <input type="checkbox"/> Hospital (# beds _____) <input type="checkbox"/> Internet <input type="checkbox"/> Nuclear <input type="checkbox"/> Out of State <input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Off-site Cognitive Services <input type="checkbox"/> Parenteral <input type="checkbox"/> Parenteral (outpatient) <input checked="" type="checkbox"/> Outpatient/Discharge <input checked="" type="checkbox"/> Mail Service <input type="checkbox"/> Long Term Care
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**NEVADA STATE BOARD OF PHARMACY**  
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
**APPLICATION FOR NEVADA PHARMACY LICENSE**

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

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

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

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

**GENERAL INFORMATION to be completed by all types of ownership Pharmacy**

Name: UHS Retail LLC dba CentRx Pharmacy Summerlin

Physical Address: Summerlin MOB I, 653 Town Center Drive, Suite 100

Mailing Address: same as above

City: Las Vegas State: NV Zip Code: 89144

Telephone: 941-350-0665 (Steve Applebaum) Fax: n/a

Toll Free Number: n/a

E-mail: SApplebaum@amerisourcebergen.com Website: n/a

Managing Pharmacist: Roger Lam License Number: 08348

**Hours of Operation:**

Monday thru Friday 7:00 am 7:00 pm      Saturday \_\_\_\_\_ am \_\_\_\_\_ pm  
Sunday \_\_\_\_\_ am \_\_\_\_\_ pm      24 Hours \_\_\_\_\_

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

<input checked="" type="checkbox"/> Retail <input type="checkbox"/> Hospital (# beds _____) <input type="checkbox"/> Internet <input type="checkbox"/> Nuclear <input type="checkbox"/> Out of State <input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Off-site Cognitive Services <input type="checkbox"/> Parenteral <input type="checkbox"/> Parenteral (outpatient) <input checked="" type="checkbox"/> Outpatient/Discharge <input checked="" type="checkbox"/> Mail Service <input type="checkbox"/> Long Term Care
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**NEVADA STATE BOARD OF PHARMACY**  
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
**APPLICATION FOR NEVADA PHARMACY LICENSE**

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

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

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

**GENERAL INFORMATION to be completed by all types of ownership**

Pharmacy Name: Rancho Family Pharmacy

Physical Address: 4588 N. Rancho Dr Suite #8

Mailing Address: 4588 N. Rancho Dr. Suite #8

City: Las Vegas State: NV Zip Code: 89130

Telephone: N/A yet Fax: N/A yet

Toll Free Number: N/A

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

Managing Pharmacist: Antoinette Marie Scott License Number: 16548

**Hours of Operation:**

Monday thru Friday 9 am 5 pm      Saturday 9 am 2 pm

Sunday Closed am \_\_\_\_\_ pm      24 Hours \_\_\_\_\_

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

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

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

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

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

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<input checked="" type="checkbox"/> New Pharmacy	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: PH _____)	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
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<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7,8a,8b	<input checked="" type="checkbox"/> Partnership - Pages 1,2,5,7,8a,8b
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.	

**GENERAL INFORMATION to be completed by all types of ownership**

Pharmacy Name: Real Care Pharmacy  
Physical Address: 10890 S. Eastern Avenue #104  
Mailing Address: Same as Physical Address  
City: Henderson State: Nevada Zip Code: 89052  
Telephone: 702 902 5400 Fax: 702 902 5401  
Toll Free Number: NA  
E-mail: eze.dorin@yahoo.com Website: Not yet available  
Managing Pharmacist: Dorin Eze License Number: 18385

**Hours of Operation:**

Monday thru Friday 9 am 6 pm      Saturday 10 am 4 pm  
Sunday Closed am Closed pm      24 Hours N/A

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

<input checked="" type="checkbox"/> Retail <input type="checkbox"/> Hospital (# beds _____) <input type="checkbox"/> Internet <input type="checkbox"/> Nuclear <input type="checkbox"/> Out of State <input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Off-site Cognitive Services <input type="checkbox"/> Parenteral <input type="checkbox"/> Parenteral (outpatient) <input type="checkbox"/> Outpatient/Discharge <input type="checkbox"/> Mail Service <input type="checkbox"/> Long Term Care
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**NEVADA STATE BOARD OF PHARMACY**  
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
**APPLICATION FOR NEVADA PHARMACY LICENSE**

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

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

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

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

**GENERAL INFORMATION to be completed by all types of ownership**

Pharmacy Name: Siena Heights Surgery Center

Physical Address: 2865 Siena Heights Dr., Henderson, NV 89052

Mailing Address: 9417 Churchill Downs Dr.

City: Las Vegas, State: Nevada Zip Code: 89052

Telephone: 702-283-2503 Fax: 702-675-4604

Toll Free Number: None

E-mail: JDKAG@WLUS.com Website: None

Managing Pharmacist: Mary Grear, RPh. License Number: 10687

**Hours of Operation:**

Monday thru Friday 7 am 5 pm      Saturday ND am \_\_\_\_\_ pm

Sunday ND am ND pm      24 Hours YD

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

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

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

# NEVADA STATE BOARD OF PHARMACY

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

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

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

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

Application must be printed legibly or typed

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

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

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

### GENERAL INFORMATION to be completed by all types of ownership

MDEG Name: LifeCare Medical Supplies dba: Care N Home Medical Supplies

Physical Address: 6415 S. Fort Apache Rd #175. Las Vegas NV 89148  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 6415 S. Fort Apache Rd #175

City: Las Vegas State: NV Zip Code: 89148

Telephone: (702) 722-2126 Fax: (702) 802-3714

E-mail: clmadiz@aol.com Website: www.carenhome.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: 10 to 4 Sun: Closed Holidays: Closed

### MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Kenia Cartagena

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

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

\*\*If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: Kenia Cartagena Telephone: (702) 722-2126

# NEVADA STATE BOARD OF PHARMACY

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

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

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

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

Application must be printed legibly or typed

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

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

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

### GENERAL INFORMATION to be completed by all types of ownership

MDEG Name: Praxair Distribution Inc

Physical Address: 4260 E. Idaho St Elko, NV 89801  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 4260 E Idaho St

City: Elko State: NV Zip Code: 89801

Telephone: 775 777 3040 Fax: 775 777 3050

E-mail: David-Jones@Praxair.com Website: www.Praxair.com

### DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

Fri: 7am to 5pm Sat: N/A to N/A Sun: N/A to N/A Holidays: N/A to N/A

### MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: David Jones

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

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

\*\*If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: David Jones Telephone: 775 340 4945



# NEVADA STATE BOARD OF PHARMACY

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

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

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

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

Application must be printed legibly or typed

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

☐ New MDEG ☒ Ownership Change ☐ Name Change ☐ Location Change  
(Please provide current license number if making changes: (MP or MW 00361))

☐ 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: RecoverCare, LLC

Physical Address: 513 W. Sunset Rd., Henderson, NV 89011  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 1920 Stanley Gault Pkwy., Ste. 100

City: Louisville State: KY Zip Code: 40223

Telephone: (502) 489-9449 Fax: (502) 657-3126

E-mail: licenses@recovercare.com Website: recovercare.com

### DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 7 to 4 Tue: 10a.m. - 12p.m. Wed: 10a.m. - 12p.m. Thu: 10a.m. - 12p.m.

Fri: 7 to 4 Sat: 1 to 1 Sun: 1 to 1 Holidays: 1 to 1

### MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: James Gow

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

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

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

# NEVADA STATE BOARD OF PHARMACY

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

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

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

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

Application must be printed legibly or typed

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

☐ New MDEG ☒ Ownership Change ☐ Name Change ☐ Location Change  
(Please provide current license number if making changes: MP or MW 00899)

☐ 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: Recover Care, LLC

Physical Address: 30 Ohm Place #7, Reno, NV 89502  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 1920 Stanley Gault Pkwy., Ste. 100

City: Louisville State: KY Zip Code: 40223

Telephone: (502) 489-9449 Fax: (502) 657-3126

E-mail: licenses@recovercare.com Website: recovercare.com

### DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 1 to 5 Tue: 10a.m. - 11a.m. Wed 10a.m. - 11a.m. Thu 10a.m. - 11a.m.

Fri: 1 to 5 Sat: 1 to 1 Sun: 1 to 1 Holidays: 1 to 1

### MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: James Gru

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

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

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

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**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

NEVADA STATE BOARD OF PHARMACY,

**Petitioner,**

v.

**MARY JANE LOHROFF, R.PH.**  
**Certificate of Registration No. 14546,**

**MIKE'S PHARMACY**  
**Certificate of Registration No. PHC01108,**

### Respondents.

**CASE NO. 14-001-RPH-N**

**CASE NO. 14-001-PH-N**

## NOTICE OF INTENDED ACTION AND ACCUSATION

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

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the alleged conduct, Respondent Mary Jane Lohroff, Certificate of Registration No. 14546 (Ms. Lohroff), was a registered pharmacist with the Board and Respondent Mike's Pharmacy, Certificate of Registration No. PHC01108, located at 1007 North Curry Street, was a pharmacy registered with the Board.

## II.

On December 4, 2013, the Board entered a Stipulation and Order (Order) in Mike's Pharmacy Case No. 12-058-PH-N. In the Order, the Board placed Mike's Pharmacy's certificate of registration on probation for a period of twelve (12) months, starting December 4, 2013. The Order requires that during the probationary period, Mike's Pharmacy must self-report all of its violations of pharmacy law or regulations to the Board Office.

III.

On January 6, 2014, the Board Office received a consumer complaint regarding Mike's Pharmacy.

IV.

On or about January 15, 2014, Mike's Pharmacy reported to the Board Office a dispensing error related to the consumer complaint.

V.

On January 4, 2014, patient GB picked up a prescription refill for metoprolol ER 100 mg. tablets from Mike's Pharmacy. The next morning, GB started to take her morning dose. She discovered that the tablets differed in shape, size and markings from her usual metoprolol tablets. GB was concerned that she had received the wrong medication, and therefore did not ingest a dose.

VI.

GB contacted her daughter, who is a physician. Her daughter confirmed that the tablets dispensed were metformin 1000 mg. tablets and not the prescribed metoprolol 100 mg. tablets.

VII.

Pharmaceutical technician Jennifer Roper (Ms. Roper) initiated the processing of GB's refill request for metoprolol tablets. Ms. Roper entered the required data into the pharmacy's computerized tracking system. The refill order was then sent to a Parata Robotic Dispensing System (RDS) at Mike's Pharmacy for counting, bottling and labeling.

VIII.

The Parata RDS indicated an exception and failed to complete the automated fill.

IX.

A function of the Parata RDS is that an exception error in the automated system also disables scan verification at the filling station until the error is cleared.

X.

As a result of the exception error on the Parata RDS, pharmaceutical technician Barbara Battaglia (Ms. Battaglia) *manually* filled the prescription. Ms. Battaglia selected a stock bottle of 1000 mg. metformin from the shelf rather than the prescribed metoprolol 100 mg. tablets, and double counted thirty (30) tablets. She placed the tablets in the prescription bottle labeled as metoprolol. Ms. Battaglia wrote the middle four numbers of the National Drug Code (NDC) on the prescription label. She initialed the prescription label and added the letters “DC”, to indicate that that she had double counted the tablets. The finished product was then staged for a pharmacist’s review.

XI.

Ms. Lohroff was the verifying pharmacist for GB’s metoprolol prescription refill. During verification, the computer software failed to bring up an image for metoprolol on the computer screen. Ms. Lohroff asked Ms. Battaglia if the metoprolol prescription was a *Parata RDS fill*. Ms. Battaglia replied in the affirmative although Ms. Battaglia had *manually* filled the prescription. Ms. Lohroff initialed the prescription label as accurate and complete. She then bagged and staged the product for customer pickup.

XII.

Ms. Lohroff indicated to the Board Investigator that when Ms. Battaglia replied that the prescription was a Parata RDS fill, she felt confident that the fill was correct since the Parata RDS drug bins are bar-coded and uniquely sized for the specific drug. Ms. Lohroff could not recall taking any additional steps to visually verify that the tablets in the container were metoprolol 100 mg. tablets.

XIII.

Metformin 1000 mg. tablets are not loaded in the Parata RDS at Mike’s Pharmacy. The Parata RDS label is visually different from the labels that are generated manually.

### **FIRST CAUSE OF ACTION**

XIV.

By filling and dispensing GB's prescription for metoprolol 100 mg. tablets with metformin 1000 mg. tablets, Mary Jane Lohroff violated Nevada Administrative Code (NAC) 639.945(1)(d) and/or (i), which violations are grounds for action pursuant to Nevada Revised Statute (NRS) 639.210(4), (11) and/or (12), and NRS 639.255.

### **SECOND CAUSE OF ACTION**

XV.

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

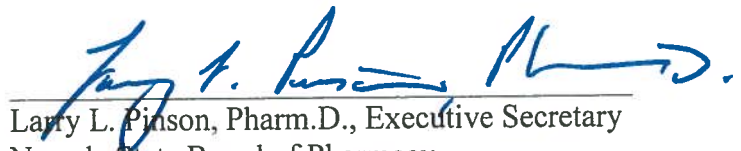
### **THIRD CAUSE OF ACTION**

XVI.

In being repeatedly negligent as evidenced by the separate incidents of misfilled prescriptions and other errors in Case No. 12-058-PH-N and the present action, Mike's Pharmacy violated NAC 639.945(1)(d), (i) and/or (2) which violations are grounds for action pursuant to NRS 639.210(4), (11), (12) and/or (16), and 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 <sup>th</sup>7 day of May, 2014.

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

### **NOTICE TO RESPONDENTS**

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



**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	
	)	
<b>Petitioner,</b>	)	<b>CASE NO. 14-001-RPH-N</b>
<b>v.</b>	)	
	)	
<b>MARY JANE LOHROFF</b>	)	<b>STATEMENT TO THE RESPONDENT</b>
<b>Certificate of Registration No. 14546</b>	)	<b>NOTICE OF INTENDED ACTION</b>
	)	<b>AND ACCUSATION</b>
<b>Respondent.</b>	/	<b>RIGHT TO HEARING</b>

---

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, June 11, 2014, as the date for a hearing on this matter at the Hyatt Place, 1790 East Plumb Lane, Reno, Nevada. The hour of the hearing will be set by letter to follow.

IV.

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

DATED this 7<sup>th</sup> day of May, 2014.

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



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

It is with deepest regret that I admit failure to complete the checking verification of the refill of Rx 653554 for G.B. on 1/02/2014 successfully.

I am the registered pharmacist so I am accountable.

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 21 day of May, 2014.

 R.Ph.  
MARY JANE LOHROFF, R.Ph.

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PAUL G. TAGGART, ESQ.  
Nevada State Bar No. 6136  
GREGORY H. MORRISON, ESQ.  
Nevada State Bar No. 12454  
TAGGART & TAGGART, LTD.  
108 North Minnesota Street  
Carson City, Nevada 89703  
(775) 882-9900 – Telephone  
*Attorneys for Mike's Pharmacy*



**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

NEVADA STATE BOARD OF PHARMACY,	)	
	)	
Petitioner,	)	CASE NO. 14-001-RPH-N
	)	CASE NO. 14-001-PH-N
v.	)	
	)	
MARY JANE LOHROFF, R.PH.	)	
Certificate of Registration No. 14546,	)	<b>ANSWER AND</b>
	)	<b>NOTICE OF DEFENSE</b>
MIKE'S PHARMACY	)	
Certificate of Registration No. PH01108-C	)	
	)	
Respondents.	)	

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

**ANSWERING ALLEGATIONS REGARDING THE INCIDENT**

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

2. MIKE'S admits that its Certificate of Registration was submitted to a twelve (12) month probationary period based on its Stipulation with the Board.

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

4           4.       MIKE'S denies the allegations contained in Paragraph 4 of the Board's Notice of  
5 Intended Action and Accusation. MIKE's promptly self-reported the alleged violation to the Board  
6 Office by a phone call from Paul Taggart to Board Counsel during the week of January 6<sup>th</sup>. Board  
7 Counsel agreed that MIKE'S should provide a written statement, and that the statement could be  
8 submitted the following week. Accordingly, on January 14, 2014, MIKE'S provided a written  
9 statement, and proposed remedial measures, by email communication.

10          5.       MIKE'S admits that on January 4, 2014, patient GB picked up a prescription refill  
11 for metoprolol ER 100 mg. tablets from Mike's Pharmacy. As to the other allegations in Paragraph  
12 5 of Board's Notice of Intended Action and Accusation, MIKE'S is without sufficient information,  
13 knowledge or belief as to the truth or falsity of the allegations contained, and therefore denies the  
14 same.

15          6.       MIKE'S is without sufficient information, knowledge or belief as to the truth or  
16 falsity of the allegations contained in Paragraph 6 of the Board's Notice of Intended Action and  
17 Accusation, and therefore denies the same.

18          7.       MIKE'S admits the allegations contained in Paragraph 7 of the Board's Notice of  
19 Intended Action and Accusation.

20          8.       MIKE'S admits the allegations contained in Paragraph 8 of the Board's Notice of  
21 Intended Action and Accusation.

22          9.       MIKE'S admits the allegations contained in Paragraph 9 of the Board's Notice of  
23 Intended Action and Accusation.

24          10.      MIKE'S admits the allegations contained in Paragraph 10 of the Board's Notice of  
25 Intended Action and Accusation.

26          11.      MIKE'S admits the allegations contained in Paragraph 11 of the Board's Notice of  
27 Intended Action and Accusation.

12. MIKE'S admits the allegations contained in Paragraph 12 of the Board's Notice of Intended Action and Accusation.

13. MIKE'S admits the allegations contained in Paragraph 13 of the Board's Notice of Intended Action and Accusation.

**ANSWERING FIRST CAUSE OF ACTION**

14. MIKE'S realleges and incorporates herein paragraphs 1 through 13 above, as if the same were set forth herein, in full and at length.

15. The allegations contained in the First Cause of Action call for a conclusion of law and as such, no response is required by MIKE'S. To the extent that the First Cause of Action contains factual allegations, MIKE'S denies those allegations.

**ANSWERING SECOND CAUSE OF ACTION**

16. MIKE'S realleges and incorporates herein paragraphs 1 through 15 above, as if the same were set forth herein, in full and at length.

17. The allegations contained in the Second Cause of Action call for a conclusion of law and as such, no response is required by MIKE'S. To the extent that the Second Cause of Action contains factual allegations, MIKE'S denies those allegations.

**ANSWERING THIRD CAUSE OF ACTION**

18. MIKE'S realleges and incorporates herein paragraphs 1 through 17 above, as if the same were set forth herein, in full and at length.

19. The allegations contained in the Third Cause of Action call for a conclusion of law and as such, no response is required by MIKE'S. To the extent that the Third Cause of Action contains factual allegations, MIKE'S denies those allegations.

**DESCRIPTION OF REMEDIAL MEASURES AND PROPOSED CONTINUED MONITORING**

MIKE'S acknowledges the error that was made in refilling patient GB's prescription on January 4, 2014, and accepts full responsibility for that error. MIKE'S would like to detail for the Board the steps that have been taken to prevent such errors from occurring again in the future, and



1 respectfully requests that the Board take those steps into consideration when determining any  
2 measures that may be imposed on MIKE'S as a result of the error.

3 As noted in Paragraph 8 of the Board's Notice of Intended Action and Accusation, an  
4 exception was reported by the Parata RDS, and the Parata RDS failed to complete the automated  
5 fill of GB's prescription. This led to the prescription being manually filled, which contributed to  
6 the error. The exception on the Parata RDS was apparently due to the fact that the bin for the  
7 proper medication did not contain sufficient tablets to fill the prescription. Internal protocol in such  
8 a situation calls for the technician to refill the bin so that the automated system may complete the  
9 dispensation; MIKE'S protocol does not allow a fill that was intimated with the Parata RDS to be  
10 filled manually. MIKE'S has taken measures to confirm this protocol with all pharmaceutical staff  
11 and ensure that it is followed in any future instances in which the Parata RDS fails to complete  
12 dispensation.

13 As noted in Paragraph 11 of the Board's Notice of Intended Action and Accusation, the fact  
14 that the computer software failed to produce an image of metoprolol for the use of the verifying  
15 pharmacist also contributed to the error. MIKE'S has instituted a new protocol for the verifying  
16 pharmacists that will confirm the proper medication has been dispensed. If the computer fails to  
17 display an image of the medicine to be dispensed, the verifying pharmacist is now required to  
18 manually and visually confirm the proper medication by physically comparing pills from the source  
19 bottle with the contents of the prescription. This simple measure will ensure that the medication  
20 that has been dispensed is the correct medicine.

21 MIKE'S believes that the aforementioned steps will ensure the accuracy and safety of all  
22 prescriptions dispensed to our customers going forward. MIKE'S regrets that the aforementioned  
23 measures were not in place and followed at the time of the January 4 error, and again accepts  
24 responsibility for the error. As the result of prior Board action, and as alleged by Mr. Pinson,  
25 MIKE'S is on probation through and until December 4, 2015. MIKE'S has also contracted with  
26 Affiliated Monitors, Inc. ("Affiliated") to conduct inspections at MIKE'S during that probationary  
27 period. MIKE'S respectfully proposes to the Board that it resolve this matter by stipulating to  
28 retain Affiliated to make inspections for one (1) year from the signing of the contract with

1 Affiliated Monitors, Inc., which would be until and including March 24, 2015. As such inspections  
2 would continue for more than three months after the expiration of MIKE'S probation.

3 SIGNED this 27<sup>th</sup> day of May, 2014.

4 TAGGART & TAGGART, LTD.  
5 108 North Minnesota Street  
6 Carson City, Nevada 89703  
7 (775) 882-9900 – Telephone  
8 (775) 883-9900 – Facsimile

9 By:



10 PAUL G. TAGGART, ESQ.  
11 Nevada State Bar No. 6136  
12 GREGORY H. MORRISON, ESQ.  
13 Nevada State Bar No. 12454  
14 *Attorneys for Mike's Pharmacy*

**CERTIFICATE OF SERVICE**

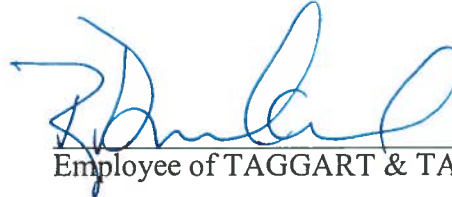
Pursuant to NRCP 5(b), I hereby certify that I am an employee of TAGGART & TAGGART, LTD., and that on this date, I served or caused to be served, a true and correct copy of the ANSWER AND INTENT TO DEFEND, as follows:

☒ [ X ]

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

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

DATED this 27 day of May, 2014.



Employee of TAGGART & TAGGART, LTD.



**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	
	)	
<b>Petitioner,</b>	)	<b>CASE NO. 14-032-RPH-N</b>
<b>v.</b>	)	<b>CASE NO. 14-032-PH-N</b>
	)	
<b>MARIANA OLIVEIRA-CALLEGARI, R.PH.</b>	)	<b>NOTICE OF INTENDED ACTION</b>
<b>Certificate of Registration No. 18156,</b>	)	<b>AND ACCUSATION</b>
	)	
<b>HALE'S PHARMACY</b>	)	
<b>Certificate of Registration No. PH00734,</b>	)	
	)	
<b>Respondents.</b>	/	

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, Respondent Mariana Oliveira-Callegari, Certificate of Registration No. 18156 (Ms. Oliveira-Callegari), was a registered pharmacist with the Board and Respondent Hale's Pharmacy, Certificate of Registration No. PH00734, was a pharmacy registered with the Board.

**II.**

On July 3, 2013, the Board entered a Stipulation and Order (Order) in Hale's Pharmacy Case No. 12-060-PH-N. In the Order, the Board placed Hale's Pharmacy's certificate of registration on probation for a period of twelve (12) months. The Order requires that during the probationary period, Hale's Pharmacy must self-report all of its violations of pharmacy law or regulations to the Board Office.

### III.

On or about April 25, 2014, Hale's Pharmacy reported to the Board Office a dispensing error which occurred on or about April 15, 2014, at Hale's Pharmacy.

### IV.

On April 15, 2014, a representative from the Amare Home (an assisted living facility) presented an original prescription to Hale's Pharmacy for patient JT. JT's physician prescribed Seroquel® 100 mg. tablets (antipsychotic) with directions to take one tablet by mouth twice a day, and two tablets by mouth every night at bedtime. The prescription was delivered to Amare Home on April 16, 2014.

### V.

On April 22, 2014, staff at the Amare House conducted a routine audit of JT's medications. The audit identified that JT's prescription for Seroquel® was misfilled with sertraline 100 mg. tablets (antidepressant).

### VI.

JT's caregiver contacted Hale's Pharmacy to question the sertraline prescription. Pharmacist Oliveira-Callegari immediately generated a prescription for the generic form of Seroquel® 100 mg. (quetiapine) tablets. Hale's Pharmacy delivered the corrected prescription to Amare Home and obtained the bottle of sertraline tablets.

### VII.

JT had ingested twenty (20) of the sertraline 100 mg. tablets over a five day period with no reported adverse effects.

### VIII.

The Board Investigator learned that pharmaceutical technician Cadie Palmer initiated the processing of JT's prescription. Ms. Palmer typed the first three letters of Seroquel® into the drug field of the data entry screen, which generated a drop-down list of drugs beginning with

“SER.” Ms. Palmer inadvertently selected sertraline HCL 100 mg. instead of the Seroquel 100 mg. that was prescribed.

IX.

Ms. Palmer failed to detect the error during each step of the production process including scanning, counting, filling and labeling. Upon completion of the filling processing, Ms. Palmer staged the stock bottle, labeled prescription bottle, and label sets in a basket for Ms. Oliveira-Callegari’s review and verification.

X.

During review and verification, Ms. Oliveira-Callegari failed to identify, from the scanned image of the prescription or from the original hard-copy, that sertraline had been substituted for Seroquel®.

XI.

Ms. Oliveira-Callegari approved and signed the prescription as accurate and complete. She staged the final product for delivery to JT’s caregiver at Amare House. The prescription bag included a notice advising of the pharmacy’s telephone number and hours of availability to contact a pharmacist for consultation, if needed.

**FIRST CAUSE OF ACTION**

XII.

By filling and dispensing JT’s prescription for Seroquel 100 mg. tablets with sertraline 100 mg. tablets, Mariana Oliveira-Callegari violated Nevada Administrative Code (NAC) 639.945(1)(d) and/or (i), which violations are grounds for action pursuant to Nevada Revised Statute (NRS) 639.210(4), (11) and/or (12), and NRS 639.255.

**SECOND CAUSE OF ACTION**


XIII.

As the owner of the pharmacy in which the foregoing violations, or any one of them,

occurred, Respondent Hale's Pharmacy is responsible and therefore subject to discipline pursuant to NAC 639.945(1)(d), (i) and/or (2), which violations are grounds for action pursuant to NRS 639.210(4), (11) and/or (12), and 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 30<sup>th</sup> day of July, 2014.

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

#### **NOTICE TO RESPONDENTS**

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

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	
	)	
<b>Petitioner,</b>	)	<b>CASE NO. 14-032-RPH-N</b>
<b>v.</b>	)	
	)	
<b>MARIANA OLIVEIRA-CALLEGARI, R.PH.</b>	)	<b>STATEMENT TO THE RESPONDENT</b>
<b>Certificate of Registration No. 18156</b>	)	<b>NOTICE OF INTENDED ACTION</b>
	)	<b>AND ACCUSATION</b>
<b>Respondent.</b>	/	<b>RIGHT TO HEARING</b>

---

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

I.

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

II.

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

III.


The Board has reserved Wednesday, September 3, 2014, as the date for a hearing on this matter at the Hyatt Place, 1790 East Plumb Lane, Reno, Nevada. The hour of the hearing will be set by letter to follow.



IV.

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

DATED this <sup>th</sup>~~30~~ day of July, 2014.

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

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	
	)	
<b>v.</b>	)	<b>CASE NO. 14-032-RPH-N</b>
	)	
<b>MARIANA OLIVEIRA-CALLEGARI, R.PH.</b>	)	<b>ANSWER AND</b>
<b>Certificate of Registration No. 18156</b>	)	<b>NOTICE OF DEFENSE</b>
	)	
<b>Respondent.</b>	/	

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

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

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

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

DATED this \_\_\_\_ day of July, 2014.

---

MARIANA OLIVEIRA-CALLEGARI, R.PH.

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	
	)	
<b>Petitioner,</b>	)	<b>CASE NO. 14-032-PH-N</b>
<b>v.</b>	)	
	)	
<b>HALE'S PHARMACY</b>	)	<b>ANSWER AND</b>
<b>Certificate of Registration No. PH00734</b>	)	<b>NOTICE OF DEFENSE</b>
	)	
<b>Respondent.</b>	/	

---

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

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

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

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

DATED this \_\_\_\_ day of July, 2014.

---

Print or Type name

---

Authorized Representative For Hale's Pharmacy



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	
	)	
Petitioner,	)	CASE NO. 14-023-RPH-N
v.	)	CASE NO. 14-023-PH-N
	)	
JOSEPH M. DELALLO, RPH	)	NOTICE OF INTENDED
Certificate of Registration No. 18429,	)	ACTION AND ACCUSATION
	)	
CVS PHARMACY #8779	)	
Certificate of Registration No. PH01613,	)	
	)	
Respondents.	)	
	/	

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

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, Respondent Joseph Delallo (Mr. Delallo), Certificate of Registration No. 18429, was a registered pharmacist with the Board, and Respondent CVS Pharmacy #8779 (CVS #8779), Certificate of Registration No. PH01613, was a pharmacy registered with the Board.

II.

On or about March 25, 2014, Dr. R treated patient SH and prescribed Cedax® (ceftibuten) 400 mg. with instructions to take 400 mg. every day for five days. SH tendered the prescription to CVS #8779 on March 25, 2014. SH's spouse picked up the filled prescription later that same day.

III.

On March 27, 2014, SH ingested one tablet as instructed on the prescription label

(prescription number 1133086). He soon developed a variety of symptoms including headache, excessive sweating, heart palpitations, dry mouth and diarrhea.

IV.

SH queried the internet and discovered that the tablets were not the antibiotic, ceftibuten (Cedax®), prescribed by his physician. He identified the dispensed tablets as the generic for Celexa® (citalopram), an antidepressant.

V.

HS contacted CVS #8779. At Mr. Delallo's request, SH returned to the pharmacy on March 30, 2014, at which time Mr. Delallo exchanged the citalopram 400 mg. tablets for ceftibuten 180mg/5ml suspension.

VI.

Pharmaceutical technician Annette Smith initiated the processing of SH's prescription for ceftibuten 400 mg. on March 25, 2014. During data entry, Ms. Smith incorrectly entered citalopram HBR 40 mg. instead of the prescribed ceftibuten 400 mg.

VII.

Pharmaceutical technician Esai Rodriquez labeled and filled the prescription. Ms. Rodriquez did not detect the error.

VIII.

Mr. Delallo performed the final review and verification of the prescription. During verification, Mr. Delallo failed to detect that the prescription had been filled with citalopram HBR 40 mg. rather than the prescribed ceftibuten 400 mg.

IX.

During counseling, Mr. Delallo again failed to identify the error.

X.

During the Board investigation, attempts to locate a record of the original prescription (1133086) for citalopram HBR 40 mg. met with negative results. The original prescription could

not be located, and the original data entered into the pharmacy computer system on March 25, 2014, had been edited by Mr. Delallo to remove any reference to the citalopram error. Prescription number 1133086 now reflects the data connected to the corrected ceftibuten fill of March 30, 2014. The investigation also revealed that Mr. Delallo disposed of the returned bottle of citalopram shortly after it was returned to the pharmacy.

### **FIRST CAUSE OF ACTION**

#### **XI.**

In failing to strictly follow the instructions of SH's physician by verifying and dispensing citalopram HBR 40 mg., rather than the ceftibuten 400 mg. that was prescribed, Respondents Joseph Delallo and CVS Pharmacy #8779 violated Nevada Administrative Code (NAC) 639.945(1)(d) and/or (i), which violations are grounds for action pursuant to Nevada Revised Statute (NRS) 639.210(4), (11) and/or (12), or alternatively under NRS 639.255.

### **SECOND CAUSE OF ACTION**

#### **XII.**

By failing to detect during counseling that the prescription was filled with citalopram HBR 40 mg., rather than the ceftibuten 400 mg. that was prescribed, Mr. Delallo and CVS Pharmacy #8779 provided inadequate counseling in violation of NRS 639.266(1) and NAC 639.707(1) and (2), as well as NRS 639.945(1)(i), which violations are grounds for action pursuant to NRS 639.210(4) and (12), or alternatively under NRS 639.255.

### **THIRD CAUSE OF ACTION**

#### **XIII.**

In removing the original fill record for prescription number 1133086, Joseph Delallo violated NAC 639.910(1) and (2) and/or NAC 639.945(1)(h) and (i), which violations are grounds for action pursuant to NRS 639.210(4), (11), (12) and/or (15), or alternatively under NRS 639.255.




#### **FOURTH CAUSE OF ACTION**

#### **XIV.**

As the owner of the pharmacy in which the foregoing violations, or any one of them, occurred, Respondent CVS Pharmacy #8779 is responsible and therefore subject to discipline pursuant to NAC 639.945(1)(d) and (i) and/or (2), as well as NAC 639.910(1)(m) and (2), which violations are grounds for action pursuant to NRS 639.210(4), (11) and/or (12), or alternatively under NRS 639.255.

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

Signed this 30<sup>th</sup> day of July, 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.

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	
	)	
<b>Petitioner,</b>	)	<b>CASE NO. 14-023-RPH-N</b>
<b>v.</b>	)	
	)	
<b>JOSEPH M. DELALLO, RPH</b> <b>Certificate of Registration No. 18429,</b>	)	<b>STATEMENT TO THE</b>
	)	<b>RESPONDENT NOTICE</b>
<b>Respondent.</b>	)	<b>OF INTENDED ACTION</b>
	/	<b>AND ACCUSATION</b>
		<b>RIGHT TO HEARING</b>

---

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

I.

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

II.

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

III.

The Board has reserved Wednesday, September 3, 2014, as the date for a hearing on this matter at the Hyatt Place, 1790 East Plumb Lane, Reno, Nevada. The hour of the hearing will be set by letter to follow.

IV.

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

DATED this 30<sup>th</sup> day of July, 2014.

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

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	
	)	
<b>Petitioner,</b>	)	<b>CASE NO. 14-023-RPH-N</b>
<b>v.</b>	)	
	)	
<b>JOSEPH M. DELALLO, RPH</b>	)	
<b>Certificate of Registration No. 18429,</b>	)	<b>ANSWER AND NOTICE</b>
	)	<b>OF DEFENSE</b>
<b>Respondent.</b>	/	

---

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

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

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

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

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

---

JOSEPH M. DELALLO, RPH

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	
	)	
<b>v.</b>	)	<b>CASE NO. 14-023-PH-N</b>
	)	
<b>CVS PHARMACY #8779</b>	)	
<b>Certificate of Registration No. PH01613</b>	)	<b>ANSWER AND NOTICE</b>
	)	<b>OF DEFENSE</b>
<b>Respondent.</b>	/	

---

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

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

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

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

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

\_\_\_\_\_  
Print or Type name

\_\_\_\_\_  
For CVS PHARMACY #8779



**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>CASE NO. 14-044-PTT-N</b>
	)	
<b>Petitioner,</b>	)	
<b>v.</b>	)	
	)	<b>NOTICE OF INTENDED ACTION</b>
<b>TWILA BENSON, PTT</b>	)	<b>AND ACCUSATION</b>
<b>Certificate of Registration No. PT15073,</b>	)	
	)	
<b>Respondent.</b>	/	

---

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 Twila Benson, PTT (Ms. Benson), Certificate of Registration No. PT15073, was a registered pharmaceutical technician in training with the Board at the time of the events alleged herein.

**II.**

On or about May 23, 2014, Board Staff received notification from a Walgreens' Loss Prevention Manager indicating that Walgreens terminated Ms. Benson from her employment as a pharmaceutical technician in training at Walgreens #2662 (Walgreens). Walgreens terminated Ms. Benson's employment for diversion of controlled substances.

**III.**

During an interview conducted by the Walgreens' Loss Prevention Manager, and in a written statement, Ms. Benson admitted to diverting seven-hundred (700) hydrocodone/acetaminophen 10-325 tablets, three-hundred (300) hydrocodone/acetaminophen 7.5-325 tablets and thirty (30) oxycodone/acetaminophen 5-325 tablets. Ms. Benson diverted the controlled substances to sell for personal financial gain as well as for personal use.




## **FIRST CAUSE OF ACTION**

### **IV.**

By diverting controlled substances, namely, seven-hundred (700) hydrocodone/acetaminophen 10-325 tablets, three-hundred (300) hydrocodone/acetaminophen 7.5-325 tablets, and thirty (30) oxycodone/acetaminophen 5-325 tablets, for the purposes alleged herein, Twila Benson violated Nevada Revised Statute (NRS) 453.331(1)(d) and/or NRS 453.336(1), 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 31<sup>st</sup> day of July, 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. 14-044-PTT-N**

)

**Petitioner,**

)

**v.**

)

**TWILA BENSON, PTT**

## STATEMENT TO THE RESPONDENT

**Certificate of Registration No. PT15073**

## ) 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 (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, September 3, 2014, as the date for a hearing on this matter at the Hyatt Place, 1790 East Plumb Lane, Reno, Nevada. The hour of the hearing will be set by letter to follow.

IV.

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

DATED this 31<sup>st</sup> day of July, 2014.

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

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>CASE NO. 14-044-PTT-N</b>
	)	
<b>Petitioner,</b>	)	
<b>v.</b>	)	
	)	
<b>TWILA BENSON, PTT</b>	)	<b>ANSWER AND NOTICE</b>
<b>Certificate of Registration No. PT15073</b>	)	<b>OF DEFENSE</b>
	)	
<b>Respondent.</b>	)	
	/	

---

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

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

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

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

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

---

TWILA BENSON, PTT

## PROPOSED REGULATION OF THE NEVADA STATE BOARD OF PHARMACY

Workshop September 3, 2014

**NAC 639.4987 "Compounding" defined.** ([NRS 639.070](#), [639.071](#)) "Compounding" has the meaning ascribed to it in [NRS 639.0053](#).

(Added to NAC by Bd. of Pharmacy by R116-08, eff. 9-18-2008)

**NAC 639.4989 "Drug" defined.** ([NRS 639.070](#), [639.071](#)) "Drug" has the meaning ascribed to it in [NRS 639.007](#).

(Added to NAC by Bd. of Pharmacy by R116-08, eff. 9-18-2008)

### **NAC 639.67\*\*\* Compounding of nasal medications.** ([NRS 639.070](#))

1. For products intended to be delivered into the nasal cavity with a device that delivers the product as a particle size that is greater than 10 microns, the pharmacy engaged in the practice of compounding nonsterile nasal irrigation, nasal solution, powder for delivery into the nasal sinus, or nasal spray products shall:

- (a) Assure all components of the compounded drug are sterile prior to compounding, and
- (b) Compound the drug to the Standards for Compounding and Dispensing Nonsterile Products NAC 639.6703 to NAC 639.67037.

2. For products intended to be delivered into the nasal cavity with a device that delivers the product as a particle size that is less than 10 microns, the pharmacy engaged in the practice of compounding sterile nasal irrigation, nasal solution, powder for delivery into the nasal sinus, or nasal spray products shall:

- (a) Compound the drug to the Standards for Compounding and Dispensing Sterile Products NAC 639.6705 to NAC 639.67079.

# NEVADA STATE BOARD OF PHARMACY

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 ☒ **Ownership Change** (Provide current license number if making changes: **PH 01509**)

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: Coast Quality Pharmacy, LLC d/b/a AnazaoHealth

Physical Address: 5710 Hoover Boulevard

Mailing Address: 5710 Hoover Boulevard

City: Tampa State: Florida Zip Code: 33634

Telephone: 813-882-4500 Fax: 813-884-1581

Toll Free Number: 800-995-4363 (Required per NAC 639.708)

E-mail: legal@anazaohealth.com Website: www.anazaohealth.com

Managing Pharmacist: Arlinda Chai License Number: PS43780

### TYPE OF PHARMACY

AND

### SERVICES PROVIDED

Yes/No

☒ ☐ Retail

☐ ☒ Hospital (# beds       )

☐ ☒ Internet

☒ ☐ Nuclear

☐ ☒ Ambulatory Surgery Center

☐ ☒ Community

☐ ☒ Other:                                 

All boxes must be checked

For the application to be complete

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-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

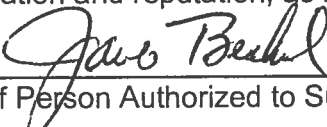
Within the last five (5) years:

- 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, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☒ No ☐
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

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

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

Jacob Beckel  
Print Name of Authorized Person

8/1/14  
Date

Page 2

Board Use Only	Date Processed: <u>8/6/14</u>	Amount: <u>\$500.00</u>
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APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

**OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION**

State of Incorporation: Florida

Parent Company if any: AnazaoHealth Corporation

Mailing Address: 5710 Hoover Boulevard

City: Tampa State: Florida Zip: 33634

Telephone: 813-882-4500 Fax: 813-884-1581

Contact Person: Nora Benson

For any corporation non publicly traded, disclose the following:

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

AnazaoHealth Corporation-Authorized Member/100% Owner

a) of Coast Quality Pharmacy, LLC 5710 Hoover Blvd, Tampa, FL 33634

Name Address  
Jacob J. Beckel-CEO of AnazaoHealth Corporation, Owner/

b) Authorized Member of Coast Quality Pharmacy, LLC 5710 Hoover Blvd, Tampa, FL 33634

Name Address  
Christopher A. Arnette-President of AnazaoHealth Corporation, Owner/

c) Authorized Member of Coast Quality Pharmacy, LLC 5710 Hoover Blvd, Tampa, FL 33634

Name Address  
Douglas Berkoff-Secretary of AnazaoHealth Corporation, Owner/

d) Authorized Member of Coast Quality Pharmacy, LLC 5710 Hoover Blvd, Tampa, FL 33634

Name Address

- 2) Provide the number of shares issued by the corporation. 8,989,500

- 3) What was the price paid per share? N/A - Company was not purchased

- 4) What date did the corporation actually receive the cash assets? N/A - Company was not purchased

- 5) Provide a copy of the corporation's stock register evidencing the above information See Attached

List any physician shareholders and percentage of ownership.

Name: N/A %:

Name: N/A %:

**Hours of Operation for the pharmacy:**

Monday thru Friday 8:30 am 5:30 pm Saturday on call am  pm

Sunday on call am  pm 24 Hours

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A

STATEMENT OF RESPONSIBILITY  
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Jacob Beckel  
Responsible Person of Coast Quality Pharmacy, LLC  
hereby acknowledge and understand that in addition to the corporation's, any owner(s),  
shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law  
that may occur in a pharmacy owned or operated by said 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

Jacob Beckel  
Print Name of Authorized Person

8/1/14  
Date

## **Disciplinary History**

The applicant, Coast Quality Pharmacy, LLC, has had no disciplinary action against it. However, its owner, AnazaoHealth Corporation, has the following disciplinary history:

### **Florida Board of Pharmacy**

In 2009, AnazaoHealth Corporation was charged by the Florida Board of Pharmacy with an error having to do with a formulation of preservative-free Hyaluronidase injection. AnazaoHealth takes responsibility for the error, but would like to explain the mitigating circumstances.

AnazaoHealth purchased the formula for the above-referenced preparation from a very well respected pharmacy organization to which AnazaoHealth pays a membership fee. While the active ingredient was mathematically correct, one of the inert ingredients was stated incorrectly by a multiple of 10. This caused the active ingredient to be in an incorrect concentration and caused irritation to some patients.

Immediately upon discovering the problem, AnazaoHealth notified all of its doctors and patients and recalled the preparation.

AnazaoHealth paid a fine and agreed to an additional inspection to ensure the error is corrected. The matter was settled in December 2011.

On 04 December 2013, the Board entered an order deeming all conditions satisfied by AnazaoHealth. AnazaoHealth is currently in good standing with the Florida Board of Pharmacy.

### **Hawaii Regulated Industries Complaints Office**

In July 2014, the Hawaii Regulated Industries Complaints Office (RICO) notified AnazaoHealth that it was in violation of Hawaii statutes because of AnazaoHealth's failure to notify Hawaii's Board of Pharmacy of a 2009 disciplinary action taken by the Florida Board of Pharmacy regarding AnazaoHealth's compounding of Hyaluronidase. In July 2014, AnazaoHealth entered into a Settlement Agreement with RICO to immediately resolve the issue, agreeing to pay a fine for failure to notify Hawaii's Board of Pharmacy of the Florida Board of Pharmacy discipline. AnazaoHealth's pharmacy license is current, valid, and in good standing with the Hawaii Board of Pharmacy.

FILED  
DEPARTMENT OF HEALTH  
DEPUTY CLERK  
CLERK *Angel Sanders*  
DATE DEC 30 2013

STATE OF FLORIDA BOARD OF PHARMACY

DEPARTMENT OF HEALTH,  
Petitioner,

vs.

ANAZAOHEALTH CORP  
Respondent.

CASE NOS.: 2009-20721  
2009-21858  
LICENSE NO.: PH 15735

**ORDER DEEMING CONDITIONS SATISFIED**

This matter appeared before the Board of Pharmacy at a duly-noticed public meeting on December 4, 2013, in Gainesville, Florida, pursuant to a motion filed by Respondent. Upon consideration it is **ORDERED**:

All obligations imposed by the Final Order in this cause are hereby **DEEMED** satisfied. The license shall reflect clear and active.

This Order shall become effective upon filing with the Clerk of the Department of Health.

BOARD OF PHARMACY

*Tammy Collins*  
\_\_\_\_\_  
Tammy Collins, Acting Executive Director  
for Albert Garcia, BPharm, Chair

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been provided by electronic mail to AnazaoHealth Corp, c/o Edwin Bayó, [e.bayo@gfblawfirm.com](mailto:e.bayo@gfblawfirm.com) 10448 Carolina Willow Drive, Ft. Myers, Florida 33913 and to David D. Flynn, Assistant Attorney General, Department of Legal Affairs, [david.flynn@myfloridalegal.com](mailto:david.flynn@myfloridalegal.com) this day of December, 2013.

*Angel Sanders*  
\_\_\_\_\_  
Deputy AGENCY CLERK

30<sup>th</sup>

**Mission:**

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



**Rick Scott**  
Governor

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

**Vision:** To be the Healthiest State in the Nation

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**MEMORANDUM**

**Date:** November 21, 2013  
**To:** Lucy C. Gee, M.S., Division Director  
Division of Medical Quality Assurance  
**From:** Cassandra G. Pasley, BSN, JD, Chief  
Bureau of Health Care Practitioner Regulation  
**Subject:** Delegation of Authority

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This is to advise you that until further notice, the following have delegated authority serve as Acting Executive Director for the Board of Pharmacy:

Daisy King, Program Operations Administrator, for EMT/Paramedic/Rad Tech. Daisy may be reached at 245-4549.

Tammy Collins, Program Operations Administrator, for Pharmacy. Tammy may be reached at 245-4614.

/vc

**cc:** Susan Love  
Lola Pouncey  
Lisa Eaton  
Executive Directors

---

**Florida Department of Health**

Division of Medical Quality Assurance • Bureau of Health Care Practitioner Regulation  
4052 Bald Cypress Way, Bin C-00 • Tallahassee, FL 32399-1700  
PHONE: 850/245/4444 • FAX 850/414-8209

**www.FloridasHealth.com**

TWITTER: HealthyFLA  
FACEBOOK: FLDepartmentofHealth  
YOUTUBE: fldoh

Rick Scott  
Governor



H. Frank Farmer, Jr., M.D., Ph.D., F.A.C.P.  
State Surgeon General

February 10, 2012

Anazahealth, Corp.  
5710 Hoover Boulevard  
Tampa, FL 33634

Final Order filed: January 23, 2012  
Case Number: 200920721  
License Number: 15735

Dear Sir or Madam:

The Compliance Management Unit has received your payment of the fines and/or costs imposed in the Final Order for Case Number 200920721.

Amount Paid: \$73,000.00  
Date Received: February 8, 2012  
Receipt Number: 911045949 and 911045950  
Balance: 0

The mission of the Department of Health is to protect and promote the health of all residents and visitors in the state through organized and community efforts, including cooperative agreements with counties. If you have any questions, please contact me by calling (850) 245-4268.

Sincerely,

A handwritten signature in cursive script that reads "Chelisa Y. Kirkland".

Chelisa Y. Kirkland  
Compliance Officer

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

**DEPARTMENT OF HEALTH,**

**PETITIONER,**

**v.**

**CASES NOS. 2009-20721  
2009-21858**

**ANAZAOHEALTH CORPORATION,**

**RESPONDENT.**

\_\_\_\_\_ /

**SETTLEMENT AGREEMENT**

Pursuant to Section 120.57(4), Florida Statutes, the parties offer this Settlement Agreement to the Board of Pharmacy (Board) as disposition of the pending Administrative Complaint, as filed with the Agency Clerk, in lieu of further administrative proceedings.

**STIPULATED FACTS**

1. At all times material to this matter, Respondent, ANAZAOHEALTH CORPORATION (hereinafter "Respondent") operated a pharmacy under Community pharmacy permit number PS 20156 and Special-Parenteral and Enteral Extended Scope pharmacy permit number PS 15735. Respondent's mailing address of record is 5710 Hoover Boulevard, Tampa, Florida 33634.

2. Respondent was charged by an Administrative Complaint, filed by the Department of Health (Department) and properly served upon Respondent, with violations of Chapters 456, 465, and 499, Florida Statutes.

3. Respondent denied the allegations contained in the Administrative Complaint and requested a hearing involving disputed issues of material fact.

4. After considerable review by experts retained by both parties, and in anticipation of settlement, the allegations in the Administrative Complaint have been revised by the drafting of an Amended Administrative Complaint. The Respondent neither admits nor denies the allegations contained in the Amended Administrative Complaint, but agrees that the terms of this Settlement Agreement constitute a fair and acceptable resolution to this matter.

#### **STIPULATED LAW**

1. Respondent, by and through its duly-authorized corporate representative, admits that it is subject to the provisions of Chapters 456 and 465, Florida Statutes, and the jurisdiction of the Department, and further admits that the allegations in the Amended Administrative



Complaint, if proven true, constitute violations of law and cause the Respondent to be subject to discipline by the Board of Pharmacy.

### **PROPOSED DISPOSITION**

1. **Appearance**- Respondent, by and through its duly-authorized corporate representative, shall be present when this Settlement Agreement is presented to the Board and under oath shall answer all questions asked by the Board concerning this case and its disposition.

2. **Amended Administrative Complaint**- In consideration of Respondent's entry into this agreement, upon approval of this Settlement Agreement by the Board, the Department shall amend the presently-pending, original Administrative Complaint, as filed with the Agency Clerk in this matter, to the form of the proposed Amended Administrative Complaint (attached hereto as Exhibit A). Such amended complaint shall be deemed filed by the Board's acceptance of this agreement.

3. **Fine**- Respondent agrees to pay and the Board shall impose an administrative fine of **THREE THOUSAND DOLLARS (\$3,000)**. The fine shall be paid by Respondent to the **Department of Health, Compliance Management Unit, Bin C76, Post Office Box 6320, Tallahassee, Florida 32314-6320**, within 90 days from the date the Final Order

approving and incorporating this Settlement Agreement (Final Order) is filed with the Department Clerk.

4. **Costs**- Respondent agrees to pay and the Board of Pharmacy shall impose administrative costs associated with the investigation and prosecution of this matter in an amount not to exceed **SEVENTY THOUSAND DOLLARS** (\$70,000). Total costs at the time of entry into this settlement are approximately ninety-five thousand dollars, however, in light of this settlement agreement, costs shall be capped at the heretofore stated amount of seventy thousand dollars. The costs shall be paid by Respondent to the **Department of Health, Compliance Management Unit, Bin C76, Post Office Box 6320, Tallahassee, Florida 32314-6320**, within 90 days from the date the Final Order is filed with the Department Clerk.

5. **Remediation**- As a condition of settlement, Respondent, by and through its duly-authorized corporate representative, agrees to implement the changes to their Standard Operating Procedures and to its pharmacy's general policies and procedures in keeping with the Department's required changes as found collectively in Exhibit B.

It is recognized by the parties herein that subsequent to the adverse incidents which gave rise to the initiation of an investigation of Respondent, certain subsequent remedial measures (SMRs) were taken by the Respondent in order to improve its processes. These SMRs have resulted in improvements in the consistency, accuracy and purity of the drug lots and the individual prescriptions compounded by Respondent. Therefore, as a condition of settlement, Respondent shall retain all SMRs and shall further improve their standards as described in Exhibit B.

During this remediation period, Department shall have the right to have its pharmacy and Drug Devices and Cosmetics (DDC) inspectors and investigators conduct as many as four (4) inspections of the Respondent's pharmacy per year. Such inspectors shall inspect for compliance with all laws and rules governing the Respondent, and may further inspect to ascertain compliance with the requirements and restrictions attached hereto as Exhibit B.

6. **Expert Review**- It is further agreed that approximately six months after the acceptance of this settlement agreement by the Board, the Department's and Respondent's retained experts in this case shall jointly select a third expert in the field of sterile compounding pursuant to

USP 797 guidelines. This expert shall be granted full access by the Respondent to inspect its premises. Such expert shall inspect for compliance with all laws and rules governing the Respondent, and may further inspect to ascertain compliance with the requirements and restrictions attached hereto as Exhibit B. Such expert shall issue a report of his/her findings to the Board of Pharmacy, with a copy to both the Respondent and to the Department. The Department and the Respondent shall each pay one-half of the costs of the Expert's review.

7. **Future Conduct-** Respondent shall not violate Chapter 456, 465, 499 or 893, Florida Statutes; the rules promulgated pursuant thereto; or any other state or federal law, rule, or regulation relating to the practice or to the ability to practice pharmacy including, but not limited to, the guidelines set out by the United States Pharmacopeia (USP).

8. **Violation of Terms-** It is expressly understood that a violation of the provisions of this Settlement Agreement as approved and incorporated into the Final Order of the Board of Pharmacy shall constitute a violation of an order of the Board for which disciplinary action may be initiated against Respondent pursuant to Chapter 465, Florida Statutes.

8. **No Force or Effect until Final Order-** It is expressly

understood that this Settlement Agreement is subject to approval by the Board and has no force or effect until the Board incorporates the terms of this Settlement Agreement into its Final Order. Similarly, the proposed Amended Administrative shall be deemed amended only upon acceptance of this Agreement by the Board or upon acceptance by all parties of a Counter-Offer by the Board incorporating the Amended Administrative Complaint.

9. **Purpose of Agreement**- This Settlement Agreement is executed by Respondent, by and through its duly-authorized corporate representative, for the purpose of avoiding further administrative action with respect to this particular case. In this regard, Respondent authorizes the Board to review and examine all investigative file materials concerning Respondent prior to, or in conjunction with, consideration of the Settlement Agreement. Petitioner and Respondent agree to support this Settlement Agreement at the time it is presented to the Board and shall offer no evidence, testimony, or argument that disputes or contravenes any stipulated fact or conclusion of law. Furthermore, should this Settlement Agreement not be accepted by the Board, it is agreed that the presentation and consideration of this Settlement Agreement and other documents and

matters by the Board shall not unfairly or illegally prejudice the Board or any of its members from further participation, consideration, or resolution of these proceedings.

10. **Not Preclude Additional Proceedings-** Respondent and the Department fully understand that this Settlement Agreement as approved and incorporated into the Final Order will not preclude additional proceedings by the Board or Department against Respondent for acts or omissions not specifically set forth in the Administrative Complaint.

11. **Waiver of Attorney's Fees and Costs-** Respondent waives the right to seek any attorney's fees and costs from the Department in connection with this disciplinary proceeding.

12. **Waiver of Procedural Rights-** Respondent waives all rights to further administrative procedure and to appeal and further review of this Settlement Agreement and the Final Order.

13. **Current Addresses-** Respondent shall keep current its mailing and practice addresses with the Board of Pharmacy and the Compliance Officer and shall notify the Board of Pharmacy and the Compliance Officer of any change of mailing address or practice address within 10 days of the change.

WHEREFORE, the parties request that the Board enter a Final Order approving and Incorporating this Settlement Agreement in resolution of this matter.

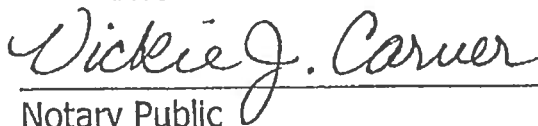
SIGNED this 24<sup>th</sup> day of August, 2011.

  
JACOB BECKEL, Chairman & CEO  
ANAZAHEALTH CORPORATION  
CASE NOS. 2009-20721, 2009-21858

STATE OF FLORIDA }  
COUNTY OF Hillsborough }

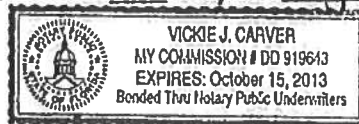
Before me personally appeared JACOB BECKEL, whose identity is known to me or by \_\_\_\_\_ (type of identification), and who, under oath, acknowledges that his signature appears above.

Sworn to and subscribed before me this 24<sup>th</sup> day of August, 2011.



Notary Public

My Commission Expires: 10/15/2013



APPROVED this \_\_\_\_\_ day of \_\_\_\_\_, 2011.

H. Frank Farmer, Jr., MD, PhD, FACP  
State Surgeon General

\_\_\_\_\_  
David C. Bibb  
Assistant General Counsel

Counsel for Petitioner

David C. Bibb

Assistant General Counsel

Department of Health

Prosecution Services Unit

4052 Bald Cypress Way, Bin C-65

Tallahassee, Florida 32399

Florida Bar No. 190330

Tel: 850.245.4640

Fax: 850.245.4682



**EXHIBIT A**

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

**DEPARTMENT OF HEALTH,**

**Petitioner,**

**v.**

**Case Nos.: 2009-20721  
2009-21858**

**ANAZAOHEALTH CORP.,**

**Respondent.**

\_\_\_\_\_ /

**AMENDED ADMINISTRATIVE COMPLAINT**

Petitioner, Department of Health (the "department"), files this as its amended administrative complaint (the "complaint") before the Board of Pharmacy (the "board") against Respondent, AnazaoHealth Corporation ("Anazao"), and states as follows:

**General Allegations**

1. Pursuant to Section 20.43, Florida Statutes and Chapters 456, 465 and 499, Florida Statutes, the department is the executive agency charged with regulating the practice of pharmacy and the distribution of prescription drugs in and into this state.
2. At all times material to this complaint, Anazao operated a pharmacy under Community Pharmacy Permit number PS 20156 and

Special-Parenteral and Enteral Extended Scope pharmacy permit number PS 15735 (collectively, the "permits").<sup>1</sup>

3. These permits authorize operation of a pharmacy by Anazao within the state of Florida, specifically at Anazao's address of record: 5710 Hoover Boulevard, Tampa, Florida.

4. A Community Pharmacy permit authorizes the holder to (i) purchase, receive and possess prescription drugs while under the professional supervision of a pharmacy department manager pharmacist, and (ii) employ pharmacists engaging in the professional pharmacy practices of compounding and dispensing prescription drugs.

5. A Special-Parenteral and Enteral Extended Scope pharmacy permit limits the holder, again through employee pharmacists, to (i) rendering certain sterile preparations, and (ii) performing certain parenteral and enteral compounding functions.<sup>2</sup>

### **Pharmacy Compounding**

6. "Compounding" is defined in Rule 64B16-27.700, Florida Administrative Code ("F.A.C."), to mean: "the professional act by a

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<sup>1</sup> For purposes of this complaint, "parenteral" refers to a sterile preparation of drugs for injection through one or more layers of the skin, and "enteral" refers to a sterile preparation of drugs for delivery directly into the digestive system.

<sup>2</sup> For purposes of this complaint, "sterile" means devoid of viable microorganisms.

pharmacist . . . incorporating ingredients to create a finished product for dispensing to a patient or for administration by a practitioner . . . ."<sup>3</sup>

7. Included in "compounding" by Rule 64B16-27.700(1), Florida Administrative Code, are the following patient specific uses:

- (a) The preparation of drugs or devices in anticipation of prescriptions based on routine, regularly observed prescribing patterns.
- (b) The preparation pursuant to a prescription of drugs or devices which are not commercially available.
- (c) The preparation of commercially available products from bulk when the prescribing practitioner has prescribed the compounded product on a per prescription basis and the patient has been made aware that the compounded product will be prepared by the pharmacist.

8. In addition to compounding drugs for a specific patient, Rule 64B16-27.700, F.A.C. (the "compounding rule") authorizes compounded drugs to be furnished to a practitioner for "office use," defined as follows:

the provision and administration of a compounded drug to a patient by a practitioner in the practitioner's office or by the practitioner in a health care facility or treatment setting, including a hospital, ambulatory surgical center, or pharmacy. A pharmacist may dispense and deliver a quantity of a compounded drug to a practitioner for office use by the practitioner in accordance with [this subsection (3)] provided:

- (a) The quantity of compounded drug does not exceed the amount a practitioner anticipates may be used in the

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<sup>3</sup> For purposes of this complaint, "product" is the equivalent of "preparation."

practitioner's office before the expiration date of the drug;

(b) The quantity of compounded drug is reasonable considering the intended use of the compounded drug and the nature of the practitioner's practice;

(c) The quantity of compounded drug for any practitioner and all practitioners as a whole, is not greater than an amount the pharmacy is capable of compounding in compliance with pharmaceutical standards for identity, strength, quality, and purity of the compounded drug that are consistent with United States Pharmacopoeia guidelines and accreditation practices.

9. A pharmacy which compounds drugs is required to maintain records in accordance with Rule 64B16-28.140(4), F.A.C.:

Compounding records. A written record shall be maintained for each batch/sub-batch of a compounded product under the provisions of Rule 64B16-27.700, F.A.C. This record shall include:

(a) Date of compounding.

(b) Control number for each batch/sub-batch of a compounded product. This may be the manufacture's lot number or new numbers assigned by the pharmacist. If the number is assigned by the pharmacist, the pharmacist shall also record the original manufacture's lot number and expiration dates. If the original numbers and expiration dates are not known, the pharmacy shall record the source and acquisition date of the component.

(c) A complete formula for the compounded product maintained in a readily retrievable form including methodology and necessary equipment.

(d) A signature or initials of the pharmacist or pharmacy technician performing the compounding.

(e) A signature or initials of the pharmacist responsible for supervising pharmacy technicians involved in the compounding process.

(f) The name(s) of the manufacturer(s) of the raw materials used.

(g) The quantity in units of finished products or grams of raw materials.

(h) The package size and number of units prepared.

(i) The name of the patient who received the particular compounded product.

10. Rule 64B16-28.860(5)(d), F.A.C. provides that records for the compounding of drugs under a Special-Parenteral and Enteral Extended Scope permit shall include:

lot number traceability of components used during compounding, documentation of any equipment used during compounding, documentation of staff performing compounding, and records recording ultimate dispensing of the compounded product.

11. The United States Pharmacopeia ("USP") is a non-government, official public standards authority for prescription and over-the-counter medicines and other healthcare products manufactured or sold in the United States. Chapter <797> of the USP, "Pharmaceutical Compounding-Sterile Preparations", details the procedures and requirements for compounding sterile preparations and sets standards that apply to all practice settings in which sterile preparations are compounded. These standards are intended to prevent patient harm from inaccurate or contaminated compounded sterile products, for example, from microbial

contamination, excessive bacteria endotoxins, variability in the intended strength of a product, use of ingredients of inappropriate quality, or other unintended physical or chemical contaminants.

12. Florida has incorporated portions of Chapter <797> into its regulation on compounding sterile products. See Rule 64B16-27.797, Fla. Admin. Code.

13. Rule 64B16-27.797(4), F.A.C., provides that a pharmacy which compounds drugs is required to prepare and maintain a Policy and Procedures Manual:

A policy and procedure manual shall be prepared and maintained for the compounding, dispensing, and delivery of sterile preparation prescriptions. The policy and procedure manual shall be available for inspection by the Department and include at a minimum:

- (a) Use of single dose and multiple dose containers not to exceed United States Pharmacopeia 797 guidelines.
- (b) Verification of compounding accuracy and sterility.
- (c) Personnel training and evaluation in aseptic manipulation skills.
- (d) Environmental quality and control:
  - 1. Air particle monitoring for hoods (or Barrier Isolator), clean room and buffer area (or anteroom) when applicable;
  - 2. Unidirectional airflow (pressure differential monitoring);
  - 3. Cleaning and disinfecting the sterile compounding areas;
  - 4. Personnel cleansing and garbing;
  - 5. Environmental monitoring (air and surfaces).
- (e) Personnel monitoring and validation.

- (f) Finished product checks and tests.
- (g) Method to identify and verify ingredients used in compounding.
- (h) Labeling requirements for bulk compounded products:
  - 1. Contents;
  - 2. Beyond-Use-Date; and
  - 3. Storage requirements.
- (i) Packing, storage, and transportation conditions.

14. Rule 64B16-27.797(7), F.A.C., provides that a pharmacy which compounds drugs is required to have a documented, ongoing quality assurance control program that monitors personnel performance, equipment and preparations. Appropriate samples of finished preparations shall be examined to assure that the pharmacy is capable of consistently preparing sterile preparations meeting specifications.

#### **Legal Authority for Disciplinary Action**

15. Section 465.023(1)(c), Florida Statutes (2006-2009) provides that violation of any of the requirements of Chapter 465, Florida Statutes or any of the rules of the Board of Pharmacy; of Chapter 499, Florida Statutes, known as the Florida Drug and Cosmetic Act; of 21 U.S.C. Sections 301-392, known as the Federal Food, Drug, and Cosmetic Act; of 21 U.S.C. Sections 821 et seq., known as the Comprehensive Drug Abuse and Prevention and Control Act; or of Chapter 893, constitutes grounds for disciplinary proceedings by the Board of Pharmacy.

16. Section 465.016(1)(g), Florida Statutes (2006-2009) provides that using in the compounding of a prescription or furnishing upon prescription an ingredient or article different in any manner from the ingredient or article prescribed constitutes grounds for disciplinary proceedings by the Board of Pharmacy.

17. Section 465.016(1)(i), Florida Statutes (2006-2009) provides that the compounding, dispensing, or distributing of a legend drug other than in the course of the professional practice of pharmacy constitutes grounds for disciplinary proceedings by the Board of Pharmacy.

#### **Anazaohealth Compounding Process**

18. At the times relevant to the complaint, the process of producing many prescription compounded drugs by Respondent began with production of stock lots (called "premixes" by Anazao") of bulk drug solutions for a variety of drugs at varying concentrations in anticipation of receiving prescriptions or orders for those drugs. Typically, a stock lot of active pharmaceutical ingredient ("API") solution is prepared according to a formula or recipe; the lot, typically made in 500 ml or 1000 ml quantities, is composed of an API and, usually, normal saline or sterile water. The process being used by Anazao involved injecting the API into a 500 ml or



1000 ml stock bag of normal saline or sterile water so that the solution would be mixed inside the bag itself. Each lot is assigned a lot number used to track the batch solution as it is used in the preparation of prescriptions and orders.

19. A sample from each lot, provided by Respondent, is tested by a laboratory for bacterial endotoxins, sterility, concentration, and potency prior to the lot being used for preparation of prescriptions or orders. Respondent submits the sample with the results it intended to achieve, referred to by Respondent as the Expected Concentration. (The laboratory report restates the Expected Concentration as the reported concentration.)

20. If the lot was found to be out of the acceptable USP potency concentrations (90% - 110% of the stated API potency), then Anazaohealth would "rework" the lot by adding additional API or additional diluent (diluting material such as saline), then sending a sample from that lot for testing until said sample was found to be within the acceptable range. The lots would then be used in the preparation of other, lower potency lots or in the preparation of individual prescriptions.

### **Count One – Unsafe Compounding**

21. The department incorporates and realleges paragraphs 1 through 20 hereof as if set out at length herein

22. Anazao compounded and sold to practitioners in Florida Hyaluronidase Preservative Free Injection (hereinafter Hyaluronidase), a prescription drug.

23. Anazao had purchased a smaller pharmacy which had been engaged in the practice of compounding Hyaluronidase for intra-articular use, for use in patients have knee or other joint surgery.

24. Anazao purchased the compounding formula (i.e., the "recipe") for Hyaluronidase from a third-party pharmacy compounding company.

25. At or around the same time, another use for Hyaluronidase was proposed involving intra-ocular injection, for eye surgery patients. This formula, intended for much smaller volume injections, was a "scaled down" version of the intra-articular Hyaluronidase formula.

26. Upon information and belief, the formula for intra-ocular use Hyaluronidase which Anazaohealth received from the third party pharmacy compounding company contained a mathematical error involving the ratio of chemicals to be mixed with the Hyaluronidase API.

27. Anazao made no efforts to independently verify the formula received from the third party was error-free, efficacious or safe.

28. Anazao marketed Hylaronidase for intra-ocular use to physicians in the State of Florida.

29. Anazao compounded and sold to practitioners in Florida Hyaluronidase Preservative Free Injection, including, without limitation, Lot Numbers 15824, 15859, 15927, 16032 and 16102. The Hyaluronidase caused injury to patients in Florida.

30. By preparing a prescription drug based upon an erroneous formula received from a third-party, without taking efforts to determine that the drug as formulated error-free, efficacious and safe, and where such prescription drugs injured patients receiving such drug, Anazao violated Section 465.023(1)(c), Florida Statutes (2008), by practicing outside the course of the professional practice of pharmacy in violation of 465.016(1)(i), Florida Statutes (2008).

### **Count Two – Quality Assurance**

31. The department incorporates and realleges paragraphs 1 through 30 hereof as if set out at length herein

32. A compounding pharmacy must be able to produce a high quality and consistent result with every preparation. If the pharmacy complies with minimum standard operating procedures, each batch of stock solution will be consistent with all other batches of that stock solution.

33. At various times, the reported concentration of certain compounded products, including, without limitation, Hyaluronidase, failed to meet expected concentrations, and failed to meet acceptable USP concentrations, as described in paragraphs 18-20 above, because of factors associated with adding the API directly into the stock bag of saline or sterile water. These factors included the solubility of small amounts of API and variations in the content of stock saline and sterile water bags.

34. By continuing to compound drugs whose reported concentrations did not meet expected concentrations, Anazao violated Section 465.023(1)(c), Florida Statutes (2006-2008) by violating Rule 64B16-27.797(7) for failing to implement a quality assurance program that would ensure the consistent preparation of compounded drugs meeting the expected specifications.

### **Count Three – Failure to Engage in Quality Improvement**

35. The department incorporates and realleges paragraphs 1 through 34 hereof as if set out at length herein.

36. Rule 64B16-27.300(3)(a), Florida Administrative Code provides that each pharmacy shall establish a Continuous Quality Improvement Program.

37. Anazao ignored the empirical data and, rather than reexamine and revise its pharmacy practices and procedures, continued to compound, sell and dispense these compounded products, attempting to compensate for sub-potent and super-potent concentrations by, among other things, reworking the preparations.

38. By failing to recognize and address its problems of inconsistent API potency results within its compounding process and failing to revise its compounding policies and procedures until after the investigation of this matter to improve the consistency of the potency of its compounded lots, Anazao failed its duty to address quality improvement, and therefore violated Section 465.023(1)(c), Florida Statutes (2006-2008), by violating a rule of the Board, through a violation of Rule 64B16-27.300(3)(a), Florida

Administrative Code, for failing to engage in continuous quality improvement.

WHEREFORE, Petitioner respectfully requests that the Board of Pharmacy enter an order imposing one or more of the following penalties on Respondent: permanent revocation or suspension of license, restriction of practice, administrative fine, reprimand, probation, corrective action, refund of fees billed or collected, remedial education, or any other relief that the Board deems appropriate.

RESPECTFULLY SUBMITTED this \_\_\_\_\_ day of \_\_\_\_\_, 2011.

H. Frank Farmer, Jr., MD, PhD, FACP  
State Surgeon General

---

David C. Bibb  
Assistant General Counsel  
Florida Bar No. 0211958  
Department of Health  
Prosecution Services Unit  
4052 Bald Cypress Way, Bin C-65  
Tallahassee, Florida 32399-3265  
Tel: 850.245.4640  
Fax: 850.245.4682

Original Complaint: PCP: 07.27.10  
PCP Members: Melvin & Risch

DOH v. AnazaoHealth Corporation / Case Nos. 2009-20721 & 2009-21858

## NOTICE OF RIGHTS

Respondent has the right to request a hearing to be conducted in accordance with Section 120.569 and 120.57, Florida Statutes, to be represented by counsel or other qualified representative, to present evidence and argument, to call and cross-examine witnesses, and to have subpoena and subpoena duces tecum issued on his or her behalf if a hearing is requested.

## NOTICE REGARDING ASSESSMENT OF COSTS

Respondent is placed on notice that Petitioner has incurred costs related to the investigation and prosecution of this matter. Pursuant to Section 456.072(4), Florida Statutes, the Board shall assess costs related to the investigation and prosecution of a disciplinary matter, which may include attorney hours and costs, on Anazao in addition to any other discipline imposed.

## **EXHIBIT B**

### **Corrective Measures Implemented:**

1. The supply list will include all equipment. The batch records will include all components used in compounding, with lot numbers and appropriate expiration dates documented.
2. All balances used to weigh API will be listed, including make and model number, in the appropriate SOP.
3. The equipment list will include "calibrated thermometer" if such is required.
4. Add a step to the SOP requiring daily calibration of the balances used in the compounding procedure. Document the calibration weights used in the calibration step and record the actual weight.
5. In each SOP Anazao will identify the item used as solvent in the first mention of the actual solvent used (e.g. Sodium chloride is the "solvent"). The term "solvent" will be used in the rest of the SOP to refer to the actual solvent so identified.
6. When compounding from powder, all quantity amounts will be changed to weight instead of volume to ensure accuracy.
7. Policies will state that manufacturer's instructions will be followed for calibration of any pump used. Training/competency for such calibration to be included in personnel training records.
8. The minimum weighable quantity (MWQ) will be determined for each balance used in compounding and will be physically attached as a note to the scale.
9. All compounded sterile preparations will be given a beyond use date (BUD) following all requirements of USP Chapter <797>. Beyond use date information accompanying the CSP will specify the conditions and time limits for administration of CSPs, as well as giving the beyond use date for chemical stability, whereby all drug quantities should have been utilized. The information will state: "The Beyond Use Date (BUD) of a Compounded Sterile Preparation (CSP) is not the same as an Expiration Date (Exp. Date). The BUD of a CSP is limited by either its' chemical stability or sterility. AnazaoHealth Corporation's label attached to a CSP refers to the chemical stability of



the preparation. Before administration, to maintain the sterility of a CSP, we recommend the storage period not to exceed 72 hours at room temperature or 9 days refrigerated, unless the physical stability is compromised by refrigeration. CSP should always be administered at room temperature.”

10. Per our new SOP 5A, 506.2 and 506.3, as approved and implemented with the help of Eric Kastango, Anazao will not use the measured concentration from the lab as the standard. Instead, Anazao will use the labeled concentration which has been deemed accurate via lab results using our newly implemented weight in weight batch processing. Also, if a batch is reported to be out of specification (our limit is 95%-110%), Anazao will perform a thorough investigation of the situation and then option to either (1) discard or (2), rework and reassign the batch if justified.

11. All scales used at Anazao are electronic tare scales. In case of a power outage, staff will discard what is being made and recalibrate the scale.

12. Aseptic technique will be defined in the definitions section of each SOP as the technique described in form 410.b. The term “aseptic technique” will be used in the rest of the SOP to refer to the technique described in form 410.b.

13. Sterilization will occur directly from the beaker to the bag in one step via two filters connected one after the other. The tubing and spike to be used will be listed on the supply list as to be sterile. A new sterile spike will be used each time a bag is spiked.

14. The filters will be saved and their lot numbers documented on a Ziploc bag. Bubble point testing will be performed on the filters and the results documented in AHPS.

Blank

DARIA A. LOY-GOTO 6175  
JOHN T. HASSLER 5311  
Regulated Industries Complaints Office  
Department of Commerce and Consumer Affairs  
State of Hawaii  
Leiopapa A Kamehameha Building  
235 South Beretania Street, Suite 900  
Honolulu, Hawaii 96813  
Telephone: 586-2660

Attorneys for Department of Commerce  
and Consumer Affairs

BOARD OF PHARMACY  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
STATE OF HAWAII

In the Matter of the Miscellaneous Permit of )	PHA 2014-13-L
ANAZAOHEALTH CORPORATION, )	
Respondent. )	SETTLEMENT AGREEMENT PRIOR TO
)	FILING OF PETITION FOR DISCIPLINARY
)	ACTION AND BOARD'S FINAL ORDER;
)	EXHIBIT "1"
)	

241042211

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION  
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS'  
REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"),  
through its undersigned attorney(s), and Respondent ANAZAOHEALTH CORPORATION  
(hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set  
forth below.

A. UNCONTESTED FACTS

1. At all relevant times herein, Respondent was the holder of miscellaneous permit  
number PMP 179, issued by the Board of Pharmacy (hereinafter the "Board"). The miscellaneous

permit was issued on or about August 22, 2000. The miscellaneous permit will expire or forfeit on or about December 31, 2015.

2. Respondent's mailing address for purposes of this action is 5710 Hoover Boulevards, Tampa, Florida 33634.

3. On or about November 6, 2013, Respondent submitted an application to renew miscellaneous permit number PMP 179. On the application, Respondent indicated it had, within the last three years, been disciplined by the States of Florida.

4. Respondent attached a copy of a January 18, 2012 Final Order Approving Settlement Agreement with the Florida Board of Pharmacy in Department of Health vs. Anazao Health Corp., Case No.: 2009-20721 & 209-21858 (hereinafter "Florida action") (Exhibit "1"). The Florida action alleged various allegations stemming from use of a formula Respondent had obtained that contained a mathematical error. The Florida action alleged, among other things, that Respondent had compounded and failed to recognize problems with potency. As a result of the Florida action, Respondent implemented changes to its policies and procedures, agreed to an expert review, and paid costs of \$70,000.

5. RICO alleges that disciplinary action was taken against Respondent by the State of Florida, and that Respondent failed to report the Florida action within thirty days as required by law.

6. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(13) (disciplinary action by another state) and § 436B-19(15) (failure to report disciplinary decision within thirty days).

7. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent being at all times relevant herein the holder of a miscellaneous permit acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the permit and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent represents Exhibit "I" is a true and correct copy of the January 18, 2012 Final Order Approving Settlement Agreement with the Florida Board of Pharmacy in Department of Health vs. Anazao Health Corp., Case No.: 2009-20721 & 209-21858 ("Florida action")

6. Respondent understands that any false or untrue statement or any material misrepresentation or omission of fact by Respondent in this settlement agreement may be grounds for further disciplinary action under HRS chapters 436B and 461.

7. Respondent further understands that RICO enters into this settlement agreement, and agrees to the specific terms contained in this settlement agreement, based upon Respondent's representations made herein.

8. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's miscellaneous permit number PMP 179.

9. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

10. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation of miscellaneous permit number PMP 179 in RICO No. PHA 2014-13-L.

11. Respondent understands that this Settlement Agreement may be subject to reporting requirements.

12. Respondent understands this Settlement Agreement is public record pursuant to Hawaii Revised Statutes chapter 92F.

C. TERMS OF SETTLEMENT:

1. Administrative fine. Respondent agrees to pay a fine in the amount of FIVE THOUSAND AND NO/100 DOLLARS (\$5,000.00). Payment shall be made by **cashier's check or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: John T. Hassler, Esq., 235 S. Beretania Street, 9<sup>th</sup> Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due at the time this Settlement Agreement is returned to RICO.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph(s) C.1 above, Respondent's permit shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the permit to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new permit until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become permitted again, Respondent must apply to the Board for a new permit pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible further sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of miscellaneous pharmacy permit holders in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

4. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.4, C.5, C.6 and C.7 below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees

that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

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IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the  
date(s) set forth below.

DATED: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

ANAZAOHEALTH CORPORATION  
Respondent

By: \_\_\_\_\_

Its \_\_\_\_\_

CEO

DATED: Honolulu, Hawaii, \_\_\_\_\_.

\_\_\_\_\_  
DARIA A. LOY-GOTO

JOHN T. HASSLER

Attorneys for Department of Commerce and  
Consumer Affairs

IN THE MATTER OF THE MISCELLANEOUS PERMIT OF ANAZAOHEALTH  
CORPORATION; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR  
DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; CASE NO(S). PHA 2014-13-L;  
EXHIBIT "I"

IN THE MATTER OF THE MISCELLANEOUS PERMIT OF ANAZAOHEALTH  
CORPORATION; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR  
DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; CASE NO(S). PHA 2014-13-L;  
EXHIBIT "1"

APPROVED AND SO ORDERED:  
BOARD OF PHARMACY  
STATE OF HAWAII

\_\_\_\_\_  
JILL OLIVEIRA GRAY

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TODD INAFUKU

\_\_\_\_\_  
MARY JO KEEFE

\_\_\_\_\_  
LYDIA KUMASAKA

\_\_\_\_\_  
GARRETT A. LAU

\_\_\_\_\_  
CAROLYN S.J. MA

\_\_\_\_\_  
KERRI OKAMURA

PVL 07 01 13

STATE OF Florida )  
 ) SS.  
COUNTY OF Hillsborough )

On this 14 day of July, 2014, before me personally appeared  
Jacob Beckel, to me known to be the person described, and who executed the  
foregoing instrument on behalf of Amgen Health Corporation as its  
CEO/Chairman, and acknowledged that he/she executed the same as  
his/her free act and deed.

This 8-page Settlement Agreement  
document dated July 14, 2014 was acknowledged before me by  
Jacob Beckel this 14 day of July, 2014, in the  
City of Tampa, in the County of Hillsborough, in the State of  
Florida.



Marjorie Benson  
Name:  
Notary Public, State of

My Commission expires: 12/10/17



July 16, 2014

Dear Customer:

The following is the proof-of-delivery for tracking number **609577811111**.

---

**Delivery Information:**

Status:	Delivered	Delivered to:	Receptionist/Front Desk
Signed for by:	H.LING	Delivery location:	235 S BERETANIA ST HONOLULU, HI 968132419
Service type:	FedEx 2Day	Delivery date:	Jul 15, 2014 14:16
Special Handling:	Deliver Weekday		
	Direct Signature Required		

---

**Shipping Information:**

Tracking number:	609577811111	Ship date:	Jul 14, 2014
		Weight:	1.0 lbs/0.5 kg

**Recipient:**  
ATTN: JOHN T. HASSLER;ESQ.  
REGULATED INDUSTRIES COMPLAINTS OFF  
235 S BERETANIA ST  
FL 9  
HONOLULU, HI 968132419 US  
**Reference**  
**Invoice number**

**Shipper:**  
Shipping Department  
ANAZAOHEALTH CORPORATION  
5710 Hoover Blvd  
Tampa, FL 33634 US  
  
650499  
543306

Thank you for choosing FedEx.

# NEVADA STATE BOARD OF PHARMACY

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 ☒ **Ownership Change** (Provide current license number if making changes: **PH 02917**)  
Check box below for type of ownership and complete all required forms. **uc**  
☐ 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: Kabafusion

Physical Address: 11818 Rosecrans Ave., No. A

Mailing Address: 11818 Rosecrans Ave., No. A

City: Norwalk State: CA Zip Code: 90650

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

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

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

Managing Pharmacist: Tina Benkendorfer License Number: RPH 41541

### TYPE OF PHARMACY

AND

### SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail  
☐ ☒ Hospital (# beds \_\_\_\_)  
☐ ☒ Internet  
☐ ☒ Nuclear  
☐ ☒ Ambulatory Surgery Center  
☐ ☒ Community  
☒ ☐ Other: Out of State

All boxes must be checked

For the application to be complete

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,**

61240

## APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

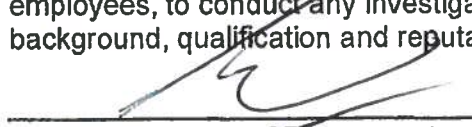
Within the last five (5) years:

- 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, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

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

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

Sohail Masood

Print Name of Authorized Person

Date

6-18-14

Page 2

Board Use Only

Date Processed: 7/9/14

Amount: \$500.00

## OWNERSHIP IS A ~~PARTNERSHIP~~ LLC

Limited N/A

**Contact Person: Sohail Masood**

Name: \_\_\_\_\_ %: \_\_\_\_\_

Name: \_\_\_\_\_ %: \_\_\_\_\_

## 24 Hours \_\_\_\_\_

Page 6

STATEMENT OF RESPONSIBILITY  
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Sohail Masood

Responsible Person of Kabafusion, LLC

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

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

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



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

Sohail Masood

Print Name of Authorized Person

6-18-14

Date



**NEVADA STATE BOARD OF PHARMACY**  
431 W Plumb Lane □ Reno, NV 89509 □ (775) 850-1440  
**APPLICATION FOR NEVADA WHOLESALE 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    ☐ Name Change    ☐ Location Change  
(Please provide current license number if making changes: WH \_\_\_\_\_)

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

**GENERAL INFORMATION**

Facility Name: MDRX  
Physical Address: 4235 E. Charleston Blvd #a/b LV, NV 89104  
Mailing Address: 1182 Azure Heights Pl  
City: Las Vegas State: NV Zip Code: 89110  
Telephone: (702) 553-2560 Fax: (702) 947-4656  
Toll Free Number: -  
E-mail: no limits4u@icloud.com Website: -  
Facility Manager: Rory Wright  
Professional qualifications and experience of facility manager: PharmD. license and registered pharmacist in good standing since 1998.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies    ☒ Practitioners    ☐ Hospitals    ☐ Wholesalers  
☐ Other: \_\_\_\_\_

Type of Products to be handled or wholesaled by firm:

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

# APPLICATION FOR NEVADA WHOLESALER LICENSE

This page must be submitted for all types of ownership.

Is your company VAWD certified by NABP?  
(If yes, provide a copy of the certificate.)

Yes ☐ No ☒

Licensed as a Manufacturer by the FDA?  
(If yes, provide a copy of the FDA registration)

Yes ☐ No ☒

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☒ No ☐ *I am an owner of a buying group & a Nevada business license*

List the top 4 suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

1)	<i>N/A</i>	Name	Address
<hr/>			
Business			
2)	<i>N/A</i>	Name	Address
<hr/>			
Business			
3)	<i>N/A</i>	Name	Address
<hr/>			
Business			
4)	<i>N/A</i>	Name	Address
<hr/>			
Business			

## Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners 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 at least 10% interest or partners 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 at least 10% interest) or partners with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

APPLICATION FOR NEVADA WHOLESALER LICENSE

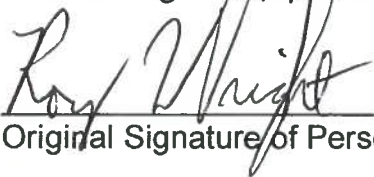
This page must be submitted for all types of ownership.

- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners 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 at least 10% interest or partners 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 ☒

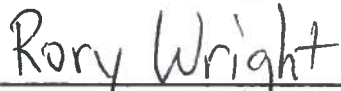
If the answer to question 1 through 5 is ☐ yes ☒ a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

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 wholesaler may be grounds for the revocation of this permit.

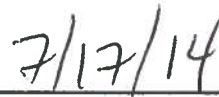
I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to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



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



Print Name of Authorized Person



Date

Board Use Only

Received: 

Amount: 

## APPLICATION FOR NEVADA WHOLESALER LICENSE

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

Owner's Name:

Rory Wright

Business Name:

MDRx

Current Business Address:

4235 E. Charleston Blvd #a/b, Las Vegas, NV

City:

Las Vegas

State:

NV

Zip:

89104

Telephone:

(702) 553-2560

Fax:

(702) 947-4656

### Include with the application for a sole owner

Complete personal history record . 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*.

Designated representative form. Download the form from the website under the ☐New Applications☐tab. The forms are available under the *documents for all types of businesses*. The designated representative (as defined in NAC 639.5005) needs to complete the form, submit the required 6000 hours of employment with a pharmacy or wholesaler and will be required to take and pass an examination on law **prior** to the license being issued. Upon receipt of the completed application, a law book and requirements for taking the exam will be provided to the designee. Download the form from the website under the ☐New Applications☐tab. The forms are available under the *documents for all types of businesses*.

\*If VAWD certified by NABP, fingerprints, list of employees and bond are not required. Provide a copy of your VAWD certification.

\*If you are a manufacturer and FDA approved, fingerprints, list of employees and bond are not required. Include a copy of the FDA registration.

Complete two (2) sets of fingerprints and written permission authorizing the Board to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the FBI for its report. Download the form from the website under the ☐New Applications☐tab. The forms are available under the *documents for wholesalers only*.. Each officer and director of the corporation must submit fingerprints. Please send an email request to [pharmacy@pharmacy.nv.gov](mailto:pharmacy@pharmacy.nv.gov) for fingerprint cards. If needed. We accept standard fingerprint cards.

Submit a list containing each employee(s) who handle the drugs on a daily basis.

Copy of a bond in an amount of \$100,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Download the form from the website under the ☐New Applications☐tab. The forms are available under the *documents for wholesalers only*.

# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

## APPLICATION FOR ADVANCED PRACTICE REGISTERED NURSE • PRESCRIBE

**REGISTRATION FEE: \$80.00** (non-refundable money order only, no cash)

First: ROCHELLE Middle: LEI Last: DOMINGO  
 Home Address: 9840 SHADYMILL AVENUE  
 City: LAS VEGAS State: NV Zip Code: 89148  
 SS#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: ☐ M or ☒ F  
 Telephone: \_\_\_\_\_ E-mail address: \_\_\_\_\_  
 Board of Nursing APRN Certificate #: APRN001642 Issued: 12/4/13 Expires: 12/6/15

### PRACTICING LOCATION (Required)

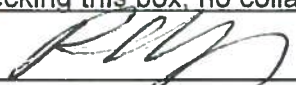
Practice Name (if any): THE MEDICAL GROUP  
 Physical Address: 9460 W. FLAMINGO RD Suite #: 120  
 City: LAS VEGAS State: NV Zip Code: 89147  
 Telephone: 702-638-7705 Fax: 702-638-7706

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

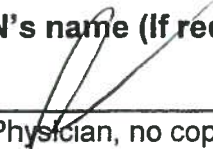
**It is a violation of Nevada law to falsify this application and sanctions will be imposed for misrepresentation. I hereby certify that I have read this application. I certify that all statements made are true and correct.**

**I understand that Nevada law requires a licensed APRN who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.**

☐ By checking this box, no collaborating physician is required per my Nursing Board license.

Original Signature of APRN, no copies or stamps accepted  Date 7/3/14

COLLABORATING PHYSICIAN's name (If required): ROLAND PUA

Original Signature of Supervising Physician, no copies or stamps accepted  Date 7/3/14

Board Use Only: Date Processed 7/14/14 Amount \$80.00

69100

Name: ROCHELLE LEI DOMINGO

License Number: APRN001642

License Type: ADV PRACTICE REG NURSE

Original NV Issue Date: 12/04/2013

[Print This License](#)

#### LICENSE STATUS

Status: ACTIVE - PRESCRIBING  
Expiration Date: 12/06/2015  
Discipline Against Nurse: YES  
Collaborating Physician: [Display Info](#)

#### APRN STATUS LEGEND

ACTIVE is the status ascribed to APRNs who meet the requirements for licensure, but do not meet the requirements for prescribing privileges  
ACTIVE PRESCRIBING is the status that all APRNs who qualify to prescribe will be given at the onset of licensure with the NSBN. This status allows the APRN to prescribe all legend drugs and may include schedule III-V controlled substances if they have provided us with their current DEA number.  
ACTIVE PRESCRIBING-CII is the status that APRNs are given when they have provided us with their current DEA number showing the CII-V designation, and have practiced for longer than 2 years or 2000 hours  
ACTIVE PRESCRIBING-CII-COLL is the status that APRNs are given when they have provided us with their current DEA number showing the CII-V designation, have practiced less than 2 years or 2000 hours, and have provided the NSBN a copy of their collaborative agreement with a physician.

#### ADDITIONAL LICENSES

License Type: REGISTERED NURSE  
License #: RN49977  
Status: ACTIVE  
Original NV Issue Date: 11/22/2005  
Expiration Date: 12/06/2015

License Type: GRADUATE NURSE RN  
License #: IP RN603286  
Status: Lapsed/Expired  
Original NV Issue Date: 08/17/2005  
Expiration Date: 11/17/2005

[Begin a New Search](#)

[Return to Results](#)

● [Return to NSBN Home Page](#)

1                               **BEFORE THE NEVADA STATE BOARD OF NURSING**

2   IN THE MATTER OF

3   ROCHELLE DOMINGO

4   LICENSED PROFESSIONAL NURSE

5   NEVADA LICENSE NO. RN49977

6   RESPONDENT

                                  AGREEMENT FOR REPRIMAND

                                  CASE NO. 0821-07C

7           This Agreement is hereby entered into between ROCHELLE DOMINGO,  
8   (RESPONDENT) and the NEVADA STATE BOARD OF NURSING, (BOARD).

9           It is hereby stipulated and agreed, by and between the parties to the above-entitled matter,  
10   that the following statements are true:

11           1.     Respondent is aware of, understands, and has been advised of the effect of this  
12   Agreement, which Respondent herein has carefully read and fully acknowledges. No coercion  
13   has been exerted on the Respondent. Respondent acknowledges her right to an attorney at her  
14   own expense. The Respondent has had the benefit at all times of obtaining advice from  
15   competent counsel of her choice.

16           2.     Respondent understands the nature of the allegations under investigation by the  
17   Nevada State Board of Nursing. Respondent freely admits that while she was employed as a  
18   Registered Nurse on or about August 4, 2007, she wrote two (2) physician orders without calling  
19   a physician. Respondent acknowledges this conduct constitutes a violation of the Nevada  
20   Revised Statutes 632.320 (7) unprofessional conduct, and Nevada Administrative Code 632.890  
21   (2) practicing beyond scope and (20) inaccurate recording, falsifying. Respondent further  
22   acknowledges that such acts and admissions subject her to disciplinary action by the Board.

23           3.     Respondent is aware of the Respondent's rights, including the right to a hearing  
24   on any charges and allegations, the right to an attorney at her own expense, the right to examine  
25   witnesses who would testify against her, the right to present evidence in her favor and call  
26   witnesses on her behalf, or to testify herself, the right to contest the charges and allegations, the  
27   right to reconsideration, appeal or any other type of formal judicial review of this matter, and any  
28   other rights which may be accorded to her pursuant to the Nevada Administrative Procedures Act

1 and the provisions of Chapter 632 of the Nevada Revised Statutes and the Nevada  
2 Administrative Code. Respondent agrees to waive the foregoing rights upon acceptance of this  
3 Agreement by the Board.

4 4. Respondent understands that the Board is free to accept or reject this Agreement,  
5 and if rejected by the Board, a disciplinary proceeding may be commenced.

6 5. Should the Agreement be rejected by the Board, it is agreed that presentation to  
7 and consideration by the Board of such proposed Agreement, shall not disqualify the Board, or  
8 any of its members, from further participation, consideration, adjudication or resolution of these  
9 proceedings, and that no Board member shall be disqualified or challenged for bias therefor.

10 6. This Agreement shall only become effective when both parties have duly  
11 executed it and unless so executed, this Agreement will not be construed as an admission.

12 7. This Agreement shall not be construed as excluding or reducing any criminal or  
13 civil penalties or sanction or other remedies that may be applicable under federal, state or local  
14 laws.

15 8. This Agreement shall cover any nursing license and/or certificate issued by the  
16 State of Nevada.

17 9. Based upon the foregoing stipulations and recitals, it is hereby agreed that the  
18 Board may issue the following decision and order:

19 **DECISION AND ORDER**

20 Based on the foregoing, and good cause appearing therefore, it is hereby ordered that:

21 1. Respondent be publicly reprimanded.

22 2. As a condition of licensure Respondent shall take and successfully complete the  
23 following courses:

24 a. Legal ethics in nursing for a minimum of 30 contact hours; and

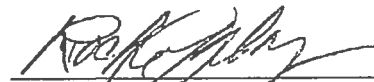
25 b. The Nevada Nurse Practice Act web based course.

26 The courses must be pre-approved by the Executive Director, or the Director of Operations.  
27 Documentation of successful course completion must be submitted to the Board within six (6)  
28 months of the execution of this Agreement.



1 This Agreement will become part of the Respondent's permanent record, will become  
2 public information, will be published with the list of disciplinary actions the Board has taken,  
3 and may be reported to any national repository which records disciplinary action taken against  
4 licensees or holders of certificates; or any agency or another state which regulates the practice of  
5 nursing. The Agreement may be used in any subsequent hearings by the Board. In the event  
6 other misconduct is reported to the Board, this Agreement may be used as evidence against the  
7 Respondent to establish a pattern of behavior and for the purpose of proving additional acts of  
8 misconduct.

9 Dated this 20 day of September, 2007

  
RESPONDENT  
ROCHELLE DOMINGO

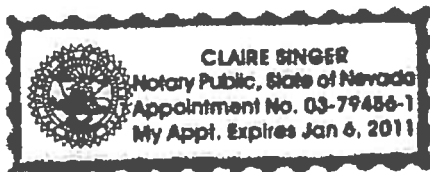
12 State of Nevada

13 County of Clark

14 This instrument was acknowledged before me on 9/20, 2007, by

15 Rochelle Domingo

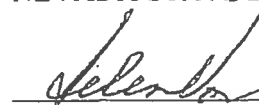
  
Notary Public



21 Accepted and approved this 8th day of November, 2007

23 NEVADA STATE BOARD OF NURSING

24 By:

  
Helen Vos, MS, RN  
Board President

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## 2015 BOARD MEETING DATES

January 21-22, 2015	Las Vegas
March 4-5, 2015	Reno
April 15-16, 2015	Las Vegas
June 10-11, 2015	Reno
July 22-23, 2015	Las Vegas
September 2-3, 2015	Reno
October 14-15, 2015	Las Vegas
December 2-3, 2015	Reno

## Calendar for 2015

JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE
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JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
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## ANNUAL MEETINGS

APhA Annual Meeting	March 27-30, 2015	San Diego, CA
NABP Annual Meeting	May 16-19, 2015	New Orleans, LA
NABP District 8 Meeting	October, 2015?	
NACDS Annual Meeting	April 25-28, 2015	Palm Beach, FL
ASHP Summer Meeting	June 6-10, 2015	Denver, CO
ASHP Mid Year Meeting	December 6-10, 2015	New Orleans, LA
NASCSA Annual Meeting	October 20-23, 2015	Scottsdale, AZ

## STATE HOLIDAYS

New Years Day	January 1, 2015
Martin Luther King's Birthday	January 19, 2015
President's Birthday	February 16, 2015
Memorial Day	May 25, 2015
Independence Day	July 3, 2015
Labor Day	September 7, 2015
Nevada Day	October 30, 2015
Veteran's Day	November 11, 2015
Thanksgiving	November 26-27, 2015
Christmas	December 25, 2015

## **CONTINUING EDUCATION COMMITTEE**

A meeting of the CE Committee was held the morning of August 7, 2014 in Reno, Nevada at the Board office. The Committee reviewed several programs and is recommending Board approval for the following:

- 1) International Conference on Nutrition and the Brain (12 CEU's)
- 2) Breaking the Barriers: Pain Assessment and Management (7 CEU's)
- 3) Anticoagulation Related Medication Events (1 CEU)
- 4) Transcutaneous Electrical Nerve Stimulation (TENS) for Pain Management (1 CEU)



# Nevada State Board of Pharmacy

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

July 31, 2014

## \*\*\*\* PUBLIC NOTICE \*\*\*\*

### CONTINUING EDUCATION COMMITTEE MEETING

at the

Nevada State Board of Pharmacy  
431 W Plumb Ln  
Reno, Nevada

Thursday, August 7, 2014 – 8:00 am

The Continuing Education Committee may address agenda items out of sequence to accommodate persons appearing before the Committee or to aid in the efficiency or effectiveness of the meeting;

The Continuing Education Committee may combine two or more agenda items for consideration; and

The Continuing Education Committee 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 Committee, 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.

## PUBLIC COMMENT

## \*\*\*\* AGENDA \*\*\*\*

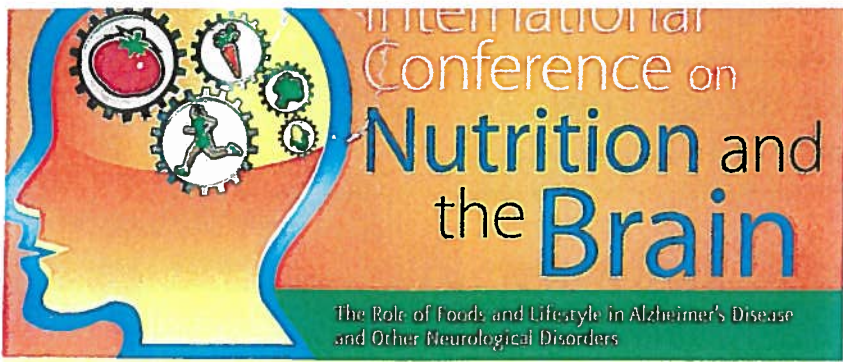
1. Approval of April 30, 2013 Meeting Minutes for Possible Action
2. Continuing Education Requests for Possible Action:
  - A. Nutrition and the Brain — 12 HOURS
  - B. Chris Pasero's Breaking Barriers: Pain Assessment and Management — 7 HOURS
  - C. Anticoagulation Related Medication Events — 1 HOUR
  - D. TENS for Pain Management — 1 HOUR

This notice has been posted at the following locations:

Elko County Courthouse – Elko  
Mineral County Courthouse – Hawthorne  
Washoe County Courthouse – Reno  
Nevada State Board of Pharmacy – Reno

Anyone desiring additional information regarding the meeting is invited to call the Board office at (775) 850-1440.





5100 Wisconsin Ave., NW, Suite 400  
Washington, DC 20016

U.S. POSTAGE  
PAID  
SOUTHERN MD  
PERMIT NO. 4507

During this two-day event, we will discuss:

How can dietary factors overcome genetic vulnerability?

To what degree can Alzheimer's disease be prevented?

Can diet and lifestyle changes made early in life make a difference years later?

Are common neurological conditions like multiple sclerosis and Parkinson's disease influenced by diet and lifestyle?

Register now at [www.NutritionandtheBrain.org](http://www.NutritionandtheBrain.org)



The Role of Foods and Lifestyle in Alzheimer's Disease  
and Other Neurological Disorders

*Continuing education event for health care professionals*

**Brain disorders are the newest  
frontier in medical science.**

Come and hear leading experts share the latest insights  
on the role of nutrients and lifestyle in Alzheimer's disease,  
multiple sclerosis, Parkinson's disease, and other conditions.

**Washington, DC July 19-20, 2013**

**THE GEORGE  
WASHINGTON  
UNIVERSITY**  
WASHINGTON, DC

Jointly sponsored by  
The George Washington University  
School of Medicine and Health Sciences  
and the Physicians Committee for  
Responsible Medicine

**PCRM**  
Physicians Committee for  
Responsible Medicine

[www.NutritionandtheBrain.org](http://www.NutritionandtheBrain.org)

## **Breaking the Barriers**

### **Pain Assessment and Management**

**NAME OF PERSON SUBMITTING APPLICATION:** Heather DeMaris

**DESCRIPTION OF COURSE:**

The focus of this conference is on the health care team's role in influencing patient outcomes through the assessment and management of pain. The barriers that affect the team's performance in assessing and managing pain are addressed. Current recommended pharmacologic approaches and the use of nonpharmacological methods to complement pharmacologic strategies for managing pain are presented. The principles and practical considerations related to using selected therapies (e.g., titration, persistent and breakthrough pain treatment, PCA, short- and long-acting opioids) are explained. Equianalgesia and addiction issues are discussed. Recommended approaches to the management of acute pain in patients with underlying chronic pain are explored. The needs of special populations, such as neonates, infants, children, older adults, critically ill, and the cognitively impaired, are addressed throughout the day.

**TARGET AUDIENCE:** RNs

**DATE OF PRESENTATION:** June 4<sup>th</sup>, 2014

**COURSE PREREQUISITE: (if applicable):** None

**CONTACT HOURS:** (check format)

x **Classroom Session:** 420 minutes ÷ 60 = 7 Contact Hours

**SPEAKER BACKGROUND:** Complete Speaker Background Information form for each speaker –See attached.

See attached BIO and Speaker Curriculum Vitae (after course outline/ agenda)

**EVALUATION:** Standard SRDH Evaluation

**OBJECTIVES:** At the completion of this course, the student will be able to:

1. Discuss the major barriers to effective pain assessment and management. (90 minutes)
2. Explain the recommended principles, guidelines, and standards for the assessment and management of pain. (120 minutes)
3. Describe the primary pharmacologic and nonpharmacologic interventions for managing pain. (180 minutes)

**CURRICULUM UTILIZED:**

X For courses longer than 2 hours, a detailed agenda to include breaks and lunches is to be attached.

\*\*\*\*See attached agenda and course materials

**MATERIALS/HANDOUTS UTILIZED:** See attached

# **Anticoagulation Related Medication Events**

Sunrise Hospital and Medical Center  
Pharmacist Inservice  
Julie Squires PharmD, BCPS  
May 2014



# Objectives

- ▶ Review recent medication events and cases pertaining to anticoagulants and learn how we as pharmacists can make the best medication decisions for our patients.
- ▶ Reduce the amount of pharmacy related medication errors associated with anticoagulants.





# TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) FOR PAIN MANAGEMENT

## Course Description

This online pre-recorded presentation will provide the participant with an evidence-based approach for the use of transcutaneous electrical nerve stimulation (TENS) to treat acute and chronic pain. The presentation will discuss the neurobiology of pain, the physiologic effects of TENS, and the indications/contraindications to this common electrophysical agent.

**Target Audience:** Pharmacists

**Course Level:** Introductory

## Objectives

*At the successful completion of this course, participants will be able to independently:*

- Discuss the neurobiology of pain and theories of pain modulation
- Examine fundamental electrotherapy principles related to parameter selection and dosage
- Describe an evidenced-based approach to the application of electrical stimulation for pain modulation.
- Discuss indications, Contraindications, and physiologic effects of transcutaneous electrical nerve stimulation (TENS)

## Instructor: Dr. Joseph A. Gallo, DSc, ATC, PT

Dr. Gallo earned his BS in Physical Education and Athletic Training, and his Masters in Physical Therapy. He went on to complete his Doctor of Science in Physical Therapy. He currently serves as Program Director/Associate Professor in the Salem State University Athletic Training Program. He maintains clinical practice in the areas of orthopedic and sports rehabilitation. Dr. Gallo has presented seminars on therapeutic modalities to rehabilitation professionals throughout the United States. His main area of research is focused on the evidenced based use of therapeutic modalities. His work has been published in the Journal of Orthopaedic & Sports Physical Therapy, and the Chinese Journal of Sports Medicine. Dr. Gallo has taught over 300 Physical Agent Modality (PAM) courses during the past 20+ years. He receives consistent excellent evaluations across disciplines, from OTs to PTs to ATs to DCs.

*"Joe is knowledgeable, passionate and energetic. Best course that I have been to in 15 years and best speaker I have had in any CE class. Who knew modalities would be so much fun?"*

OT – Modalities Chicago, IL 2011

## Agenda

05 min	Description of Transcutaneous Electrical Stimulation
10 min	Neurophysiology of Pain
10 min	Theories of pain modulation
10 min	Fundamental electrotherapy principles related to parameter selection and dosage
10 min	Evidenced-based approach to the application of electrical stimulation for pain modulation
15 min	Indications, physiologic effects, and contraindications

**CEUs: 0.1 (1.0 Contact Hour) Pharmacists**

**Applied for:**

Pharmacists in FL, GA, ID, IN, ME, MD, MA, MI, MN, MS, MO, NE, NV, NH, NJ, OK, SD, VT, VA, WA, WV



CIAO has been approved as an Authorized Provider by the International Association for Continuing Education and Training (IACET), 1760 Old Meadow Road, Suite 500, McLean, VA 22102.

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## **DISCUSSION AND DETERMINATION – September, 2014**

### **Prescriptions for Flu Vaccine administered by Protocol**

NAC 639.297 through NAC 639.2978 addresses immunizations by pharmacists and intern pharmacists, and revolves around a physician established written protocol to allow such activity. Original language with these regulations included not only written protocol to immunize by the pharmacist, but the ability for the pharmacist to immunize on the order of a prescription. LCB would not allow the inclusion of a prescription to immunize.

One of the issues with pharmacist immunization is that of record keeping and billing. To solve this issue, many pharmacies have been administering an immunization under authority of a written protocol, and then assigning that immunization a prescription number for the purposes of record keeping and billing. The question then becomes is the creation of this “prescription” legal and allowed?

Board staff feels that the act of actually administering the immunization by the pharmacist under written protocol of a physician meets the intent of the regulation, and that the creation of a “prescription” for record keeping and billing purposes is no more than just that; however how will insurance companies view a “billing prescription”? Will they balk at paying because it is not really a prescription, and how could it even be a prescription without a direct doctor/patient relationship? (the physician of record on the protocol has no idea who is lined up at the pharmacy receiving immunizations).

Board staff welcomes a discussion.

assistant with the consent and under the supervision of the supervising physician of the absent physician assistant. An inventory of drugs must be taken before the substitute begins his or her duties and again taken when the returning physician assistant resumes his or her duties. The inventories must be attested to by the signature of the supervising physician and copies submitted to the Executive Secretary upon the request of the Board.

[Bd. of Pharmacy, § 639.365, eff. 6-26-80]—(NAC A 2-6-90; 9-10-90; 10-24-97)

**NAC 639.295 Grounds for denial of application or suspension or revocation of registration. (NRS 639.070, 639.1373, 639.210)** The Board may deny the application of any physician assistant or suspend or revoke the registration of the physician assistant if he or she:

1. Is not of good moral character;
  2. Is guilty of habitual intemperance;
  3. Becomes or is under the influence of liquor, any depressant drug or a controlled substance while on duty, unless the drug or substance has been taken pursuant to a physician's prescription;
  4. Is guilty of unprofessional conduct or conduct contrary to the public interest;
  5. Is addicted to the use of any controlled substance;
  6. Has been convicted of a violation of any federal law or law of any other state relating to controlled substances;
  7. Has been convicted of a felony or other crime involving moral turpitude, dishonesty or corruption;
  8. Has willfully made to the Board or its authorized representative any false written statement which is material to the administration or enforcement of any provision of chapter 453, 454 or 639 of NRS;
  9. Has obtained registration by filing any application, record or affidavit, or any information in support thereof, which is false or fraudulent;
  10. Has violated any provision of the Federal Food, Drug and Cosmetic Act or any other state or federal law or regulation relating to prescription drugs;
  11. Has violated, attempted to violate, assisted or abetted in the violation of, or conspired to violate any law or regulation relating to the practice of pharmacy;
  12. Has failed to renew the registration by failing to pay the renewal fee;
  13. Has failed to maintain the security of his or her drug supply;
  14. Has violated, attempted to violate, assisted or abetted in the violation of, or conspired to violate any provision of this regulation;
  15. Has supplied patients with prescriptions that are presigned in blank by the physician; or
  16. Has violated any provision of chapter 453, 454, 585 or 639 of NRS.
- [Bd. of Pharmacy, § 639.375, eff. 6-26-80]—(NAC A 2-6-90)

### **IMMUNIZATION BY PHARMACISTS AND INTERN PHARMACISTS**

**NAC 639.297 "Immunization" defined. (NRS 639.070)** As used in NAC 639.297 to 639.2978, inclusive, unless the context otherwise requires, "immunization" means the act of inducing antibody formation through the introduction of a drug into the human body.

(Added to NAC by Bd. of Pharmacy by R009-01, eff. 11-1-2001)

**NAC 639.2971 Authorization; contents of and deviation from written protocol. (NRS 454.213, 639.070, 639.137)**

1. A physician may establish a written protocol authorizing pharmacists to administer immunizations by an intranasal, intramuscular or subcutaneous injection. Except as otherwise limited by the physician pursuant to subsection 4, any pharmacist who is trained and certified in accordance with NAC 639.2973 may subscribe to the written protocol and administer immunizations in compliance with the protocol. Such a protocol must contain:

(a) The name of the physician who is authorizing the administration of immunizations by a pharmacist;

(b) The immunizations that may be administered by a pharmacist;

(c) Detailed policies and procedures that a pharmacist must follow while administering immunizations, including, without limitation, procedures to follow in the case of adverse reactions or emergencies following administration;

(d) A procedure for the review of the protocol and its operation by the physician at least once annually, and the making and keeping of a record of the review;

(e) When appropriate, specific instructions related to the age of the patient;

(f) Except as otherwise provided in subsection 2, a restriction that a pharmacist may not delegate his or her authority to administer an immunization;

(g) A restriction that a pharmacist may not administer an immunization except at an authorized location, which location may not be the home of the patient, unless the patient resides in a licensed facility for long-term care or in a hospital;

(h) A requirement that the immunizations will be administered according to all applicable federal, state and local laws; and

(i) The signature of the physician authorizing the administration of the immunizations and the time period for which the written protocol is effective.

2. An intern pharmacist may administer immunizations by an intranasal, intramuscular or subcutaneous injection under the direct and immediate supervision of a pharmacist who has subscribed to a written protocol established by a physician.

3. If a physician orders a deviation from the written protocol for the benefit of a specific patient, the physician shall note the deviations from the written protocol in the record of the patient.

4. A physician may include restrictions to a written protocol established by the physician pursuant to subsection 1 by limiting the protocol to any of the following:

(a) A specific pharmacist or pharmacists;

(b) A specific location or locations;

(c) The administration of a specific immunization or immunizations; or

(d) Other limitations as the physician determines necessary.

(Added to NAC by Bd. of Pharmacy by R009-01, eff. 11-1-2001; A by R142-03, 4-8-2004; R180-05, 12-29-2005; R115-08, 9-18-2008)

**NAC 639.2972 Duties of authorizing physician. (NRS 454.213, 639.070, 639.137)** A physician who has authorized pharmacists to administer immunizations by establishing a written protocol shall supervise the implementation of the protocol by each pharmacist who has subscribed to the protocol and by each intern pharmacist acting under the direct and immediate supervision of the pharmacist by:

1. Being readily accessible to the pharmacist or intern pharmacist or the patient when the pharmacist is authorized to administer the immunizations for consultation, assistance and direction; and

2. If required by the written protocol, reviewing a periodic status report from a pharmacist or intern pharmacist concerning any problems, complications or emergencies encountered while administering immunizations.

(Added to NAC by Bd. of Pharmacy by R009-01, eff. 11-1-2001; A by R180-05, 12-29-2005; R115-08, 9-18-2008)

**NAC 639.2973 Training and certification to administer immunizations. (NRS 454.213, 639.070, 639.137)**

1. Before a pharmacist may administer an immunization pursuant to a written protocol or before an intern pharmacist acting under the direct and immediate supervision of a pharmacist may administer such immunizations, the pharmacist or intern pharmacist must be trained and certified to administer immunizations by completing a course approved by the Accreditation Council for Pharmacy Education that includes:

(a) Certification in life-saving techniques pursuant to the American Heart Association's Basic Cardiac Life Support for Health Care Providers or its equivalent;

(b) Education and practical training, including, without limitation, written study materials regarding techniques for administering immunizations;

(c) Evaluation of the knowledge and technique of the pharmacist or intern pharmacist in administering immunizations;

(d) Instruction consistent with the current training guidelines of the Centers for Disease Control and Prevention; and

(e) Except as otherwise provided in subsection 2, a minimum of 20 hours of instruction and practical training concerning:

(1) The standards for pediatric, adolescent and adult immunization practices recommended and approved by the United States Public Health Service Advisory Committee on Immunization Practices;

(2) Basic immunology, and vaccine and immunization protection;

(3) Diseases that are preventable through vaccination and immunization;

(4) Recommended immunization schedules;

(5) Vaccine and immunization storage and management;

(6) Informed consent;

(7) Physiology and techniques for administration of immunizations;

(8) Preimmunization and postimmunization assessment and counseling;

(9) Immunization reporting and records management; and

(10) Identification, response, documentation and reporting of adverse events.

2. In lieu of complying with the requirements of paragraph (e) of subsection 1, a pharmacist or an intern pharmacist who administers immunizations consisting exclusively of live attenuated influenza vaccine through the nasal passages of a person may complete a program of less than 20 hours of instruction which is accredited by the Accreditation Council for Pharmacy Education and includes instruction relating to:

(a) The epidemiology of influenza;

(b) The pathophysiology, clinical presentation, diagnosis, prevention and treatment of influenza;

(c) The administration, storage and handling of influenza vaccines; and

(d) The counseling of patients who will be immunized with the vaccine.

(Added to NAC by Bd. of Pharmacy by R009-01, eff. 11-1-2001; A by R187-03, 4-8-2004; R180-05, 12-29-2005; R115-08, 9-18-2008)

**NAC 639.2974 Certification in basic cardiac life support; continuing education. (NRS 454.213, 639.070, 639.137)** A pharmacist who administers immunizations or an intern pharmacist acting under the direct and immediate supervision of a pharmacist who administers immunizations shall:

1. Maintain certification in basic cardiac life support from the American Heart Association; and

2. On or before October 31 of each year, complete:

(a) At least 2 hours of continuing education in a course or courses that address the life cycle of diseases, drugs and administration of immunizations; or

(b) A course provided by the Centers for Disease Control and Prevention regarding epidemiology and prevention of diseases which are preventable through immunization.

(Added to NAC by Bd. of Pharmacy by R009-01, eff. 11-1-2001; A by R180-05, 12-29-2005)

**NAC 639.2975 Legal possession and control of drugs administered as immunizations; drugs to counteract adverse reactions. (NRS 454.213, 639.070, 639.137)**

1. The drugs administered as immunizations by a pharmacist or an intern pharmacist acting under the direct and immediate supervision of a pharmacist must be in the legal possession of:

(a) The pharmacy that employs the pharmacist or intern pharmacist who will be administering the immunizations, which pharmacy is responsible for the drugs and the maintenance of records of administration of the immunizations; or

(b) The physician who has established a written protocol for the administration of the immunizations, which physician is responsible for the drugs and the maintenance of records of administration of the immunizations.

2. The drugs used for immunizations must be transported and stored at the proper temperatures indicated for the drugs by the manufacturer.

3. While engaged in the administration of immunizations, a pharmacist or an intern pharmacist acting under the direct and immediate supervision of a pharmacist may have in his or her custody and control the drugs for immunization that are identified in the written protocol and any other dangerous drugs listed in the written protocol to treat an adverse reaction.

4. If a pharmacist or an intern pharmacist acting under the direct and immediate supervision of a pharmacist administers immunizations at a location other than a pharmacy, the pharmacist or intern pharmacist must return all unused drugs to the pharmacy or physician responsible for the drugs.

(Added to NAC by Bd. of Pharmacy by R009-01, eff. 11-1-2001; A by R180-05, 12-29-2005; R115-08, 9-18-2008)

**NAC 639.2976 Reporting of certain information concerning immunizations. (NRS 454.213, 639.070, 639.137)** A pharmacist or an intern pharmacist acting under the direct and immediate supervision of a pharmacist who administers immunizations shall report the information required for inclusion in the Immunization Information System established by the Department of Health and Human Services pursuant to NRS 439.265 and the regulations adopted pursuant thereto.

(Added to NAC by Bd. of Pharmacy by R009-01, eff. 11-1-2001; A by R180-05, 12-29-2005; R115-08, 9-18-2008)

**NAC 639.2977 Maintenance of records. (NRS 454.213, 639.070, 639.137)**

1. Each record required to be made pursuant to NAC 639.297 to 639.2978, inclusive, must be kept for at least 2 years by the pharmacist or intern pharmacist administering the immunization and the pharmacy or physician who possessed the drugs administered. Such records must be available for inspection and copying by the Board or its representative, or any other authorized federal, state or local law enforcement or regulatory agency.

2. Records required pursuant to this section may be maintained in an alternative data retention system, including, without limitation, a computer data processing system or direct imaging system, if:

(a) The records maintained in the alternative system contain all the information required for a written record; and

(b) The data processing system is capable of producing a printed copy of the record upon the request of the Board, its representative or any other authorized federal, state or local law enforcement or regulatory agency.

(Added to NAC by Bd. of Pharmacy by R009-01, eff. 11-1-2001; A by R180-05, 12-29-2005)

**NAC 639.2978 Confidentiality of records. (NRS 454.213, 639.070, 639.137)**

1. A pharmacist or an intern pharmacist acting under the direct and immediate supervision of a pharmacist shall provide adequate security to prevent unauthorized access to confidential records of immunizations. If confidential health information is not transmitted directly between a pharmacy and a physician, but is transmitted through a data communication device, the confidential health information must not be viewed or used by the operator of the data communication device unless the operator is specifically authorized to obtain confidential information pursuant to this subsection.

2. Except as otherwise provided in NRS 49.245, the confidential records of immunizations are privileged and may be released only to:



- (a) The patient or the authorized agent of the patient;
  - (b) Physicians and other pharmacists or intern pharmacists acting under the direct and immediate supervision of pharmacists when, in the professional judgment of the pharmacist or intern pharmacist, such release is necessary to protect the health and well-being of the patient;
  - (c) The Board or other federal, state or local agencies authorized by law to receive such information;
  - (d) A law enforcement agency engaged in the investigation of a suspected violation involving a controlled substance or dangerous drug;
  - (e) A person employed by any state agency that licenses a physician if such a person is engaged in the performance of his or her official duties; or
  - (f) An insurance carrier or other third party payor authorized by a patient to receive such information.
3. The provisions of this section must not be construed to affect or alter the provisions of NRS 49.215 to 49.245, inclusive, relating to the confidentiality of communications between a doctor and a patient.
- (Added to NAC by Bd. of Pharmacy by R009-01, eff. 11-1-2001; A by R180-05, 12-29-2005)

## CONTINUING PROFESSIONAL EDUCATION

**NAC 639.300 Definitions. (NRS 639.070, 639.2176)** As used in NAC 639.300 to 639.390, inclusive, unless the context otherwise requires, the words and terms defined in NAC 639.305 to 639.320, inclusive, have the meanings ascribed to them in those sections.

[Bd. of Pharmacy, § 639.070, eff. 6-26-80]—(NAC A 10-17-86)

**NAC 639.305 “Acceptable materials” defined. (NRS 639.070, 639.2176)** “Acceptable materials” means material for continuing education which:

- 1. Complies with the statutory limits regarding the scope of continuing education; and
- 2. Is offered by a provider although the material is not endorsed by the Board, or has been submitted to and endorsed by the Board.

[Bd. of Pharmacy, § 639.075, eff. 6-26-80]—(NAC A 10-17-86)

**NAC 639.310 “Accredited material” defined. (NRS 639.070, 639.2176)** “Accredited material” means material for continuing education which has been endorsed by the Board after review by the Board, by its advisory committee on continuing education, by the Accreditation Council for Pharmacy Education or by a board of pharmacy of another state.

[Bd. of Pharmacy, § 639.080, eff. 6-26-80]—(NAC A 10-17-86)

**NAC 639.315 “Continuing education unit” defined. (NRS 639.070, 639.2176)** “Continuing education unit” means 1 full hour devoted to approved continuing education, consisting of accredited or acceptable material.

[Bd. of Pharmacy, § 639.085, eff. 6-26-80]—(NAC A 10-17-86)

**NAC 639.320 “Provider” defined. (NRS 639.070, 639.2176)** “Provider” means any person recognized by the Board as responsible and competent to provide material for continuing education which is accredited or acceptable.

[Bd. of Pharmacy, § 639.090, eff. 6-26-80]—(NAC A 10-17-86)

**NAC 639.330 Registration and reregistration: Continuing education required; submission of proof. (NRS 639.070, 639.2176)**

- 1. Except as otherwise provided in NAC 639.335, the Board will not issue a certificate as a registered pharmacist to any person pursuant to NRS 639.133, or renew the certificate of any registered pharmacist, until the applicant submits proof to the Board of receipt of

# **EXECUTIVE SECRETARY REPORT – SEPTEMBER, 2014**

## **A) FINANCIAL REPORT**

## **B) TEMPORARY LICENSES**

## **C) STAFF ACTIVITIES**

- i. Presentations:
  - 1. CE in Carson City - 6/18 (Dave)
  - 2. Washoe County Social Services – 7/21 (Larry)

## **D) REPORT TO BOARD**

- i. Collaborative efforts:
  - 1. Medi-Spa (BOME; BON; DO Board)
- ii. Collaborative Practice Protocol Approvals:
  - 1. Renown Regional Medical Center
    - a. Heart failure program
    - b. Polypharmacy management
    - c. Outpatient anticoagulation program
    - d. Hypertension management
    - e. Hyperlipidemia management
    - f. Pre-op anemia management

## **E) BOARD RELATED NEWS**

## **F) ACTIVITIES REPORT**

### Regulation Tracking Log

Regulation Number and Topic	Workshop Propose To Bd	30 Days To LCB W/Letter	LCB R0 Number Issued	LCB Return Date	30 Days Post Public Hearing	Public Hearing Meeting Date	To LCB Final W/ Cov./Info	Secretary of State File Date
639.753 Decline to Fill	04/09/12	04/25/12	R069-12	04/24/13	04/25/13	06/13/13	06/18/13	10/04/13
639.710 Delivery of Prescription Drugs	06/13/13	06/18/13	R014-13	08/01/13	09/17/13	10/17/13	11/05/13	12/23/13
453.510 Schedule I	06/13/13	06/18/13	R015-13	06/28/13	08/01/13	09/05/13	09/06/13	10/23/13
639.050 Destruction of Certain CS Drugs	06/13/13	06/18/13	R016-13	08/01/13	09/17/13	10/17/13	11/05/13	12/23/13
639.926 Transmission of CS Information	09/05/13	10/03/13	R096-13	11/05/13	12/17/13	01/23/14	02/14/14	03/28/14
453. New Sale/Tracking of Methamphetamine Precursors	09/05/13	10/03/13	R097-13	11/05/13	12/17/13	01/23/14	02/14/14	03/28/14
639. New Telemedicine, Electronic Refill Log	09/05/13	10/03/13	R098-13	11/05/13	12/17/13	01/23/14	02/14/14	03/28/14
639.7425 Dispensing Technician – Law CE Requirement	09/05/13	09/25/13	R087-13	11/19/13	12/17/13	01/23/14	02/14/14	03/28/14
639.748 ID Requirement to Obtain CS	09/05/13 10/17/13 12/05/13	01/29/14 05/08/14 to LCB for review	R014-14	03/13/14	03/18/14	09/03/14		
639.262 Intern Hours	09/05/13	09/25/13	R088-13	11/25/13	12/17/13	01/23/14	02/14/14	03/28/14
639 APRN	10/17/13	10/31/13	R118-13	12/05/13	12/17/13	01/23/14	02/14/14	03/28/14
639.7105 Electronic Submission of Prescriptions	10/17/13	10/31/13	R119-13	12/02/13	12/17/13	01/23/14	02/14/14	03/28/14
453.510 Schedule I	01/23/14	01/29/14	R015-14	03/13/14	03/18/14	04/17/14	06/21/14	
453.530 Schedule III	01/23/14	01/29/14	R016-14	02/19/14	03/18/14	04/17/14	06/21/14	
453.450 Schedule IV	07/24/14	08/13/14						
639.67** Compounding of Nasal Sprays	09/03/14							

TEMPORARY LICENSES  
(Issued since last board meeting)

Banner Churchill Community Hospital

Maria Seeke

MountainView Hospital

Roger Winslow  
Adrian Wong

Blank



# Nevada State Board of Pharmacy

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## NEVADA STATE BOARD OF PHARMACY

### ACTIVITIES REPORT

#### JULY 23-24, 2014 BOARD MEETING HELD IN LAS VEGAS, NEVADA

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

#### Licensing Activity:

- 5 licenses were granted for Out-of-State MDEG (Medical Devices, Equipment and Gases) companies.
- 26 licenses were granted for Out-of-State pharmacies, pending receipt of a favorable inspection for all compounding pharmacies residing in another state.
- 6 licenses were granted for Out-of-State wholesalers.
- 4 applications were approved for Nevada pharmacies pending inspection.
- 2 licenses were granted for a Nevada MDEG license.
- 3 applications were granted for Nevada wholesalers.
- 1 application by a physician for reinstatement of his controlled substances registration was granted based on reinstatement by the BOME.
- 1 application for registration as a pharmaceutical technician with past history of drug use was approved after satisfactorily demonstrating complete recovery and with continued monitoring.
- 1 request for a reciprocal license as a pharmacist with past discipline in another state was approved.

#### Disciplinary Actions:

- Pharmacists AG and SC along with their respective pharmacies were fined and ordered letters of reprimand for allowing an unlicensed pharmacist intern to work in their pharmacies.
- Pharmacists AD, BW, CG VB and FL were likewise fined and ordered letters of reprimand along with their respective pharmacies for allowing an unlicensed pharmaceutical technician to work in their pharmacies.
- Pharmaceutical technicians KP and RD were both revoked for diversion of controlled substances.

- Pharmacist FL was fined and ordered CE on diabetes for mislabeling an insulin prescription.
- Pharmacists CW and BC surrendered their licenses as a result of discipline in other states.
- Pharmacist JR was denied a reciprocal license based upon his past long disciplinary history with different boards of pharmacy.
- Pharmacist JS was granted a reciprocal license after satisfactorily answering for his past disciplinary activities in another state.

#### **Other Activity:**

- The usual Board business reports were given, including recent and future speaking engagements; reports on national meetings; and collaboration with other state agencies.
- An appearance was made by Scott Stolte, Dean of the Roseman University School of Pharmacy to explain their new licensing verification procedures for their intern pharmacy students. He also discussed curriculum changes; teaching of pharmacy law; and job prospects for his students.
- The budget for fiscal 2014-2015 was reviewed and approved.
- A presentation and long discussion on sterility of nasal sprays and irrigations was conducted and will be moved to a public workshop for regulatory change considerations.
- A training session was held for all pharmacists and pharmacies on implementation of NPLEEx, the system chosen by the Board of Pharmacy per AB 39 last session, to detect and prevent illegal purchases of methamphetamine precursors.
- The "Red Flag Video" was shown, a video produced in conjunction with the National Association of Boards of Pharmacy designed to help pharmacists and pharmacy tech detect and prevent doctor shopping for controlled substances.
- An appearance was made by Steven Holper, MD who discussed his prescribing of controlled substances.

#### **Workshop:**

**Amendment of Nevada Administrative Code (NAC) 453.540** Schedule IV. Addition of Tramadol to Schedule IV.